



we treat... HE CURES

Metro Hospital & Heart Institute

OPD CONSULTATION

(A unit of Sunhil Hospital Private Limited)

Patient Name

Prishu Gupta
Sushil Kumar

Age/Sex

36/M Card No.

Doctor's Name

Sushil Kumar

Date

28/10/23

Time

OPHTHALMIC EXAMINATION

VISION

DISTANCE VISION-

Rt

6/6 = glasses

Lt

NEAR VISION-

Rt

N/6

Lt

N/6

COLOUR VISION

— Normal

EYE EXAMINATION

Cornea

Ant Chamber

Pupil

Fundus Examination

ADVICE-

Dr. Sushil Kumar, MBBS, MS (Ophtho)
Consultant Ophthalmology
Metro Hosp. Signature
Sidcul, Haridwar, Reg. No.-2872 (UK)

Metro Hospital & Heart Institute, Haridwar
Health Check-up Certificate

COMPANY..... Metro Hospital (BSS) DATE..... 20/10/23
 EMPLOYEE NO..... 165477 DEPT..... Admin.
 NAME..... Girish Gupta AGE/SEX..... 35/M DOB.....
 DESIGNATION..... Chief Mgr. MOBILE NO..... 8265923188
 CHEST (INSP)..... 89 cm. CHEST (EXP)..... 84 cm. CHEST EXPANSION..... 05 cm
 HEIGHT..... 172 cm. WEIGHT..... 61 Kg. BMI.....
 P/R..... 71 per mt. BP..... 106/79 mmHg SIGN OF EMP..... [Signature]

EXAMINATION/INVESTIGATIONS

No	Investigations	Room No	Result		
			Hb	TLC	/DLC
1	LAB INVESTIGATIONS	Path Lab	F	/PP	/RBS
	BLOOD SUGAR F/PP/RANDOM	Path Lab		B+	
	BLOOD GROUP	Path Lab		RA	
2	URINE	Path Lab		SNR	
3	STOOL	Path Lab		RA	
4	X RAY CHEST PA	Radiology		RA	
5	ULTRASONOGRAPHY (Whole Abd)	Radiology		RA	
6	ECG	Health check up		done	
7	ECHO	Radiology		Report attached	
8	TMT	Radiology		—	
9	PFT	Health check up		—	
10	AUDIOMETRY	25		—	
11	ENT EXAM	25		—	
12	DENTAL EXAMINATION	24		fair oral hygiene of teeth status normal	
13	ACUITY OF VISION/COLOUR VISION	13		Report attached	
14	EXAMINATION BY PHYSICIAN	23		done	

Observations: Biochemistry Reports attached

DR. ANIL SINGH
 MBBS, AFHQDHA
 Consultant Occupational Health
 Reg No - UKMC-2831
 Metro Hospital & Heart Institute
 SIDCUL, Haridwar-249403 (U K)

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. GUPTA GIRISH
क.कू.संख्या	165477
पदनाम	BRANCH HEAD
कार्य का स्थान	HARIDWAR, SIDCUL
जन्म की तारीख	10-01-1988
स्वास्थ्य जांच की प्रस्तावित तारीख	14-10-2023
बुकिंग संदर्भ सं.	23D165477100072098F

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 12-10-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

INDIAN INCOME TAX RETURN

[For individuals being a resident (other than not ordinarily resident) having total income upto Rs.50 lakh, having Income from Salaries, one house property, other sources (Interest etc.), and agricultural income upto Rs.5 thousand]
 [Not for an individual who is either Director in a company or has invested in unlisted equity shares or in cases where TDS has been deducted u/s 194N or if income-tax is deferred on ESOP]
 (Refer instructions for eligibility)

