

भारत सरकार वित्त मंत्रालय वायकर विभाग  
 Government of India Ministry of Finance  
 Income Tax Department

पहचान पत्र सं : 254  
 Identity Card No. 254

Faridabad Date of Issue 21.09.2021  
 Faridabad Valid Upto 31.03.2028

  
 नाम  
 Name : HIMANSHU BHARTI

पदनाम  
 Designation Sr. TAX ASSISTANT

तैनाती का स्थान  
 Place of Posting GURUGRAM

  
 Signature of Holder

  
 Pr. Commissioner of Income Tax, Faridabad

*Himanshu Bharti*

*Dr. NITIN AGARWAL*  
 MBBS MD  
 Regn. No. DMC-R-1436



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 Pr. Commissioner of Income Tax, Delhi

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 Address : A-5-684 SHOLIMAR BAGH

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फोन नंबर / Mobile : 998618995 9981895247

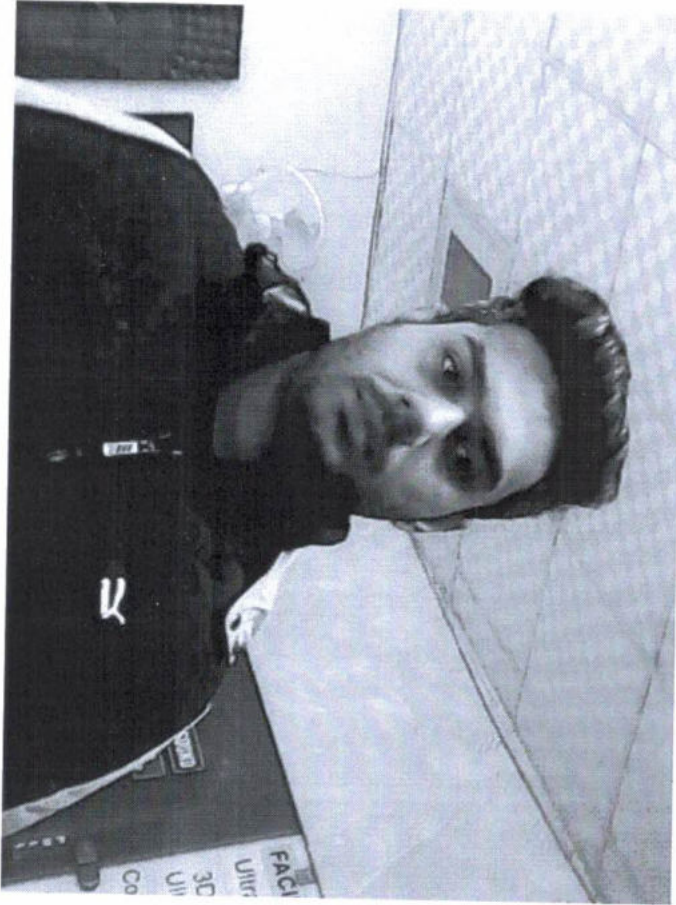
फोन ग्रुप / Group : AG-18

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# OnePLUS Ultrasound Lab

— QUALITY FIRST... ALWAYS! —

**Dr. Nitin Agarwal**  
Pathologist & Director  
Ex. Sr. Res. MAMC  
& Lok Nayak Hospital  
Ex. Chief of Lab Dr. Lal Path Labs.

**Dr. Pooja (Garg) Agarwal**  
Radiologist & Director  
MAMC & Lok Nayak Hospital



NAME	:Mr. HIMANSHU BHARTI	Barcode No	:10137653
AGE/GENDER	:33 YRS/Male	SPECIMEN DATE	:11/Feb/2023 08:53AM
PATIENT ID	:109043	SPECIMEN RECEIVED	:11/Feb/2023 08:59AM
REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:11/Feb/2023 02:10PM
CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012302110010

Test Name	Result	Unit	Ref. Range
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## HAEMATOLOGY

### Medi Wheel Health checkup < 40 Male

<b>Glycosylated Hemoglobin (HbA1c)</b>	4.8	%	Non Diabetic adults <5.7 Prediabetic (at risk) 5.7-6.4 Diabetes >6.4
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**Estimated average blood glucose (eag)** 91

