



Pathology Report

Lab. No.

: 26050

Date

: 23/Mar/2024

Patient Name

: Mr. SANDEEP KUMAR

UHID

: 140040

Age/Gender

: 39 Years/M

Sample Date &Time

Observed Values

: 23/Mar/2024 10:00 OPD No.: 2825

Reffered By

: self

Reporting Date & Time : 1

Bological Ref. Range

Test Name

HEMATOLOGY

14.7	12.0 - 18.0 %
8740.0	4000.0 - 11000.0 /cumm
70.2	40.0 - 70.0 %
22.9	20.0 - 40.0 %
5.2	2.0 - 10.0 %
	1.0 - 6.0 %
	0.0 - 1.0 %
0.0	9.00.
42.3	40.0 - 54.0 %
84.3	76.0 - 96.0 femtoliter
31.0	27.0 - 32.0 picogram
	30.0 - 35.0 gm/dl
	4.5 - 6.5 mill/cumm
4.7	
2.23	1.50 - 4.00 lacs/cumm
	8740.0 70.2 22.9 5.2 1.7 0.0 42.3 84.3 31.0 34.7 4.7

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* * * * End of Report * * * * *

Dr. Abhishek Khera MBBS, MD Pathology Dr. Suniana Garg MBBS, MD Microbiology Dr. Vinika Arora MBBS, MD Pathology

NOT FOR MEDICO-LEGAL PURPOSE. Histopathlogy/ Cytology diagnosis is based upon subjective interpretation of Findings. Opinion may very. Slides in doubtful cases may be reviewed from some teaching institution. Slides, Specimens and Blocks are discarded after 6 months. Result may very & depend on quality, timings & methods of collection of sample.

For Home Collection (M): 93060-38690







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25 3 24

Test Name

Observed Values

Biological Ref. Range

BIOCHEMISTRY

B Sugar (F)

99.10

70.00 - 110.00 mg/dl

B Sugar (PP)

104.00

70.00 - 140.00 mg/dl

HEMATOLOGY

BLOOD GROUP & RH

Blood Group

0

RH Typing

Positive

ESR (WESTERGRENS)

18

02-20

mmhg

* * * * * End of Report * * * * *

will

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Test Name

Observed Values

Biological Ref. Range

Urine Examination

urine for suger fasting

urine for suger pp

Nil

* End of Report * * * * *

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Dr. Suniana Garg MBBS, MD Microbiology







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Reffered By **Test Name**

: self

Reporting Date & Time : 23

Observed Values

Biological Ref. Range

BIOCHEMISTRY

LIPID	PROFILE
CHOLE	STROL TOTA

CHOLESTROL TOTAL	
TRIGLYCERIDE	
HDL CHOLESTROL	

VLDL CHOLESTROL LDL CHOLESTROL

TOTAL/HDL RATIO

LDL/HDL RATIO

174.80

119.7

46.10

23.94

104.70

3.79

2.27

60.00 - 230.00 mg /dl

25.0 - 160.0 mg/dl

35.00 - 70.00 mg /dl

14.00 - 34.00 mg/dl

60.00 - 160.00 mg /dl

4.00 - 5.00 -----

End of Report * * * * *

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Reffered By

: self

Reporting Date & Time : 23/3/24

Refrered by	Reporting Date & Time	0 - 5 7
Test Name	Observed Values	Biological Ref. Range
	BIOCHEMISTRY	
<u>LFT</u>	3 30	
ALBUMIN gm/id	4.20	3.4-5.4
SERUM GLOBULIN	3.10	2.0-3.5
Total Bilirubin	0.55	0.1-1.2
Direct Bilirubin	0.24	0.0-0.3
Indirect Bilirubin	0.31	0.1-1.0
SGPT	25.90	5-40
SGOT	26.52	8-37
ALP	138.1	60-170
Total Proteins	7.30	6.0-8.3

* End of Report * * * * *

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Reffered By

: self

Reporting Date & Time : 23 3

Test Name

Observed Values Biological Ref. Range

BIOCHEMISTRY

K	F	T
		_

<u>KC1</u>				
BUN	*	7.05	38	6-20 mg/dl
BLOOD UREA		16.92		15-45
CREATININE		0.83		0.7 - 1.4
URIC ACID		4.60		3.4 -7.4
SODIUM		142.1		135 -155
POTASSIUM		4.01		3.5 - 5.5