FORM ITR-1 SAHAJ Assessment Year 2022 - 23

PART A GENERAL INFORMATION

(A1) PAN DMHPK7676C	(A2) First Name MOHIT	(A2a) Middle Name	(A3) Last Name KUMAR	(A4) Date of Birth 12-Aug-1991	(A5) Aadhaar Number (12 digits) /Aadhaar Enrolment Id (28 digits) (If eligible for Aadhaar No.) 3xxx xxxx 1662
(A6) Mobile No. + 91 9045525677	(A7) Email Address mohitkumarh7890@gmail.com	(A8) Flat/Door/Block No. 00	(A9) Name of Premises /Building/Village	(A10) Road/Street/Post Office, Area/Locality Gajiwali , HARIDWAR	
(A11) Town/City/District Shyampur B.O	(A12) State 34-Uttarakhand	(A13) Country 91-India	(A14) PIN Code/ZIP Code 249408		
(A15) Filed u/s (Tick) [Please see instruction] <input checked="" type="checkbox"/> 139(1)-On or before due date <input type="checkbox"/> 139(4)-Belated <input type="checkbox"/> 139(5)-Revised <input type="checkbox"/> 119(2)(b)- After Condonation of delay	(A16) Nature of employment- <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public Sector Undertaking <input type="checkbox"/> CG - Pensioners <input type="checkbox"/> SG - Pensioners <input type="checkbox"/> PSU - Pensioners <input type="checkbox"/> Other Pensioners <input checked="" type="checkbox"/> Others <input type="checkbox"/> Not Applicable (e.g. Family Pension etc.)				
(A17) Or Filed in response to notice u/s <input type="checkbox"/> 139(9) <input type="checkbox"/> 142(1) <input type="checkbox"/> 148	(A18) If revised/defective, then enter Receipt No. and Date of filing original return (DD/MM/YYYY)				
(A19) If filed in response to notice u/s 139(9)/142(1)/148 or order u/s 119(2)(b)- enter Unique Number/Document Identification Number (DIN) & Date of such Notice or Order					
(A20) Are you opting for new tax regime u/s 115BAC? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
(A21) Are you filing return of income under Seventh proviso to section 139(1) but otherwise not required to furnish return of income? - (Tick) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please furnish following information [Note: To be filled only if a person is not required to furnish a return of income under section 139(1) but filing return of income due to fulfilling one or more conditions mentioned in the seventh proviso to section 139(1)]					
(i) Have you deposited amount or aggregate of amounts exceeding Rs. 1 Crore in one or more current account during the previous year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					0
(ii) Have you incurred expenditure of an amount or aggregate of amount exceeding Rs. 2 lakhs for travel to a foreign country for yourself or for any other person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					0
(iii) Have you incurred expenditure of amount or aggregate of amount exceeding Rs. 1 lakh on consumption of electricity during the previous year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					0
(iv) Are you required to file a return as per other conditions prescribed under clause (iv) of seventh proviso to section 139(1) (If yes, please select the relevant condition from the drop down menu) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

S.No	Amount	Whole - Rupee only
B1	i Gross Salary (ia + ib + ic + id + ie)	2,01,196

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number 011-41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. GUPTA GIRISH
EC NO.	165477
DESIGNATION	BRANCH HEAD
PLACE OF WORK	HARIDWAR, SIDCUL
BIRTHDATE	10-01-1988
PROPOSED DATE OF HEALTH CHECKUP	14-10-2023
BOOKING REFERENCE NO.	23D165477100072096E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **12-10-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited)

SALARY / PENSION	a	Salary as per section 17(1)	ia	2,01,196	
	b	Value of perquisites as per section 17(2)	ib	0	
	c	Profit in lieu of salary as per section 17(3)	ic	0	
	d	Income from retirement benefit account maintained in a notified country u/s 89A	id	0	
	e	Income from retirement benefit account maintained in a country other than notified country u/s 89A	ie	0	
	ii	Less allowances to the extent exempt u/s 10 (Ensure that it is included in salary income u/s 17(1)/17(2)/17(3))	ii		0
	iaa	Less : Income claimed for relief from taxation u/s 89A	iaa		0
	iii	Net Salary (i - ii - iia)	iii		2,01,196
	iv	Deductions u/s 16 (iva + ivb + ivc)	iv		50,000
		a	Standard deduction u/s 16(ia)	iva	50,000
	b	Entertainment allowance u/s 16(ii)	ivb	0	
	c	Professional tax u/s 16(iii)	ivc	0	
	v	Income chargeable under the head 'Salaries' (iii - iv)	B1		1,51,196
B2	Tick applicable option <input type="checkbox"/> Self-Occupied <input type="checkbox"/> Let Out <input type="checkbox"/> Deemed Let Out				
HOUSE PROPERTY	i	Gross rent received/ receivable/ lettable value during the year	i		0
	ii	Tax paid to local authorities	ii	0	
	iii	Annual Value (i - ii)	iii		0
	iv	30% of Annual Value	iv	0	
	v	Interest payable on borrowed capital	v	0	
	vi	Arrears/Unrealised rent received during the year less 30%	vi	0	
	vii	Income chargeable under the head 'House Property' (iii - iv - v) + vi (If loss, put the figure in negative) Note: - Maximum Loss from House property that can be set-off in computing income of this year is INR 2,00,000. To avail the benefit of carry forward and set off of loss, please use ITR-2	B2		
B3	Income from Other Sources	B3			3,09,204