Reference range (mg/dl):

90 - 120:Excellent control, 121 - 150:Good Control, 151 - 180:Average Control, 181 - 210:Action Suggested

>211:Panic value

<b>BLOOD GROUP (ABO)</b>	AB
<b>Rh typing</b>	POSITIVE

### NOTE :

- \* Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- \* So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- \* Presence of maternal antibodies in newborns, may interfere with blood grouping.
- \* Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

## CBC

Haemoglobin	13.5	g/dl	13.0-17.0
Total Leucocyte Count	7700	/cumm	4000-10000
<b>Differential leucocyte count</b>			
Neutrophils	54.6	%	40-80
Lymphocyte	38.70	%	20-40
Monocytes	3.70	%	2-10
Eosinophils	2.5	%	1-6
Basophils	0.5	%	0-2
RBC Count	4.90	million/cumm	4.5 - 5.5

Checked By.

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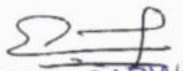
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Test Name	Result	Unit	Ref. Range
PCV(Hematocrit)	45.0	%	40-50
MCV	91.5	fL	83-101
MCH	27.3	Pg	27-32
MCHC	<b>29.9</b>	G/dL	32-35
Platelet count	177000	/cumm	150000-450000
RDW-CV	14.0	%	11.4-14.0
ESR(WESTEGRENs METHOD)	05	mm in 1st hr	0-20

### BIOCHEMISTRY

<b>Blood sugar fasting</b>	90	mg/dL	70-110
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PATIENT ID	:109043	SPECIMEN RECEIVED	:11/Feb/2023 02:07PM
REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:11/Feb/2023 04:29PM
CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012302110010

Test Name	Result	Unit	Ref. Range
<b><u>BIOCHEMISTRY</u></b>			
<u>Blood sugar pp</u>	132	mg/dL	70.0-140.0

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Test Name	Result	Unit	Ref. Range
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### BIOCHEMISTRY

<b>Bun (blood urea nitrogen )</b>	11.60	mg/dl	8.9-21.6
<b>Uric acid, serum</b>	4.0	mg/dl	3.5-7.2
<b>Creatinine, serum</b>	1.0	mg/dl	0.60-1.2

### LFT(LIVER FUNCTION TEST)

Bilirubin Total	0.58	mg/dl	0.1-1.2
Bilirubin Conjugated	0.28	mg/dl	0-0.4
Bilirubin Unconjugated	0.30	mg/dl	up to 0.7
SGOT (AST)	26	U/L	0-46
SGPT (ALT)	<b>68</b>	U/L	0-49
Alkaline phosphatase	102	U/L	40-129
Gamma glutamyl transpeptidase	26	U/L	10-45
Total Protein	7.6	gm/dl	6.60 - 8.70
Albumin serum	4.4	g/dL	3.0-5.2
Globulin	3.20	gm/dl	1.8-3.4
Albumin/Globulin Ratio	1.38		1.10 - 2.50

### LIPID PROFILE

Cholesterol	<b>256</b>	mg/dl	50-200
Triglycerides	<b>185</b>	mg/dL	25-150
HDL Cholesterol	44	mg/dL	40 - 60
LDL cholesterol	<b>175</b>	mg/dL	<130
VLDL cholesterol	37.0	mg/dL	5-40
Cholesterol/HDL Ratio	5.8		Low Risk 3.3-4.97 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
LDL/HDL Ratio	<b>4.0</b>		0 - 3.55

According to ATP III and NCEP guidelines

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Test Name	Result	Unit	Ref. Range	
<b>Parameter</b>	<b>Normal</b>	<b>Desirable</b>	<b>Borderline</b>	<b>High</b>
Total cholesterol	<200		200-239	240
Triglycerides	<150	150-199	200-499	500
LDL	Optimal <100 Near Optimal 100-129	130-159	160-180	190
HDL	<40 : LOW 60 : HIGH			

### BUN/Creatinine ratio

Bun (blood urea nitrogen )	11.60	mg/dl	8.9-21.6
CREATININE	1.00	mg/dl	0.30-1.10
BUN/Creatinine ratio	11.60		10.0 - 20.0

