

| | | | |
|----------------------|----------------------------|-------------------|---------------------|
| Radiology No. | : 4254/OPDPB22DL | Date | : 24-Sep-2022 |
| Patient Name | : Mr. SUDHIR DESWAL | Age/Sex | : 32Y |
| Guardian Name | : | UHID No. | : 3824/UHID22DL |
| Consultant | : Dr. INSURANCE | Mobile No. | : 9971682368 |

X-RAY CHEST

Indication: Routine check-up

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Costophrenic angles on right & left are normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Impression: No significant abnormality detected.



Dr. Harshita Surange
MBBS, DMRD (RADIO DIAGNOSIS)
DIPLOMA IN MSK, UCAM (Spain)
Reg. No. MCI/16522, DMC/18402



BOOK APPOINTMENT



| | | | |
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ULTRASOUND OF WHOLE ABDOMEN

Complaining of / Indication- Routine check - up

The liver is normal in size contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

Right kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Right kidney measures-10.2x5.4cm

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration.

Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Left kidney measures-10.3x5.1cm

Renal artery pulsation appear normal.



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Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

Prostate is of normal size for age with regular contours and normal echo-texture. It measures 3.3x2.9x4.3cm which is equal to 20gms.

Impression : Normal sonogram.

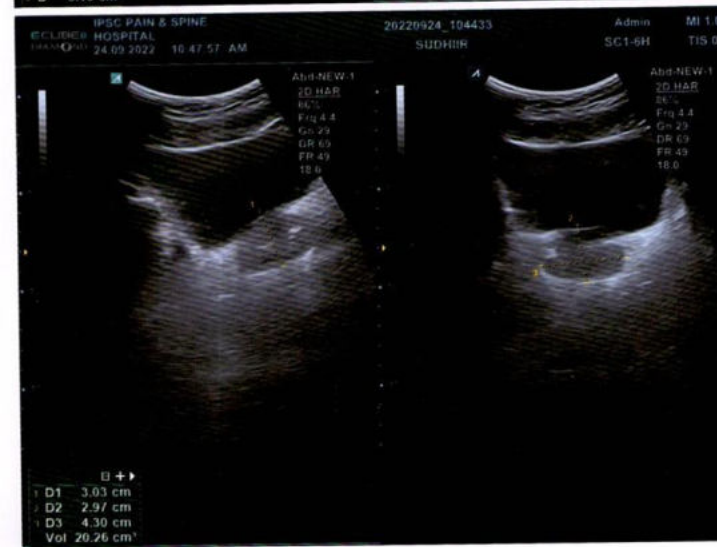
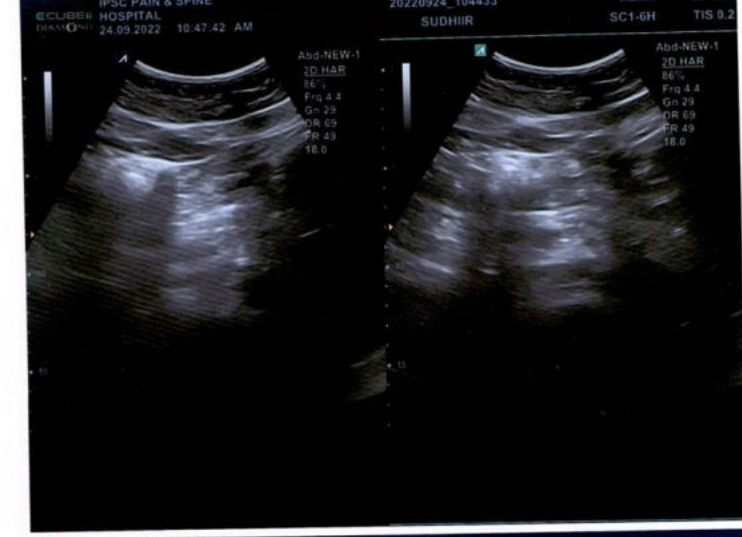
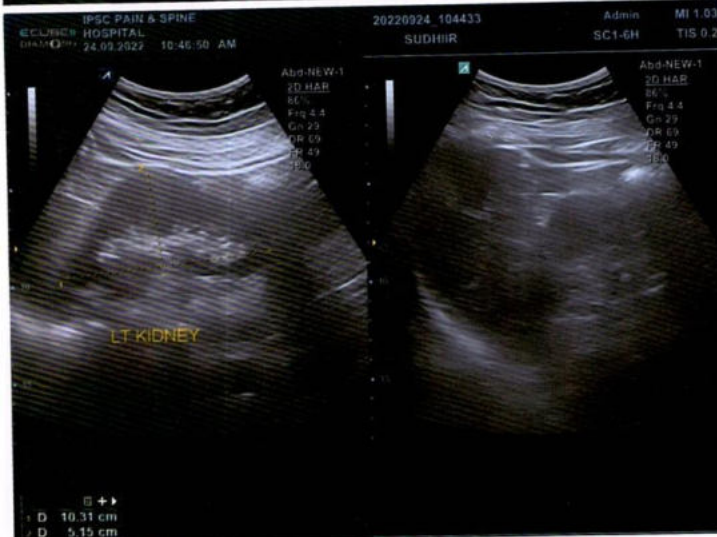
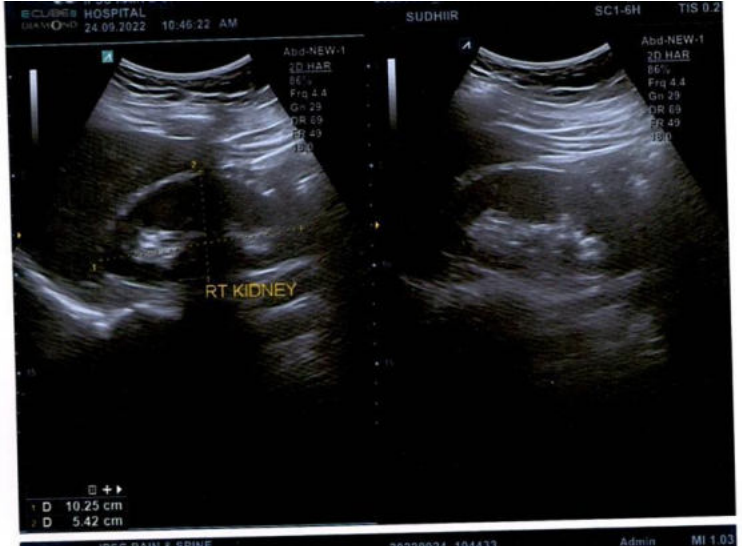
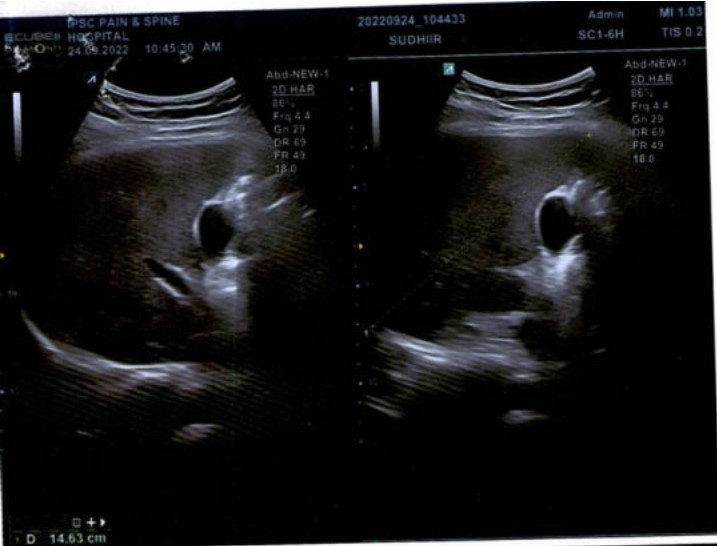


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BOOK APPOINTMENT






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Reg No. : 3824/UHID22DL

Age / Gender : 32Y / Male

Date : 24-Sep-2022

Mobile No. : 9971682368

Refd. By : Dr. INSURANCE

Manual No. :
Sample Type : EDTA whole blood

Sample ID : 221284

Collected : 24-Sep-2022 09.05

Received : 24-Sep-2022 09.42

Report : 24-Sep-2022 16.09

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

HEAMOTOLOGY

COMPLETE BLOOD COUNT

| | | | | |
|-----------------------|------|---------------------|-----------|----------------------|
| HEMOGLOBIN | 13.5 | g/dl | 12.5-16.5 | Colorimetric |
| TOTAL LEUCOCYTE COUNT | 7.1 | 10 ³ /uL | 4.0-11.0 | Electrical impedance |

