

MEDWHEEL

आधार-आम आदमी का अधिकार

5694 8752 0749



आशुतोष कुमार सिंह
ASHUTOSH KUMAR SINGH
जन्म तिथि/DOB: 24/04/1976
पुरुष / MALE



भारत सरकार
GOVERNMENT OF INDIA



भारत सरकार

Government of India



अमिता सिंह
AMITA SINGH
जन्म तिथि/DOB: 01/03/1979
महिला / FEMALE



5051 7927 2461

मेरा आधार, मेरी पहचान



बैंक ऑफ़ बड़ौदा
Bank of Baroda
India's International Bank



नाम
Name: Mr. Ashutosh Kumar Singh

कर्मचारी कूट क्र.
E.C No. 111735

जारीकर्ता प्राधिकारी
Issuing Authority

AK Singh
धारक के हस्ताक्षर
Signature of Holder

TENDER PALM HOSPITAL

We love to care..

Ref No.

DIAGNOSTICS REPORT

Date.

Patient Name	: Mr. ASHUTOSH KUMAR SINGH	Order Date	: 09/09/2022 08:54
Age/Sex	: 46 Year(s)/Male	Report Date	: 09/09/2022 12:22
UHID	: TPSH.5379	IP No	:
Ref. Doctor	: Self	Facility	: Tender Palm Superspeciality Hospital

2 D ECHO

Mitral valve	Normal
Tricuspid valve	Normal
Aortic valve	Normal
Pulmonary valve	Normal
Left atrium	Normal
Right atrium	Normal
Atrial septum	Normal
Ventricular septum	Normal
Left ventricle	Normal
Right ventricle	Normal
Pericardium	No effusion

FLOW STUDIES

GRADIENT		REGURG.	
Aortic (VAmax)	= 0.6 m/s	Normal	0/4
AORTIC ROOT	= 3.5 cm		
LA	= 4.7 cm		
IVS(d)	= 1.1 cm		
LVPwD	= 1.0 cm		
LVD(d)	= 5.5 cm		
LVD(s)	= 3.4 cm		
LVEF	= 60 %		
PERICARDIUM	= No effusion		

IMPRESSION

NORMAL LV FILLING PATTERN

NORMAL CARDIAC CHAMBER.

NO RWMA

EJECTION FRACTION = 60 %

RA RV NORMAL

NO AS/AR

NO PERICARDIAL EFFUSION.

NO CLOT/PE/VEGETATION

Please correlate clinically

Dr. SATYENDRA TIWARI, MBBS, DNB
(CARDIOLOGY), FNB, FACC, FESC, MNAMS

Senior Interventional Cardiologist

Reg No. 44358



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01-02-19 BP-148/99 mmHg SpO2 96% 2022-09-09

Ref No.

Date:

UHID	: TPSH.5379	Doctor	: Dr. Anmol Samuel Thacore
Patient Name	: Mr. ASHUTOSH KUMAR SINGH	Department	: Dental
Age / Sex	: 46 Year(s) / Male	Registration No.	: 5324
Mobile	: 9278445240	Qualification	: BDS
Bill No./Date time	: OPCR347 / 09-09-2022 08:54		
Visit type / Token No.	: HealthCheckup Consultation /		
Card validity Date	:		
Address	: MEDIWIL Lucknow -		
Rate Contract	: mediwheel		



no RCT $\frac{5}{1}$
 O/E Missing $\frac{7}{1} \frac{7}{1}$

Cavious - x
 Steins & Calculus - (+)

No fresh Complaints.

Review.
 Last. tooth
 Replacement.

All original reports
 & Dec. Pres.
 Received
 H. Singh
 09-09-2022



[Signature]
 9/9/22.

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Department of Pathology & Microbiology Test Report

LABORATORY INVESTIGATION REPORT

Patient Name : Mr. ASHUTOSH KUMAR SINGH	Age/Sex : 46 Year(s)/Male
UHID : TPSH.5379	Order Date : 09/09/2022 08:54
Episode : OP	
Ref. Doctor : Self	
Address : MEDIWIL , ,Lucknow,Uttar Pradesh ,0	Facility : Tender Palm Superspeciality Hospital

Biochemistry

Test Name	Result	Unit	Biological Ref Range
Sample No : 07H0005349			Report Date : 09/09/22 11:40

FASTING BLOOD SUGAR

Sample- Fluoride Plasma

Glucose,Fasting	149 ▲	mg/dl	74 - 100
<i>Plasma-F,GOD-POD</i>			

Note:

1. The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or $=$ 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or $=$ 200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

HBA1C

Sample- EDTA

HbA1c	7.5 ▲	%	Non-diabetic: \leq 5.8 Pre-diabetic: 5.9-6.4 Diabetic: \geq 6.5
Estimated average glucose	168.6 ▲	mg/dl	70 - 130

High Performance Liquid Chromatography (HPLC).