S.No	Nature of Income	Description (If Any Other selected)	Total Amount
1	Any Other	Commission and Service contracts income	3,09,204

Quarterly breakup of Dividend Income			Quarterly breakup of Income from retirement benefit account maintained in a notified country u/s 89A (taxable portion)		
i	Up to 15-Jun-2021	0	i	Up to 15-Jun-2021	0
ii	From 16-Jun-2021 to 15-Sep-2021	0	ii	From 16-Jun-2021 to 15-Sep-2021	0
iii	From 16-Sep-2021 to 15-	0	iii	From 16-Sep-2021 to 15-	0

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years)
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

	Dec-2021		Dec-2021	
iv	From 16-Dec-2021 to 15-Mar-2022	0	iv	From 16-Dec-2021 to 15-Mar-2022
v	From 16-Mar-2022 to 31-Mar-2022	0	v	From 16-Mar-2022 to 31-Mar-2022
	Less: Deduction u/s 57(iia) (in case of family pension only)			0
	Less: Income claimed for relief from taxation u/s 89A			0
B4	Gross Total Income (B1+B2+B3) (If loss, put the figure in negative)			B4
	Note: To avail the benefit of carry forward and set off of loss, please use ITR-2			4,60,400

Part C - Deductions and Taxable Total Income

S. No.	Section		Amount	System Calculated
a	80C - Life insurance premia, deferred annuity, contributions to provident fund, subscription to certain equity shares or debentures, etc.	5a	0	0
b	80CCC - Payment in respect Pension Fund, etc.	5b	0	0
c	80CCD(1) - Contribution to pension scheme of Central Government	5c	0	0
d	80CCD(1B) - Contribution to pension scheme of Central Government	5d	0	0
e	80CCD(2) - Contribution to pension scheme of Central Government by employer	5e	0	0
f	80D Deduction in respect of Health Insurance premia (Please fill 80D Schedule. This field is auto-populated from schedule 80D.)	5f	0	0
g	80DD - Maintenance including medical treatment of a dependent who is a person with disability	5g	0	0
h	80ddb - Medical treatment of specified disease	5h	0	0
i	80E - Interest on loan taken for higher education	5i	0	0
j	80EE - Interest on loan taken for residential house property	5j	0	0
k	80EEA - Deduction in respect of interest on loan taken for certain house property	5k	0	0
l	80EEB - Deduction in respect of purchase of electric vehicle	5l	0	0
m	80G - Donations to certain funds, charitable institutions, etc. (Please fill 80G Schedule. This field is auto-populated from schedule 80G)	5m	0	0
n	80GG - Rent paid (Please submit form 10BA to claim deduction)	5n	0	0
o	80GGA - Certain donations for scientific research or rural development (Please fill 80GGA Schedule. This field is auto-populated from schedule.)	5o	0	0
p	80GGC - Donation to Political party	5p	0	0
q	80TTA - Interest on deposits in savings Accounts	5q	0	0
r	80TTB- Interest on deposits in case of senior citizens	5r	0	0
s	80U-In case of a person with disability	5s	0	0
Total Deductions (Add items 5a to 5s)			0	0
Note: Total deductions under chapter VI A cannot exceed GTI.				
Total Income				4,60,400