DIFFERENTIAL LEUCOCYTE COUNT(DLC)

| | | | | |
|------------|----|----------|-------|----------------------|
| Neutrophil | 64 | % | 40-75 | Electrical impedance |
| Lymphocyte | 27 | % | 20-45 | Electrical impedance |
| Eosinophil | 05 | % | 01-06 | Microscopy |
| Monocyte | 04 | % | 2-10 | Microscopy |
| Basophil | 00 | % | 0-2 | Microscopy |
| ESR | 10 | mm/1sthr | 0-20 | Westergren's |

| | | | | |
|----------------|-------|---------------------|-----------|----------------------|
| RBC COUNT | 4.34 | mili/cmm | 3.8-5.5 | Electrical impedance |
| PCV | 38 | % | 35-45 | Calculated |
| MCV | 88.10 | fL | 80-100 | Calculated |
| MCH | 31.0 | Picogram | 27.5-33.2 | Calculated |
| MCHC | 35.20 | gm/dl | 32-36 | Calculated |
| PLATELET COUNT | 206 | 10 ³ /uL | 150-450 | Electrical impedance |

-----End of Report-----

 Dr. Sangeeta B
 DCP, DNB, PATHOLOGY,
 DMC/25252

Lab Technician : ramshankar



Delhi Centre:
 IPSC Delhi : Plot No 453, Sector 19
 Dwarka, New Delhi - 110075

Contact Us : +91-7028195111

info@ipscindia.com




BOOK DIAGNOSTICS

Bengaluru Centre:
 IPSC Bangalore: 11,12 Sahakara Nagar,
 Bellary Road, Bengaluru - 560092

Contact Us : +91-7028207222

bengaluru@ipscindia.com

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| Age / Gender : 32Y / Male | Date : 24-Sep-2022 |  |
| Mobile No. : 9971682368 | Refd. By : Dr. INSURANCE | Collected : 24-Sep-2022 09.05 |
| | Manual No. : | Received : 24-Sep-2022 09.42 |
| Sample Type : EDTA whole blood | Sample ID : 221284 | Report : 24-Sep-2022 16.09 |

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh
FACTOR
BLOOD GROUP ABO
RH TYPING

"AB"

Manual

"POSITIVE"

Manual

-----End of Report-----

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DMC/25252
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Dwarka, New Delhi - 110075


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info@ipscindia.com



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| Age / Gender : 32Y / Male | Date : 24-Sep-2022 |  |
| Mobile No. : 9971682368 | Refd. By : Dr. INSURANCE | Collected : 24-Sep-2022 09.05 |
| | Manual No. : | Received : 24-Sep-2022 09.42 |
| Sample Type : Plasma(Sodium fluoride) | Sample ID : 221284 | Report : 24-Sep-2022 16.09 |

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|---------------------|--------|-------|--------|---------|
| BIOCHEMISTRY | | | | |
| BLOOD SUGAR FASTING | 87.2 | mg/dl | 74-100 | GOD-POD |

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for > 8 hours)

2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : ramshankar



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IPSC Delhi : Plot No 453, Sector 19
Dwarka, New Delhi - 110075

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info@ipscindia.com




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Bellary Road, Bengaluru - 560092

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bengaluru@ipscindia.com

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| Age / Gender : 32Y / Male | Date : 24-Sep-2022 |  |
| Mobile No. : 9971682368 | Refd. By : Dr. INSURANCE | Collected : 24-Sep-2022 15.30 |
| | Manual No. : | Received : 24-Sep-2022 15.31 |
| Sample Type : Plasma(Sodium fluoride) | Sample ID : 221284 | Report : 24-Sep-2022 16.09 |

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|---------------------|--------|-------|--------|---------|
| BIOCHEMISTRY | | | | |
| Blood Sugar PP | 92.7 | mg/dl | 70-150 | GOD-POD |

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

2-hr PG > 200 mg/dl during OGTT (75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

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Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : DrSangeet



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IPSC Delhi : Plot No 453, Sector 19
Dwarka, New Delhi - 110075