### ENDOCRINOLOGY

#### THYROID PROFILE(T3,T4,TSH)

Triiodothyronine total [t3]	0.82	ng/dl	0.52-1.9
Thyroxine total [t4]	7.60	µg/dl	4.4 - 10.8
TSH (Thyroid Stimulating Hormone)	2.90	µIU/ml	0.25-5.0

#### AGE WISE VARIATION IN TSH

AGE	TSH(µIU/ml)	AGE	TSH(µIU/ml)
1-4 weeks	1.00 - 19.0	16-20 yrs	0.25 - 5.0
1-12 mths	1.70 - 9.1	21 - 80 yrs	0.25 - 5.0
1-5 yrs	0.80 - 8.2	I <sup>st</sup> trimester	0.25 - 5.0
6-10 yrs	0.25 - 5.0	II <sup>nd</sup> trimester	0.50 - 5.0
11-15 yrs	0.25 - 5.0	III <sup>rd</sup> trimester	0.4 - 6.0

#### Reference ranges - Interpretation of Diagnostic tests - (Jacques Wallach)

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.

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CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012302110010

Test Name	Result	Unit	Ref. Range
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.			
3. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.			
4. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis			

## CLINICAL PATHOLOGY

### URINE ROUTINE

#### Physical examination

Quantity	20	ML
Colour	PALE YELLOW	
Transparency	CLEAR	CLEAR
Sp.gravity	1.020	1.010-1.030
pH	6.00	
Reaction	ACIDIC	ACIDIC

#### Chemical examination

Urine protein	NIL	NIL
Urine sugar	NIL	NIL
Bilirubin, urine	NEGATIVE	NEGATIVE
Urobilinogen	NORMAL	NORMAL
Ketones	NEGATIVE	NEGATIVE

#### Microscopic examination

<b>Pus cells.</b>	1-2	/HPF	0-2
Epithelial cells	1-2	/HPF	NIL
R.B.C.	NIL	/HPF	NIL
Casts	NIL	/HPF	NIL
Crystals	NIL	/HPF	NIL
Bacteria	NIL	/HPF	NIL
Others.	NIL	NIL	NIL

\*\*\* End Of Report \*\*\*

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Name	: Mr. HIMANSHU BHARTI	Age/Sex	: 33 YRS/Male
Ref. By	: Dr. MEDIWHEEL	Lab No	: 012302110010
Date	: 11-Feb-2023	Patient ID	: LSHHI109043

**ULTRASOUND EXAMINATION----WHOLE ABDOMEN**

**Liver** is normal in size (12.6 cm) and normal in outline with normal echopattern. Intrahepatic biliary radicles are not dilated. No abscess or mass lesion seen. Hepatic veins, portal vein, IVC and aorta are normal. CBD is normal in caliber.

**Gall bladder** is well distended with anechoic lumen. Wall thickness is normal.

Both kidneys are normal in size, shape, position, outline and echopattern. Corticomedullary differentiation is maintained. No pelvicalyceal dilation or mass lesion is seen.

**Spleen** is normal in size and echotexture. No mass lesion seen.

**Pancreas** is normal in size, outline and echotexture.

**Urinary bladder** is normal in shape and position. No evidence of intravesical stone or mass seen.

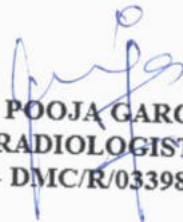
**Prostate** is normal in size, shape and echopattern.

**Prostate measures** 2.6 x 2.9 x 3.6 cm. **Weight of prostate is 13.8 grams.**

No abnormal bowel wall thickening seen in right iliac fossa.  
No free fluid seen anywhere in abdomen.