NOTE: KFT includes a group of blood teststo determine the functioning ofkidneys. It is advised in symptoms such as puffiness around eyes, bloody urine etc and also as a part of routine health check up

* * * * * End of Report * * * *

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Reporting Date & Time : > 3

: 23/Mar/2024 10:00 OPD No.: 2825

Observed Values

Biological Ref. Range

CLINICAL

URINE Routine & Microscopy

VOLUME

30m1

COLOUR

P.YELLOW

P.YELLOW

SPECIFIC GRAVITY

1.015

1.003-1.035

APPEARANCE

PH

Clear Acidic

4.7-7.5

URINE GLUCOSE

Nil

URINE PROTEIN

EPITHELIAL CELLS

Nil

Nil

2-3 .

PUS CELLS

Occasional

2-3

NIL

NIL

RBCS CAST

NIL

NIL

NIL

NIL

CRYSTAL **OTHER**

NIL

NIL

* End of Report * * * * *

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Dr. Vinika Arora MBBS, MD Pathology

Dr. Abhishek Khera MBBS, MD Pathology





NORMAL RANGE

THYROID PROFILE

Name: Mr.Sandeep kumar	Age: 39 Years	Sex: male
Date of sample collection: 23-03-2024	Date of Reporting:	23-03-2024

ILOI	VILLUE OBSERVED	TOTALE IGHTOE
T3,TOTAL	1.53	0.69-2.15 ng/ml
T4,TOTAL	9.78	5.20-12.70 ug/dl
TSH	2.10	0.30 - 4.50 nlU/ml

VALUE OBSERVED

Note:-

TEST

- -In primary hypothyroidism, TSH levels are significantly raised, but in secondary & tertiary hypothyroidism TSH levels may be low.
- -In primary hypothyroidism, TSH levels are increased.
- -Low T3,T4 with elevated TSH indicate hypothyroidism.
- -High T3,T4 with low TSH indicate hyperthyroidism.
- -Kindly correlate clinically.

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MBBS, MD Microbiology

Dr. Vinika Arora MBBS, MD Pathology

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N A B H

Reg. No. SHCO-2020-0369

A full NABH Accredited Hospital

152-R, Model Town, Panipat Your Own Trusted Lab

Name: Mr.Sandeep kumar

Sex / Age: 39 Years/male

Referred By: Self

Collection Date: 23/03/2024

Reporting Date : 23/03/2024

	SEROLO	GY	
Test Name	Result	Unit	Reference Range
IbA1C	ž		
HDAIC			

HbA1C (By Hplc Method – D10 Bio-Rad) 5.3

Normal 4.5 – 6.0

Good Control 6.0 - 7.0

Moderate Control 7.0 - 8.0

Poor Control 8.0 and Above.

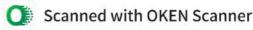
Instrument Used

D10 Bio-Rad (U.S.A)

july!

Dr. Abhishek Khera MBBS, MD Pathology

Dr. Suniana Garg MBBS, MD Microbiology





194-L, Model Town, Panipat 132 103 (Haryana)

89302-27707

Ph.: 0180 - 4017707

Dr. Mansi Chawla BDS. MIDA Smile Designer Ex. Deen Dayal Upadhyay (Delhi)

Here Smile is Customized Timing: Morning: 10:00 AM to 2:00 PM Evening: 4:00 PM to 7:30 PM

Dedicated Dental Team

Dr. Apoorva Bowry

BDS. MDS, MIDA Conservative Dentistry & Endodontics

Dr. S.K. Yadav

BDS, MDS Consultant Orthodontist Wires & Braces Specialist

Dr. Babita Ahlawat

BDS. MDS Pedodontics & Preventive Dentistry

Dr. Sakshi Goel

BDS. MDS Consultant Periodontist Gums & Pyorrhea Specialist

Facilities Available

- Root Canal Treatment रुट कैनाल ट्रीटमेंट
- Dental Implants डेंटल इम्प्लांट
- · Tooth Whitening दांतो की वाइटनिंग
- Fixed & Removable Denture फिक्स्ड और हटाने योग्य डेन्चर
- Crown & Bridges काटन और ब्रिज
- Wires & Braces टेढ़े-मेढ़े दांतों का इलाज
- Gums Treatment मसुडों की समस्या
- · Ultrasonic Scaling दांतो की स्केलिंग
- · Tooth Colored Filling दांतो की कलर फिलिंग
- · Painless Dentistry for Children बच्चों के लिए दर्द रहित दंत