INTERPRETATION :

- 1) HbA1c is used for monitoring diabetic control . It reflects the estimated average glucose (eAG) .
- 2) HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association) guidelines 2012 , for diagnosis of diabetes using a cut- off point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 6.0% to 6.5% are considered at risk for developing diabetes in the future .
- 3) Trends in HbA1c are a better indicator of diabetes control than a solitary test .
- 4) In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 % , Fair to Good Control - 7 to 8 % , Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

LIPID PROFILE

Sample- Serum

Total Cholesterol	229 ▲	mg/dl	0 - 200
<i>Enzymatic CHOD-PAP</i>			
Triglycerides	129	mg/dl	0 - 161



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Glycerol Phosphate Oxidase

HDL Cholesterol	58.7	mg/dl	35.3 - 79.5
<i>Direct</i>			
LDL Cholesterol	144.5 ▲	mg/dl	0 - 100
<i>Direct</i>			
VLDL Cholesterol	25.8	mg/dl	6 - 38
<i>Calculated</i>			
CHOL/HDL RATIO	3.9		0 - 4.5
<i>Calculated</i>			

*Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.
VLDL, CHOL/HDL RATIO, LDL Cholesterol, serum, are calculated parameters*

PP BLOOD SUGAR

Sample- Fluoride Plasma

Glucose, Post Prandial	136	mg/dl	70 - 140
<i>(Method : Plasma-F, GOD-POD)</i>			

Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions*
- 2. Very low glucose levels cause severe CNS dysfunction*
- 3. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical*

KIDNEY FUNCTION TEST (KFT)

Sample- Serum

Blood Urea	37.7	mg/dl	19 - 45
<i>Serum, GLDH Kinetic</i>			
BUN-Blood Urea Nitrogen	17.6	mg/dl	8.4 - 25.7
<i>Serum, Urease</i>			
Creatinine	0.80	mg/dl	0.6 - 1.2
<i>Fixed Time</i>			
Bun/Creatinine Ratio	22.0 ▲	Ratio	10 - 20

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be con



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Uric Acid <i>Serum, Uricase Peroxidase</i>	7.02	mg/dl	3.6 - 7.2
Electrolyte			
Sodium <i>Serum ,ISE</i>	139	mmol/L	135 - 145
Potassium <i>Serum ,ISE</i>	4.0	mEq/L	3.5 - 5.1
Total Protein <i>Biuret</i>	7.22	g/dl	6.4 - 8.3
Serum Albumin <i>Serum, Bromocresol green</i>	5.53 ▲	g/dl	3.5 - 5.2
Globulin <i>Calculated</i>	1.69 ▼	g/dl	1.8 - 3.6
A:G Ratio <i>Calculated</i>	3.27 ▲	Ratio	1.1 - 2.2

COMMENTS :

An electrolyte test can help determine whether there's an electrolyte imbalance in the body. Electrolytes are salts and minerals, such as sodium, potassium, chloride and bicarbonate, which are found in the blood. An electrolyte test can also be used to monitor the effectiveness of treatment for an imbalance that affects the functioning of an organ. The test is sometimes carried out during a routine physical examination, or it may be used as part of a more comprehensive set of tests. As part of routine blood testing, or when your doctor suspects that you have an imbalance of one of the electrolytes (usually sodium or potassium), or if your doctor suspects an acid-base imbalance. Electrolytes may also be checked if you are prescribed certain drugs, particularly diuretics or ACE inhibitors. In specific disorders, one or more electrolytes may be abnormal. Your healthcare professional will look at the overall balance but is likely to be especially concerned with your sodium and potassium concentration. People whose kidneys are not functioning properly, for example, may retain excess fluid in the body, diluting the sodium and chloride so that they fall below normal concentrations. Those who experience severe fluid loss may show an increase in potassium, sodium, and chloride concentration (chloride tends to mirror the sodium concentration). Some forms of heart disease, muscle and nerve problems, and diabetes may also have one or more abnormal electrolytes. Electrolyte abnormalities may also be a consequence of drug treatment.