**IMPRESSION:**

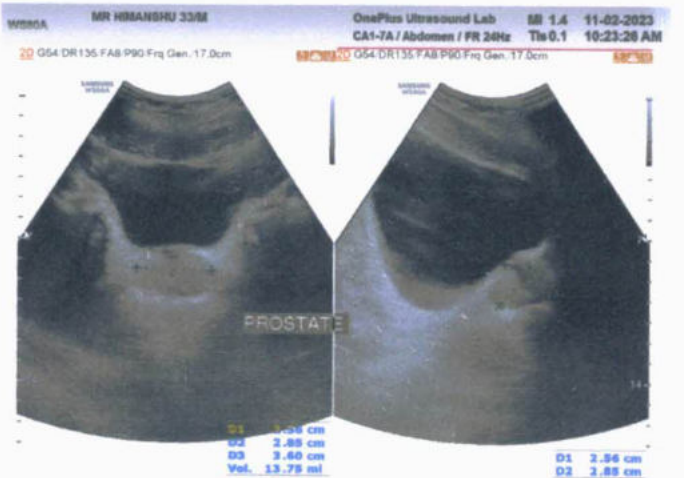
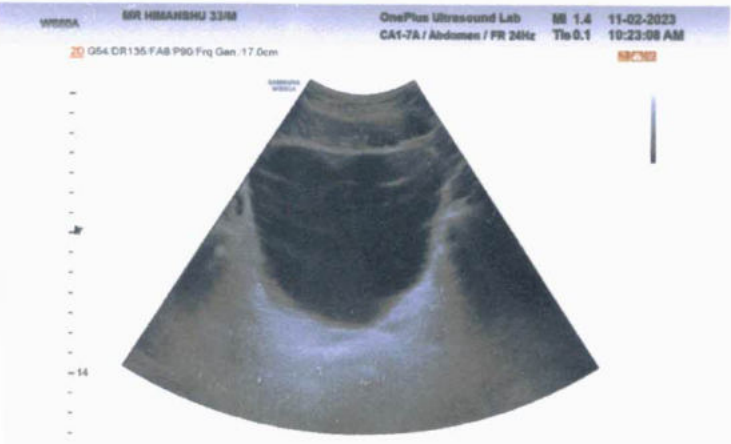
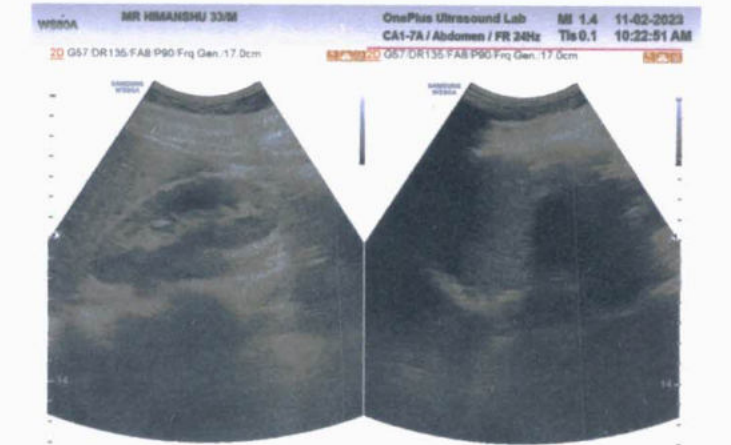
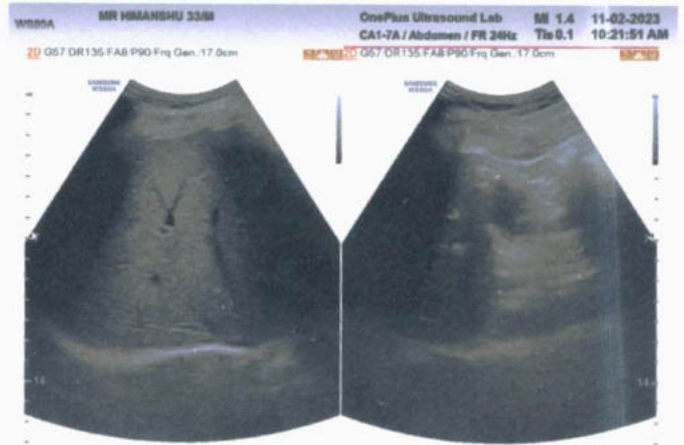
- Normal study.

  
**DR. POOJA GARG**  
**RADIOLOGIST**  
**REG NO- DMC/R/03398**

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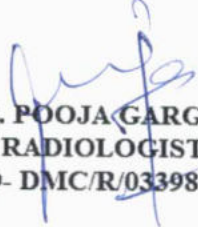


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## X-ray-Chest PA view

Bony cage and soft tissues are normal.  
Cardiothoracic ratio is normal.  
Mediastinum is normal.  
Both hila are normal.  
Both costophrenic angles are clear.  
Both domes of diaphragm are normal.  
Lung fields are clear. No parenchymal lesion seen.