My Garish Gupta
36Y/M
28-10-33



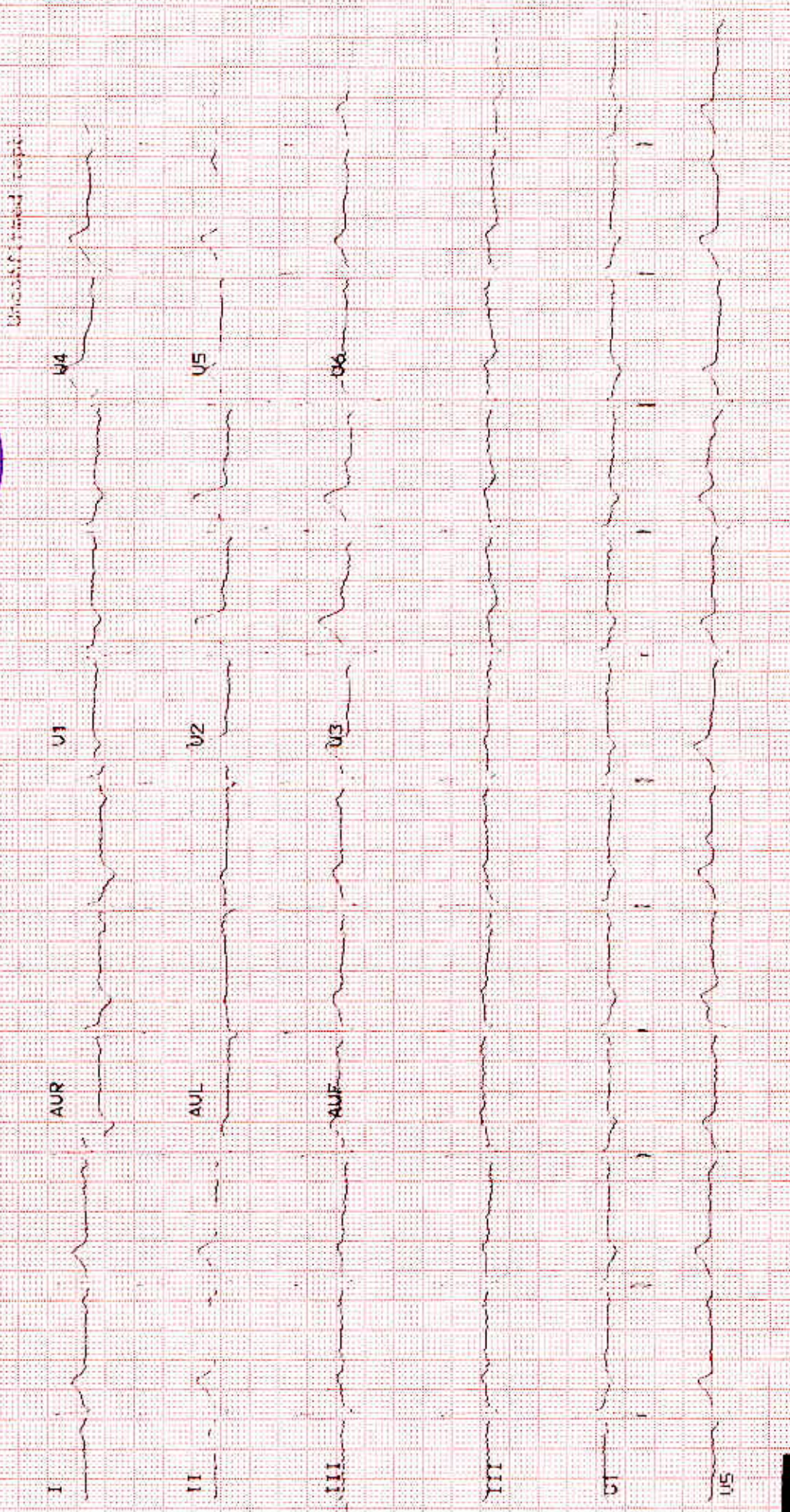
Interpretation:
RSR' pattern
probably normal ECG