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| Age / Gender : 32Y / Male | Date : 24-Sep-2022 |  |
| Mobile No. : 9971682368 | Refd. By : Dr. INSURANCE | Collected : 24-Sep-2022 09.05 |
| | Manual No. : | Received : 24-Sep-2022 09.42 |
| Sample Type : EDTA whole blood | Sample ID : 221284 | Report : 24-Sep-2022 16.09 |

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|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

HEAMOTOLOGY

| | | | | |
|-------------------------|-----|---|-----|------|
| HBA1C (GLYCOSYLATED HB) | 4.7 | % | 4-6 | PEIT |
|-------------------------|-----|---|-----|------|

Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but within this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : DrSangeet



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Dwarka, New Delhi - 110075

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Lab ID. : 4254/OPDPB22DL

Age / Gender : 32Y / Male

Date : 24-Sep-2022

Mobile No. : 9971682368

Refd. By : Dr. INSURANCE

Collected : 24-Sep-2022 09.05

Manual No. :

Received : 24-Sep-2022 09.42

Sample Type : Serum

Sample ID : 221284

Report : 24-Sep-2022 16.10

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

BIOCHEMISTRY

KIDNEY FUNCTION TEST

| | | | | |
|----------------------|-------|--------|-------------|----------------|
| Blood Urea | 17.8 | mg/dl | 15.0-45.0 | urease |
| Serum Creatinine | 0.8 | mg/dl | 0.7-1.3 | Jaffes Kinetic |
| Serum Uric Acid | 6.60 | mg/dl | 2.5-7.2 | Uricase |
| Total Protein | | | | |
| PROTEN | 6.87 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.3 | g/dl | 3.4-4.8 | Bcg |
| GLOBULIN | 2.57 | g/dl | 2.3-3.5 | |
| A/G RATIO | 1.67 | g/dl | | |
| Calcium | 10.0 | mg/dl | 8.6-10.2 | Arsenazo |
| Sodium | 143.0 | mmol/L | 136.0-149.0 | ISE Indirect |
| Potassium | 4.2 | mmol/L | 3.5-5.5 | ISE Indirect |
| Chloride | 103.6 | mmol/L | 98.0-109.0 | ISE Indirect |

-----End of Report-----

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : ramshankar



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Dwarka, New Delhi - 110075

Contact Us : +91-7028195111

info@ipscindia.com




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Contact Us : +91-7028207222

bengaluru@ipscindia.com

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| Age / Gender : 32Y / Male | Date : 24-Sep-2022 |  |
| Mobile No. : 9971682368 | Refd. By : Dr. INSURANCE | Collected : 24-Sep-2022 09.05 |
| Sample Type : Serum | Manual No.: | Received : 24-Sep-2022 09.42 |
| | Sample ID : 221284 | Report : 24-Sep-2022 16.09 |

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

| | | | | |
|-------|-----------------|----------|--|----------------------|
| HbsAg | NEGATIVE | Serology | | Immunochromatography |
|-------|-----------------|----------|--|----------------------|

Interpretation:-

<1 Negative

>5 Positive

1-5 IU is determined and need to be repeated

Clinical Singnificance:-Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.

HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1st week .

-----End of Report-----

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| Sample Type : Serum | Manual No. : | Received : 24-Sep-2022 09.42 |
| | Sample ID : 221284 | Report : 24-Sep-2022 16.09 |

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

| | | | | |
|------------|-----------------|-----------------|--|----------------------|
| HIV 1 & II | NEGATIVE | <u>Serology</u> | | Immunochromatography |
|------------|-----------------|-----------------|--|----------------------|

Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks(21 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test.Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

-----End of Report-----

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BIOCHEMISTRY

LIPID PROFILE

| | | | | |
|-----------------------------|--------|-------|-----------|----------|
| Total Cholesterol | 217.00 | mg/dl | 123-199 | CHOD-PAP |
| Triglycerides | 70.3 | mg/dl | 40-160 | Gpo |
| HDL Cholesterol Direct | 41.4 | mg/dl | 35.3-79.5 | Direct |
| Vldl | 14 | mg/dl | 4.7-22.1 | |
| LDL Cholesterol Direct | 161.5 | mg/dl | 63-129 | |
| Total Cholesterol/HDL Ratio | 5.2 | | 0.0-4.97 | |
| LDL/HDL Ratio | 3.9 | | 0.0-3.55 | |