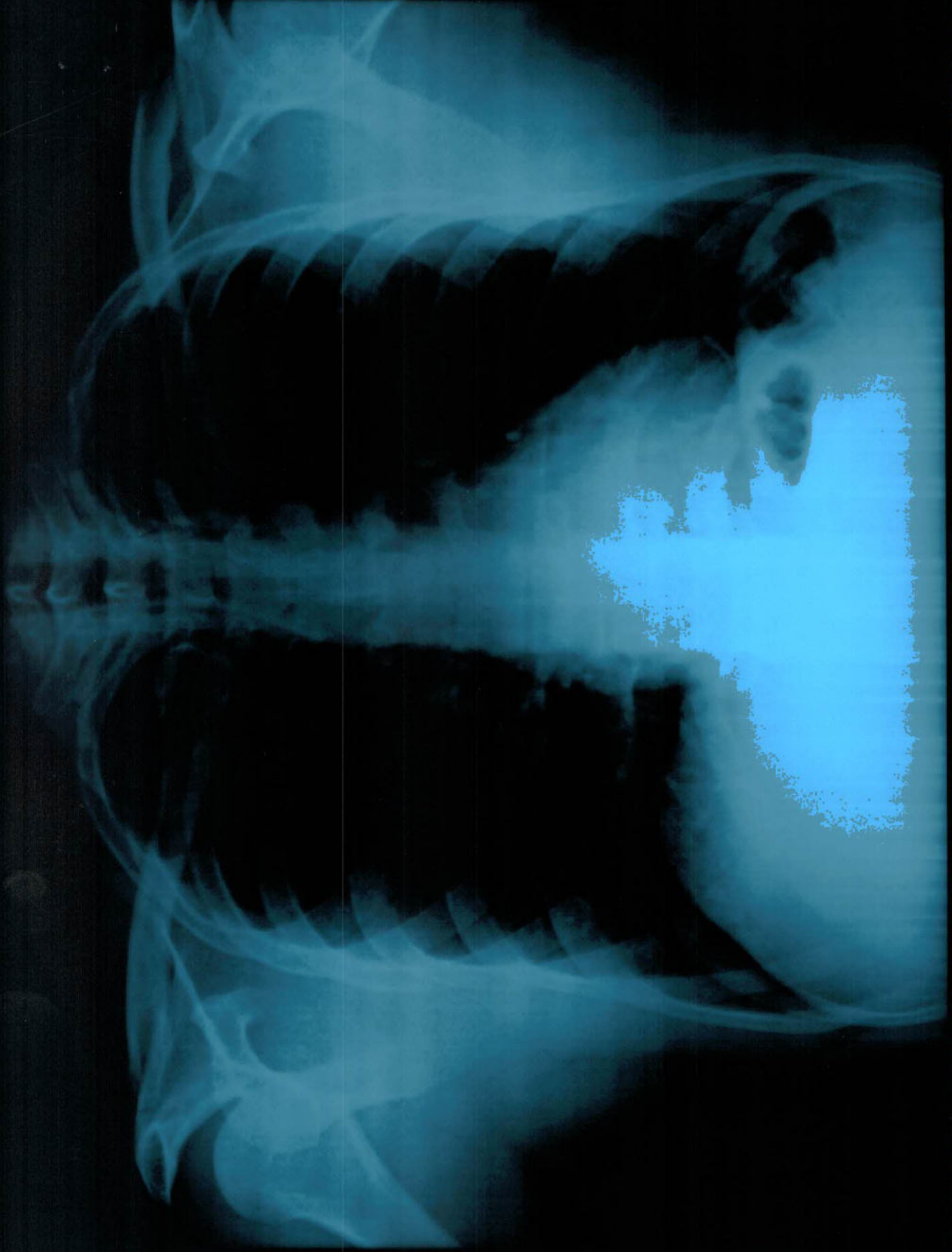
**IMPRESSION: Normal Study.**



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