MEASUREMENT RESULTS

QRS	102 ms
QT/QTcB	368 /
PR	126 ms
P	102 ms
RR/PP	852 / 850 ms
P/QRS/T	45 / 65 / 40 degrees
QTd/QTcBd	66 / 72 ms
Sokolow	2.0 mV
NK	10

P
T
QRS
aVL
aVR
aVF
I
II
III
aUR
aUL
aUF

Measurement Results:
QRS : 102 ms
QT/QTcB : 368 /
PR : 126 ms
P : 102 ms
RR/PP : 852 / 850 ms
P/QRS/T : 45 / 65 / 40 degrees
QTd/QTcBd : 66 / 72 ms
Sokolow : 2.0 mV
NK : 10



Unobscured report

DR NAMAN AGGARWAL

SENIOR DENTAL CONSULTANT

Reg. No. UK 1201
Metro Hospital & Heart Institute
Sidcul, Haridwar, UK, Pin No. - 24003



METRO
HOSPITAL & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Limited)
(NABH & ISO 9001: 2008 Certified)

Patient Name Girish Gupta Age/Sex 26/M Reg. No. 2023019342
Doctor Dr Naman Agrawal
Date 28/10/23 Time 11:03

DENTAL EXAMINATION

➤ **TEETH STATUS** = Normal

• **MISSING** - N/A

• **DECAYED** - 1 CC
Upper incisor
Left decid. incisor

➤ **ORAL HYGIENE STATUS** = fair

• **STAINS** - 02

• **CALCULUS** - 0

- Adenoid hypertrophy
- Rog. in st.

DR NAMAN AGGARWAL
E.D.S
SENIOR DENTAL CONSULTANT
Reg. No.-UK/ 1201
Metro Hospital & Heart Institute
Sidcul, Haridwar, UK, Pin No. - 24003



METRO
HOSPITAL & HEART INSTITUTE
(A unit of Sunhill Hospitals Private Limited)
(NABH & ISO 9001: 2008 Certified)

Radiology Investigation Report

Name : Mr. Girish Gupta
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202312260
Date : 28/10/2023

Age/Sex : 36 Y/M
UHID NO : 2023019342
Request No : 70241866

X-RAY CHEST PA View

Cardiac contour & size are normal.
Trachea is central.
Lung fields are clear.
Hilar shadows are normal.
Costophrenic angles are clear.
Bony rib cage is normal.

IMPRESSION: NORMAL CHEST.


DR. PRAKASH CHANDRA PANDEY
MBBS, DMRD
CONSULTANT RADIOLOGIST

Note:

- (1) Not valid for medical-legal purposes.
- (2) This is a professional opinion based on imaging finding and not the diagnosis.
- (3) In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

8

Pathology Report

METRO

HOSPITAL & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Limited)

Age/Sex (NABH & ISO 9001:2008 Certified)

UHID : 2023019342

Request No. : 10378407

Sample Time : 12:30

Reporting Time : 21:17

Name : Mr. Girish Gupta
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202312260
 Sample Date : 28/10/2023
 Reporting Date: 28/10/2023

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Hematology				
BLOOD GROUP				
ABO	B		-	
Rh	POSITIVE		-	
CBC (COMPLETE BLOOD COUNT/HAEMOGRAM)				
HB	15.0	gm/dl	M - 13-18	
TLC	6980	/cumm	4000-11000	
DLC (WBC DIFFERENTIAL)				
NEUTROPHILS	65	%	45-75	
LYMPHOCYTES	25	%	25-45	
EOSINOPHILS	04	%	1-6	
MONOCYTES	06	%	2-8	
BASOPHILS	00	%	<2	
RBC	4.91	million	3.5-5.5	
PCV	46.7	%	36-52	
MCV	95.1	fL	80-100	
MCH	30.5	PG	27-32	
MCHC	32.1	gm/dl	31-37	
PLATELET COUNT	2.36	lakh/cumm	1.5-4.5	
RDW	11.9	%	11.5-15	
ESR	18	mm/hr	20	

*** End of Reports ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)

**Note:**

1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
2. The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
4. All card based tests are screening test therefore need confirmation by other alternative test like (PCR, ELISA).