चिकित्सा

Patient's Name Sande of KonaAge/Sex 9/05 Date 23/03/2024 H/o Allergy/ Disease has come for soutine dental checkup. D. Extraction it.
D. Restoration it

> Not for Medical Legal use Please take prior appointment on Phone



GUPTA EY



193258

0.00

23-Mar-24 at 13:34

OPD Regn No.

Amount Recd

Dated

AN ISO 9001:2015 CERTIFIED HOSPITAL & LAB

332-R, MODEL TOWN, NEAR LAL TANKI MARKET, PANIPAT-132 103 (HARYANA)

SANDEEP KUMAR

Name

35

Age/Sex 39 M

Category General -

MEDICAL CHECK UP

C/o & Initial Assessment

Dr. B. K. Gupta M.B.B.S., M.S. (Ophthal), F.I.A.M.S.

Ex. Resi. P.G.I., Chandigarh Phaco, Glaucoma & Squint Surgeon 97281-00332

Dr. Kanav Gupta

M.B.B.S., M.S. (Ophthal), F.V.R. Fellow Vitreo Retina (Rajiv Gandhi Univ.) Ex. VR Surgeon, Centre for Sight, Delhi Phaco, Retina & LASIK Surgeon 97285-00332

Prof. (Dr.) Isha Gupta M.B.B.S., M.D. (Pathology) M.U.H.S., Nashik

Consultation : 5-8 pm 0180-4011150

EYE SERVICES

Cataract:

 Phaco by Centurian Vision System सफेद मोतिये का आप्रेशन

LASIK Laser (Zeiss Germany) :

• चक्ष्मा हटाने का लेजर

Retina Clinic:

- FFA/OCT
- · OCT Angio Dyeless, Painless, Injectionless Angiography of Eye
- ROP Screening
- · Green Laser / पर्दे का ईलाज

Cornea Clinic:

- · OCT/Pentacam/Topography For High Resolution Imaging of Complete Cornea
- C3R Corneal Collagen Crosslinking for Keratoconus

Dry Eye Clinic:

- IDRA For Dry Eye Diagnosis & Evaluation
- . IRPL Pulse Laser Therapy for Dry Eye

Glaucoma Clinic:

- Perimetry, OCT-RNFL
- NCT, GAT

PATH LAB SERVICES

- Fully Computerised
- Hematology Clinical Pathology
- Biopsy
- Cytology
- Biochemistry

Preventive Care: Save Eyes from Dust

Diet Advised

: Normal / Diabetic

Pain Score

HOSPITAL TIMINGS

9.30 am to 1.00 pm, 5.00 pm to 7.00 pm Sunday: 10.00 am to 12.00 noon

RE: .: NAD (NO ABNORMALITY DETECTED) **COLOUR VISION NORMAL** LE: **VA RE: 6/6** VA LE: 6/6

9896919293A

UID

Ref. By

Diagnosis:

Revisit after 5 days on 28-Mar-2024 or before, if any problem.

...Dr B. K. Gupta (Regn. No. HN 1428)

Dr. B.K. GUPTA M.B.B.S., M.S. (Opthal relogy)
GUPTA EYE HOSPITAL-LLP
332-R. Model Town, Panipat
REG. No. HN-1428