INTERPRETATION:-

| | | | |
|----------------------|-----------------|-----------------|-------------|
| Acceptable/Low Risk | : < 200 mg/dL | : <130 mg/dL | : < 4.5 |
| Borderline High Risk | : 200-239 mg/dL | : 130-159 mg/dl | : 4.5 - 6.0 |
| High Risk | : > 240 mg /dL | : > 160 mg/dL | : > 6.0 |

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-

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

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management of cardiovascular disease. Highest acceptable and optimum 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 :-

| | | |
|-------------|-----------------|---------------|
| CHOLESTEROL | LDL-CHOLESTEROL | CHO/HDL RATIO |
|-------------|-----------------|---------------|

Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----

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DCP, DNB, PATHOLOGY,
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Mobile No. : 9971682368
Sample Type : Serum

Reg No. : 3824/UHID22DL
Date : 24-Sep-2022
Refd. By : Dr. INSURANCE
Manual No. :
Sample ID : 221284

Lab ID. : 4254/OPDPB22DL

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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin

| | | | | |
|--------------------|------|-------|---------|------------|
| Total Bilirubin | 0.60 | mg/dl | 0.0-2.0 | Diazo |
| Direct Bilirubin | 0.25 | mg/dl | 0-0.4 | Diazo |
| Indirect Bilirubin | 0.35 | mg/dl | 0-0.8 | Calculated |

Total Protein

| | | | | |
|-----------|------|------|---------|--------|
| PROTEN | 6.87 | g/dl | 6.4-8.3 | Biuret |
| ALBUMIN | 4.3 | g/dl | 3.4-4.8 | Bcg |
| GLOBULIN | 2.57 | g/dl | 2.3-3.5 | |
| A/G RATIO | 1.67 | g/dl | | |
| SGOT | 15 | U/L | 0-35 | IFCC |
| SGPT | 16 | U/L | 0.0-45 | IFCC |

| | | | | |
|----------------------|------|-----|--------|---------|
| Gamma GT | 19.4 | U/L | 0-55 | Glupa-c |
| Alkaline Phosphatase | 87 | U/L | 53-128 | Amp |

-----End of Report-----

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 Lab Technician : ramshankar



Delhi Centre:
 IPSC Delhi : Plot No 453, Sector 19
 Dwarka, New Delhi - 110075

Contact Us : +91-7028195111

info@ipscindia.com




BOOK DIAGNOSTICS

Bengaluru Centre:
 IPSC Bangalore: 11,12 Sahakara Nagar,
 Bellary Road, Bengaluru - 560092

Contact Us : +91-7028207222

bengaluru@ipscindia.com

| | | |
|---|---------------------------------|---|
| Patient Name : Mr. SUDHIR DESWAL | Reg No. : 3824/UHID22DL | Lab ID. : 4254/OPDPB22DL |
| Age / Gender : 32Y / Male | Date : 24-Sep-2022 |  |
| Mobile No. : 9971682368 | Refd. By : Dr. INSURANCE | Collected : 24-Sep-2022 15.31 |
| | Manual No. : | Received : 24-Sep-2022 15.31 |
| Sample Type : Serum | Sample ID : 221284 | Report : 24-Sep-2022 16.10 |

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

| <u>HORMONES</u> | | | | |
|------------------------|------------|--------|--|------|
| TSH | 2.90 | uIU/ml | | CLIA |
| Adults | | | | |
| 21-100 yrs 0.35 - 5.50 | | | | |
| Pediatric | | | | |
| 0-12 Months 0.98-5.63 | | | | |
| 1-5 years 0.64-5.76 | | | | |
| 6-10 Years 0.51-4.82 | | | | |
| 11-14 Years 0.53-5.27 | | | | |
| 15-20 years 0.43-4.20 | | | | |
| Pregnancy | | | | |
| First trimester | 0.1 - 2.5* | | | |
| Second trimester | 0.2 - 3* | | | |
| Third trimester | 0.3 - 3* | | | |

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----

Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : DrSangeet



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info@ipscindia.com



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Patient Name : Mr. SUDHIR DESWAL
Age / Gender : 32Y / Male
Mobile No. : 9971682368
Sample Type : URINE

Reg No. : 3824/UHID22DL
Date : 24-Sep-2022
Refd. By : Dr. INSURANCE
Manual No. :
Sample ID : 221284