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency : +91 8191902600, Phone : 01334 - 239040 / 42 / 43, Fax : 01334 - 239043

E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01


Pathology Report

METRO

HOSPITAL & HEART INSTITUTE
(A unit of Sunhill Hospitals Private Limited)
Age/Sex (NABH & ISO 9001:2008 Certified)
UHID : 2023019342
Request No. : 10378407
Sample Time : 12:30
Reporting Time : 21:17
Name : Mr. Girish Gupta
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202312260
Sample Date : 28/10/2023
Reporting Date: 28/10/2023

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Biochemistry				
HBIAC	6.0	%	4.5-6.3	
LIPID PROFILE				
TOTAL CHOLESTEROL	161.0	mg/dl	00-250.0	
HDL-CHOLESTEROL	50.0	mg/dl	00-50.0	
LDL	86.2	mg/dl	00-150.0	
TRIGLYCERIDES	124.0	md/dl	30-150	
VLDL	24.8	mg/dl	0-50	
CHOL/HDL Ratio	3.2		<4.5	
LFT (LIVER FUNCTION TEST)				
BILIRUBIN INDIRECT	0.40	mg/dl	0.2-0.8	
SGOT	28.0	U/L	10-42	
SGPT	24.0	U/L	10-42	
BILIRUBIN TOTAL	0.81	mg/dl	0.2-1.0	
ALKALINE PHOSPHATASE	94.0	IU/L	28-111	
BILIRUBIN DIRECT	0.41	mg/dl	0.1-0.4	
TOTAL PROTEIN	7.5	gm/dl	6.4-8.2	
ALBUMIN	4.0	g/dl	3.5-5.0	
GLOBULIN	3.5	gm/dl	2.0-4.0	
AG RATIO	1.0		-	
KFT (KIDNEY FUNCTION TEST)				
UREA	29.0	mg/dl	15-45	
SODIUM	139.0	mmol/L	135-155	
CREATININE	0.94	mg/dl	0.6-1.3	
URIC ACID	4.0	mg/dl	3.0-7.6	
BUN	13.8	mg/dl	05-20	
POTTASSIUM	4.2	mmol/L	3.5-5.5	
CALCIUM	9.5	mg/dl	8.5-10.5	

*** End of Reports ***

Dr. Vishal Arora
MBBS, DCP
(Consultant Pathologist)

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192.168.7.100/hismetroharidwar/hospital/labresult.php?sid=4eabaa1089cb68147ec2b18b05344c3&lang=en&local_user=ck_1... 1/1
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MHHI/CL/0115/Rev. No. 01

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01

Pathology Report



METRO

HOSPITAL & HEART INSTITUTE

(A part of Sunhill Hospitals Private Limited)

UHID (NABH # 150/0001/2008 Certified)

Name : Mr. Girish Gupta
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202312260
 Sample Date : 28/10/2023
 Reporting Date: 28/10/2023

Request No. : 10378407
 Sample Time : 12:30
 Reporting Time : 21:17

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Biochemistry				
BLOOD SUGAR -FASTING	74.0	mg/dl	70.0-110.0	
BLOOD SUGAR -PP	113.0	mg/dl	70.0-140.0	
Serology & Immunology				
THYROID PROFILE				
T3	2.35	nmol/L	1.70-3.10	
T4	12.0	µg/dl	5.95-15.4	
TSH	2.37	µIU/L	0.46-4.68	

*** End of Reports ***

Dr. Vishal Arora
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(Consultant Pathologist)

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Emergency : +91 8191902600, Phone : 01334-239040/42/43/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100

E-mail : metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office : 21, Community Center, Preet Vihar, New Delhi-110092

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Pathology Report

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Sample Time : 12:30

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Name : Mr. Girish Gupta
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202312260
 Sample Date : 28/10/2023
 Reporting Date: 28/10/2023