Find us on Google: Gupta Eye Hospital & Apex Path Lab





Sandey Kurae 39y/n

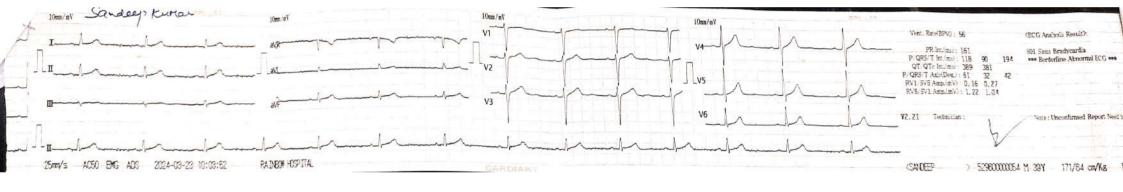
- MIL 56/m.
- Sins Bradycardra,

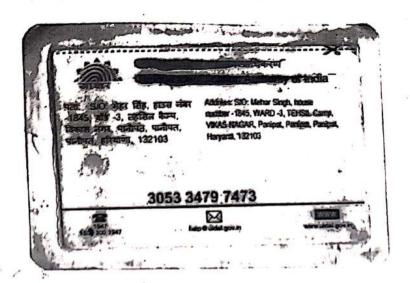
RAINBOW HOSPITAL 152-R, Model Town, PANIPAT, Haryana

FACILITIES AVAILABLE

- General Medicine
- Gynecology
- Laparoscopic Surgery
- New Born ICU
- Diagnostics

- General Surgery
- Obstetrics
- **General Pediatrics**
- Pediatric Surgery
- Infertility









DR. SAHIL GARG

MD RADIODIAGNOSIS PG DIP MSK ULTRASOUND (SPAIN)

DR. POOJA GARG

MD RADIODIAGNOSIS
FELLOWSHIP IN WOMEN'S IMAGING

DR. VENUS GARG

Scanned with OKEN Scanner

MD RADIODIAGNOSIS PG DIP IN MSK ULTRASOUND (SPAIN)

NAME: SANDEEP KUMAR AGE/SEX: 40 Y/M

EXAM: ULTRASOUND WHOLE ABDOMEN

DATE: 23.03.2024

diaphragm and of the portal vein wall- suggestive of grade-I fatty infiltration. LIVER: There is a slight and diffuse increase of parenchymal echogenicity with normal visualization of the

Normal in size and outline. Margins are smooth and regular.

No focal intra-hepatic space occupying lesion detected.

Intra-hepatic biliary radicals are not dilated.

Intrahepatic vascular patterns are within normal limits.

Portal vein is normal in calibre.

Pericholecystic fat planes are normal with no sign of pericholecystic fluid. GALL BLADDER: Well distended. Wall thickness is within normal limits. No luminal debris, calculus and mass seen.

Common bile duct is normal in calibre.

occupying lesion seen. No definitive peripancreatic collection noted. Main pancreatic duct not dilated PANCREAS: The head and body of the pancreas are normal in size, outline and echopattern. No focal space

SPLEEN: Normal in size, outline and echotexture. No space occupying lesion is noted. Splenic hilum appears normal.

KIDNEYS: Both the kidneys are normal in size, shape, outline and location.

Cortico- medullary differentiation is maintained. It shows normal cortical echogenicity

Parenchymal thickness is normal. No focal lesion or calculus seen.

Central echogenic complexes have a normal appearance with no evidence of any hydronephrosis.

URETERS: No evidence of any obvious dilatation.

URINARY BLADDER: Well distended. Wall thickness is normal.

No evidence of any trabeculation, sacculation or diverticulation seen.

No intravesical debris, calculus or mass noted.

PROSTATE: Normal in size, outline and parenchymal echogenicity. No focal space occupying lesion seen.

any significant free fluid or lymphadenopathy seen thickening seen. No probe tenderness noted. Appendix could not be visualized at the time of scan. No evidence of RIGHT ILIAC FOSSA: No focal fluid collection or mass lesion in RIF. No obvious inflamed mesentery or bowel wall

IMPRESSION:

Grade-I fatty liver
 Advised clinical correlation.

Dr. Venus Garg (MBBS, MD)
PG DIP MSK Ultrasound UCAM (SPAIN)
Consultant Radiologist

HMC No. HN22264

professional opinion and not final diagnosis. All medical modalkies have limitations. An inter-operator variations may be seen. Report should be interpreted in correlation with clinico pathological findings. Further imaging is recommended if clinically indicated. NOT VALID FOR MEDICO-LEGAL PURPOSE **Note: For any typographical error or discrepancy please back to get it corrected. Severe fatty liver or obese patient may obscure the findings. This is a