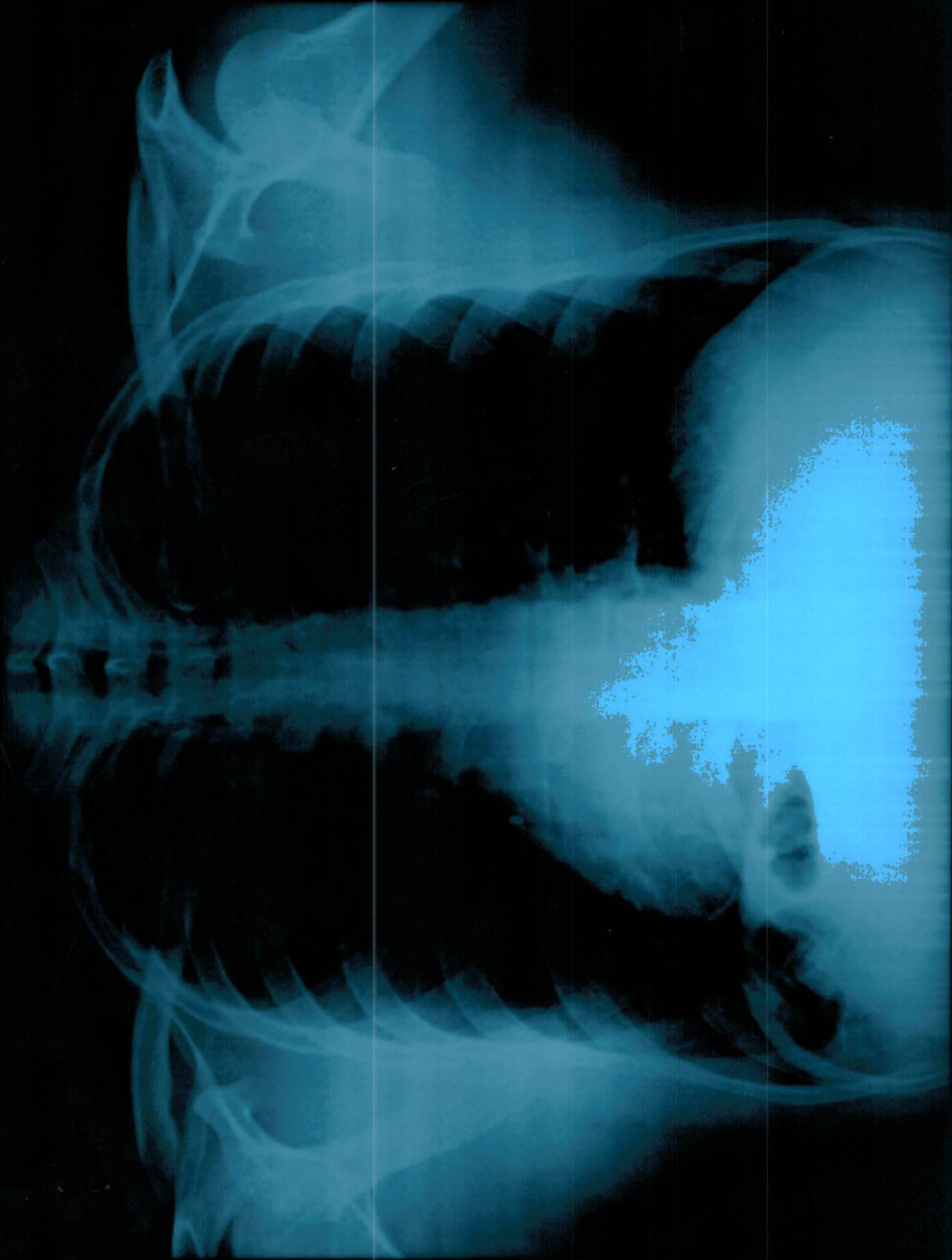
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MR HIMANSHU BHARTI AGE 33 YRS 11-02-2023 M CHEST PA VIEW 2/11/2023