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Urine Examination				
URINE SUGAR	NIL			
URINE ROUTINE ANALYSIS				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW			
TRANSPARENCY	CLEAR			
S. GRAVITY	1.030			
CHEMICAL EXAMINATION				
ALBUMIN	NIL			
SUGAR	NIL			
pH	6.5			
BLOOD	NIL			
KETONE	NIL			
MICROSCOPIC EXAMINATION				
PUS CELLS	2-3			
EPITHELIAL CELLS	1-2			
RBC	NIL			
CRYSTALS	NIL			
CAST	NIL			
BACTERIA	NIL			
AMORPHOUS PHOSPHATE	NIL			
AMORPHOUS URATES	NIL			

*** End of Reports ***

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Pathology Report

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 Name : Mr. Girish Gupta
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Test	Result	Unit	Bio. Ref. Inter.	Test Method
------	--------	------	------------------	-------------

Stool Examination
STOOL ROUTINE EXAMINATION
MACROSCOPIC EXAMINATION

COLOUR	YELLOWISH		-NA	
CONSISTENCY	SOLID		-NA	
BLOOD	NIL		-NIL	
MUCUS	ABSENT		-NIL	

MICROSCOPIC EXAMINATION

PUS CELLS	0-1		-NIL	
RBC	NIL		-NIL	
VEGETABLE CELLS	NIL		-NIL	
OVA	NIL		-NIL	
CYSTS	NIL		-NIL	
OTHERS	NIL		-NIL	

*** End of Reports ***

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Pathology Report

Name : Mr. Girish Gupta	Age/Sex : 36 Y/M
Ref. By : Dr. ANIL SINGH	UHID : 2023019342
IP/OP : OP/202312260	Request No. : 10378407
Sample Date : 28/10/2023	Sample Time : 12:30
Reporting Date : 28/10/2023	Reporting Time : 21:17

Test	Result	Unit	Bio. Ref. Inter.	Test Method
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Serology & Immunology

PSA TOTAL	0.99	ng/mL	0.0-4.0	
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*** End of Reports ***

Dr. Vishal Arora
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2D ECHOCARDIOGRAPHY

Name:	Mr. Girish Gupta	UHID No:	2023019342
Age/Sex:	36Y/M	Ward:	OPD
Referred by:	Dr. Anil Singh	Date:	28.10.2023

ACOUSTIC WINDOW: Normal

MEASUREMENTS AND CALCULATIONS

Measurements	Observed Value	Reference Value
IVS (ED)	1.0	(0.6 – 1.1 cm)
LVPW (ED)	1.1	(0.6 – 1.1 cm)
LVID (ED)	4.1	Male (3.7 – 5.5 cm) Female (3.7 – 5.2 cm)
Aortic root diameter	2.4	(2.0 – 3.7 cm)
LA dimension	2.7	Male (1.9 – 4.0 cm) Female (1.7 – 3.8 cm)
LV EF	60%	(55 – 75%)

MORPHOLOGICAL DATA

Mitral valve	Normal	Right Atrium	Normal
Aortic valve	Normal	Right Ventricle	Normal
Tricuspid valve	Normal	PA	Normal
Pulmonary valve	Normal	IVS	Intact
		IAS	Intact

DOPPLER STUDY

Valve	Regurges	Velocities (cm/s)	Gradients (mmHg)
Mitral	Trace	E – 76, A – 56, E/A>1	
Aortic	Nil	Vel – 126	
Tricuspid	Trace	Vel – 212	PASP – 23
Pulmonary	Nil	Vel – 117	

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Emergency: +91 8191902600, Phone : 01334 – 239040 / 42 43, Fax : 01334 – 239043

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CIN No.: U33201DL20063PTC156918



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FINAL IMPRESSION

- Normal Acoustic Window
- Normal Chambers Dimensions
- No RWMA
- LVEF~60%
- No LVDD
- Trace MR, Trace TR, PASP 23 mmHg
- No pericardial effusion
- No Intracardiac clot

Dr. Krishna CK

MD, DNB (Medicine), DNB (Cardiology)
Consultant Interventional Cardiology
UKMC Reg. No: 12883

Dr. Ajit Kumar

MBBS, PGDCC
Associate Consultant, Cardiology
UKMC Reg. No: 7569

(Note: This document is not for medico-legal purpose)

Plot No. F-1 Sector – 6A, SIDCUL, HARIDWAR – 249 403

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