Lab ID. : 4254/OPDPB22DL



Collected : 24-Sep-2022 09.05
Received : 24-Sep-2022 09.42
Report : 24-Sep-2022 16.10

| TEST NAME | RESULT | UNIT | RANGE | METHOD |
|-----------|--------|------|-------|--------|
|-----------|--------|------|-------|--------|

CLINICAL PATHOLOGY

URINE ROUTINE MICROSCOPY PHYSICAL EXAMINATION QUANTITY

30.00 ml 10-30

COLOUR PALE YELLOW

TRANSPARENCY CLEAR

SPECIFIC GRAVITY 1.020 1.015-1.025

PH 6.0 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN NIL

SUGAR NIL

MICROSCOPIC EXAMINATION

PUS CELLS 2-3 /hpf MICROSCOPIC

RBC'S NIL NIL

CASTS NIL

CRYSTALS NIL

EPITHELIAL CELLS 0-1

BACTERIA NIL

OTHERS NIL

-----End of Report-----

Dr. Sangeeta B
 DCP, DNB, PATHOLOGY,
 DMC/25252
 Lab Technician : SONUKUM



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info@ipscindia.com

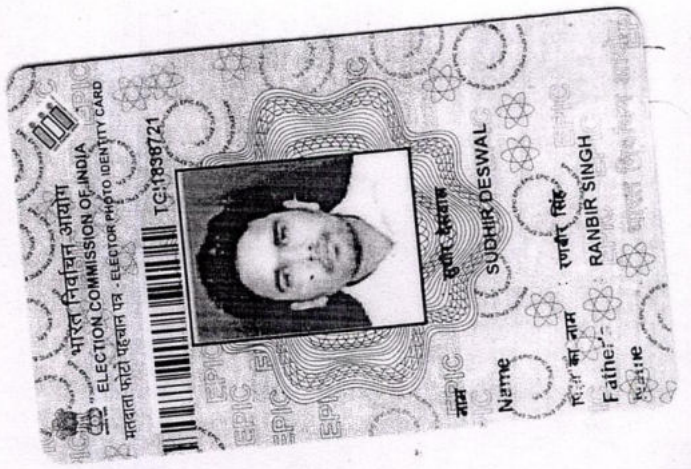


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Contact Us : +91-7028207222

bengaluru@ipscindia.com



Sudhir

Sex / लिंग : Male / पुरुष
Date of Birth / जन्म तिथि : 28 Years / 28 वर्ष
Address : RZ/F/1, GALI NO-25, SADH NAGAR, DELHI

Date : 18-3-2017

Part No. and Name : 223-साध नगर 2
Part No. and Name : 223-SADH NAGAR-II

Electoral Registration Officer
आयुक्त निर्वाचन अधिकारी
पल्लम संसदीय क्षेत्र-37
Assembly Constituency No & Name : 37-PALAM

1. मतदाता नाम सुनिश्चित करने के लिए मतदाता को अपने नाम के साथ एक फोटो और एक हस्ताक्षर प्रस्तुत करना आवश्यक है।
2. मतदाता नाम सुनिश्चित करने के लिए मतदाता को अपने नाम के साथ एक फोटो और एक हस्ताक्षर प्रस्तुत करना आवश्यक है।
3. मतदाता नाम सुनिश्चित करने के लिए मतदाता को अपने नाम के साथ एक फोटो और एक हस्ताक्षर प्रस्तुत करना आवश्यक है।
4. मतदाता नाम सुनिश्चित करने के लिए मतदाता को अपने नाम के साथ एक फोटो और एक हस्ताक्षर प्रस्तुत करना आवश्यक है।
5. मतदाता नाम सुनिश्चित करने के लिए मतदाता को अपने नाम के साथ एक फोटो और एक हस्ताक्षर प्रस्तुत करना आवश्यक है।