Hematology

Test Name	Result	Unit	Biological Ref Range
Sample No : 07H0005349			Report Date : 09/09/22 11:41

BLOOD GROUP RH & ABO



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UHID : TPSH.5379	Order Date : 09/09/2022 08:54
Episode : OP	
Ref. Doctor : Self	
Address : MEDIWIL , ,Lucknow,Uttar Pradesh ,0	Facility : Tender Palm Superspeciality Hospital

Sample- EDTA

Blood group (ABO Typing) ' A '
Manual Slide Hemagglutination
RhD Factor (Rh typing) Positive
Manual Slide Hemagglutination

COMPLETE BLOOD COUNT (CBC)

Sample- EDTA

Haemoglobin	15.3	gm/dl	13.5 - 18
<i>(Spectrophotometry/lorimetry)</i>			
RBC	5.77	$\times 10^6/\mu\text{l}$	4.7 - 6
<i>Electrical Impedance</i>			
PCV	44.9	%	42 - 52
<i>Calculated</i>			
MCV	77.8 ▼	fL	78 - 100
<i>Calculated</i>			
MCH	26.5 ▼	pg	27 - 31
<i>Calculated</i>			
MCHC	34.1	g/dl	32 - 36
<i>Calculated</i>			
RDW	16.4 ▲	%	11.5 - 14
<i>Calculated</i>			
Platelet Count	125 ▼	$\times 10^3/\mu\text{l}$	150 - 450
<i>Electrical Impedance</i>			
PDW	20.8 ▲	%	9 - 17
<i>Calculated</i>			
PCT	0.12 ▼	%	0.2 - 0.5
<i>Calculated</i>			
MPV	0.6 ▲	fL	0.2 - 0.5
<i>Calculated</i>			

Page 4 of 6

Shaheed Path, Lucknow-226002, UP ☎ +91-7307458428, 7521001912
Complaint & Support : 8810729369 In Association With Narayana Diagnostics, Lucknow



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Total Leucocytes Count 5.6 x10³/ul 4 - 10.5

Electrical Impedance

Differential Count

Neutrophils	51	%	44 - 76
Lymphocytes	42 ▲	%	20 - 40
Monocytes	05	%	2 - 10
Eosinophils	02	%	1 - 6
Basophils	00	%	0 - 2

ESR (Wintrobe)

Sample- EDTA

Observe 10 ▲ mm/hr 0 - 9

Wintrobe's

Comment : It primarily measures Non specific Activity of Inflammation which reflects acute phase reactant level.

Urinalysis

Test Name	Result	Unit	Biological Ref Range
Sample No : 07H0005349			Report Date : 09/09/22 13:35

URINE EXAMINATION, ROUTINE, URINE, R/E

Sample- Urine

Nature of specimen	Random	
Colour	Pale Yellow	Pale Yellow
<i>Visual</i>		
Transparency (Appearance)	Clear	Clear
<i>Visual</i>		
Reaction (pH)	6.0	4.6 - 8
<i>Double Indicator</i>		
Specific Gravity	1.015	1.003 - 1.035
<i>Pla Change</i>		

Chemical Examination



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Urine Protein (Albumin)	Not Detected		Not Detected
Urine Glucose (Sugar)	Not Detected		Not Detected
Urine Ketones (Acetone)	Not Detected		Not Detected
Bilirubin	Not Detected		Not Detected
Bile Pigments	Absent		Absent
Bile Salt	Absent		Absent
Urobilinogen	Normal		Normal
Nitrite	Negative		Not Detected
<u>Microscopic Examination</u>			
Red blood cells	Not Detected	/HPF	Not Detected
Pus Cells (WBCs)	1-2	/HPF	0 - 5
Epithelial Cells	1.2	/HPF	0 - 5
Crystals	Not Detected	/HPF	Not Detected
Cast	Not Detected		Absent
Bacteria	Not Detected	/HPF	Not Detected

End of Report


Dr.U.P Kushwaha
M.D.(PATH.)

Ref No.

DIAGNOSTICS REPORT

Date.

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Ref. Doctor	: Self	Facility	: Tender Palm Superspeciality Hospital

2 D ECHO

Mitral valve	Normal
Tricuspid valve	Normal
Aortic valve	Normal
Pulmonary valve	Normal
Left atrium	Normal
Right atrium	Normal
Atrial septum	Normal
Ventricular septum	Normal
Left ventricle	Normal
Right ventricle	Normal
Pericardium	No effusion

FLOW STUDIES**GRADIENT**

Aortic (VAm _{ax})	=	0.6 m/s
AORTIC ROOT	=	3.5 cm
LA	=	4.7 cm
IVS(d)	=	1.1 cm
LVPwD	=	1.0 cm
LVD(d)	=	5.5 cm
LVD(s)	=	3.4 cm
LVEF	=	60 %
PERICARDIUM	=	No effusion

REGURG.

Normal 0/4

IMPRESSION

NORMAL LV FILLING PATTERN

NORMAL CARDIAC CHAMBER.

NO RWMA

EJECTION FRACTION = 60 %


RA/RV NORMAL

NO AS/AR

NO PERICARDIAL EFFUSION.

NO CLOT /PE/VEGETATION

Please correlate clinically


Dr. SATYENDRA TIWARI, MBBS, DNB
(CARDIOLOGY), FNB, FACC, FESC, MNAMS

Senior Interventional Cardiologist

RegNo: 44358