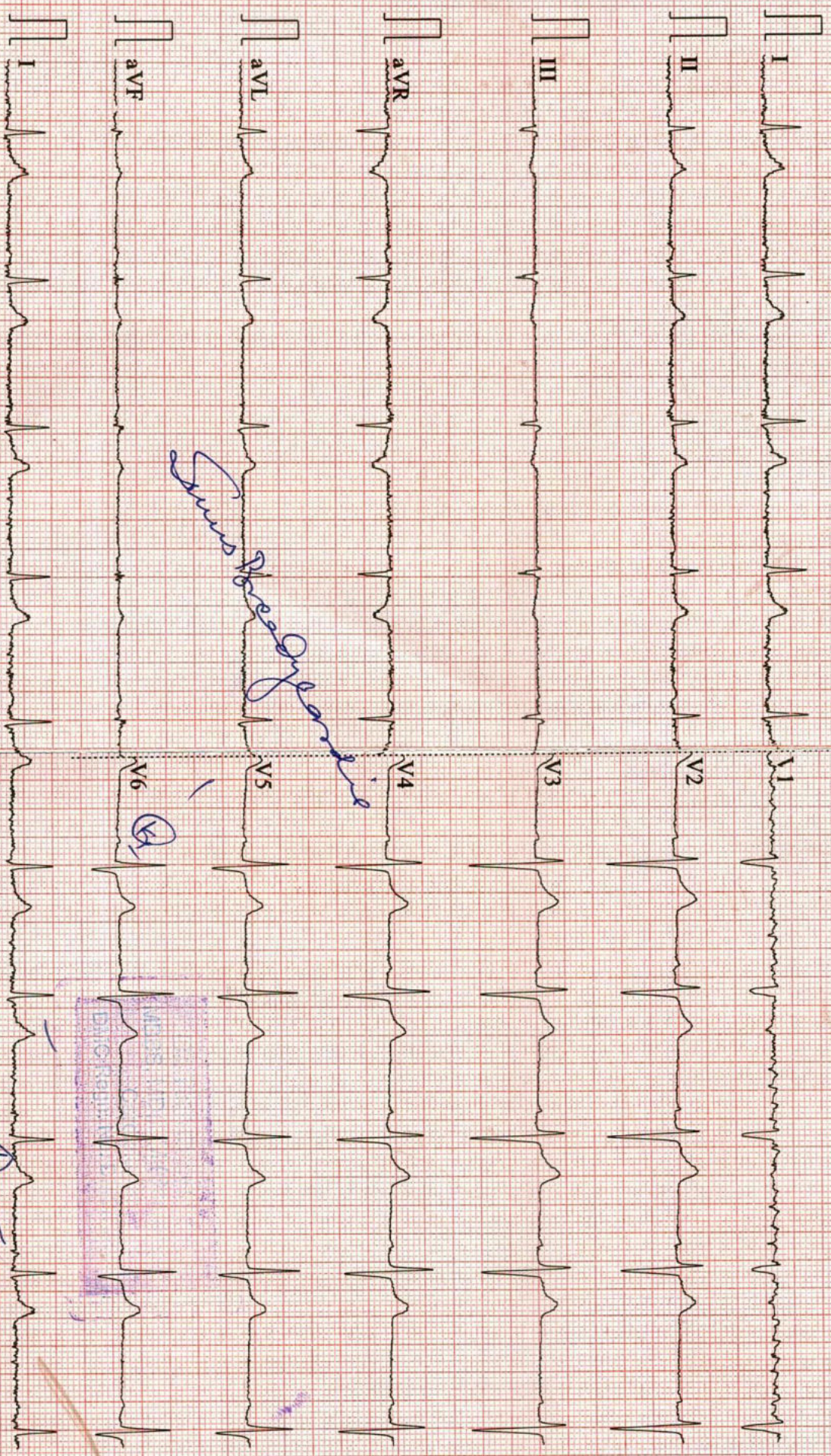
TG11938721

mr sudhir deswal
Male 32 Years
Req. No. :

HR : 57 bpm
P : 116 ms
PR : 182 ms
QRS : 102 ms
QT/QTcBz : 420/409 ms
P/QRS/T : 43/13/16 °
RV5/SV1 : 0.861/0.481 mV

Diagnosis Information:
Sinus bradycardia with sinus arrhythmia
Normal ECG except for rate

Report Confirmed by:



Sinus bradycardia

MUSKAP
DIAGNOSTIC

0.67-45Hz ACS0 25mm/s 10mm/mV 2*5.0s+1r CARDIART 91

V144 Glasgow V28.6.7

CARDIART

3824-UHID22DL
SUDHIR DESWAL
01/01/1990
Male

2209240912131
24/09/2022
2209240912131
Admin

R

21 cm

WL: 04395
WW: 06491
CHEST
PA
100%

IPSC
RADIOLOGY