ONEPLUS ULTRASOUND LAB 47 HARSH VIHAR PITAMPURA

ONEPLUS ULTRASOUND LAB, 43 HARSH NIHAR PITAMPURA  
MR HIMANSHU BHARTI AGE 33 YRS 11-05-2023 M CHEST PA VIEW S11J5053



<b>Name</b>	: Mr. HIMANSHU BHARTI	<b>Age/Sex</b>	: 33 YRS/Male
<b>Ref. By</b>	: Dr. MEDIWHEEL	<b>Lab No</b>	: 012302110010
<b>Date</b>	: 11-Feb-2023	<b>Patient ID</b>	: LSHHI109043

**ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY**  
**M-MODE, 2D, PULSE WAVE, CONTINUOUS WAVE, COLOUR FLOW IMAGING**

**PARAMETERS**

**(ADULT VALUES)**

Aortic Root Diameter	1.7	cm	(2.0 – 3.7 cm)
Left Atrial Diameter	2.7	cm	(1.9 – 4.0 cm)
Right Ventricular Inner Diameter (Diastole)	2.1	cm	(0.7 – 2.6 cm)
Inter Ventricular Septum Thickness (Diastole)	1.0	cm	(0.6 – 1.1 cm)
Left Ventricular Inner Diameter ( Diastolic)	5.5	cm	(3.7 – 5.6 cm)
LV Posterior Wall Thickness (Diastole)	1.0	cm	(0.6 – 1.1 cm)
Left Ventricular Inner Diameter (Systolic)	3.1	cm	(2.2 – 4.0 cm)
END DIASTOLIC VOLUME	147	ml	89-133ml
END SYSTOLIC VOLUME	38	ml	23-45ml
EJECTION FRACTION	74.1	%	(54-76%)

**MITRAL VALVE**

Anterior mitral leaflet is thin, no calcification, no subvalvular pathology, no anterior mitral leaflet flutter, no B – hump, no prolapse, EPSS> 0.5 cm, no mitral annular calcification, no systolic anterior motion. Posterior mitral leaflet is thin, no calcification, moves posteriorly during diastole.

**TRICUSPID VALVE**

Thin, opening well, no prolapse.

**AORTIC VALVE**

Thin, trileaflet, opens fully, central closure, no systolic flutter.

**PULMONARY VALVE**

Thin, normal EF slope, normal a wave. No doming.

**PULSE Doppler**

Mitral diastolic flow shows E > A wave with normal deceleration slope.

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Aortic forward velocity	114	cm/sec
Pulmonary forward velocity	N	cm/sec

**Colour Doppler**

No Mitral Regurgitation.  
No Aortic Regurgitation.  
No Tricuspid Regurgitation.  
No Pulmonary Regurgitation.

**No REGIONAL WALL MOTION ABNORMALITY**

No regional Wall Motion Abnormalities.  
No Concentric left ventricular hypertrophy

**COMMENTS**

No LA, LAA, LV CLOT seen.  
No vegetation on any valve.  
No intra cardiac mass.  
Normal pericardium ; no pericardial effusion.  
IAS / IVS intact.

**IMPRESSION**

- No regional wall motion abnormality.
- No Concentric left ventricular hypertrophy.
- Normal LV diastolic function.
- Normal LV systolic function

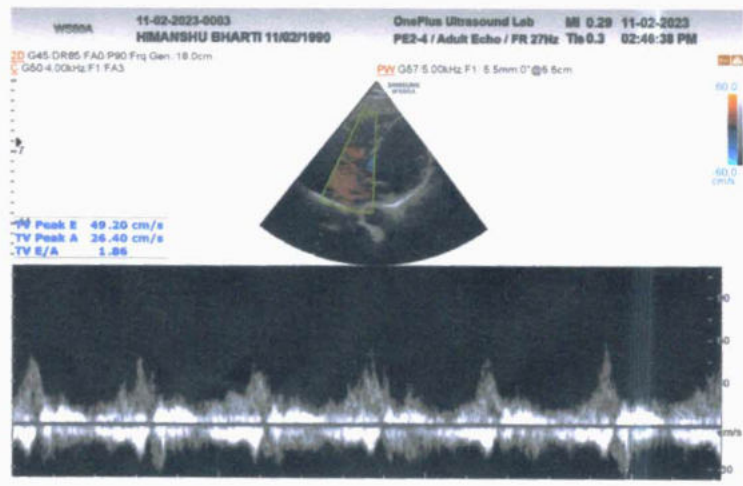
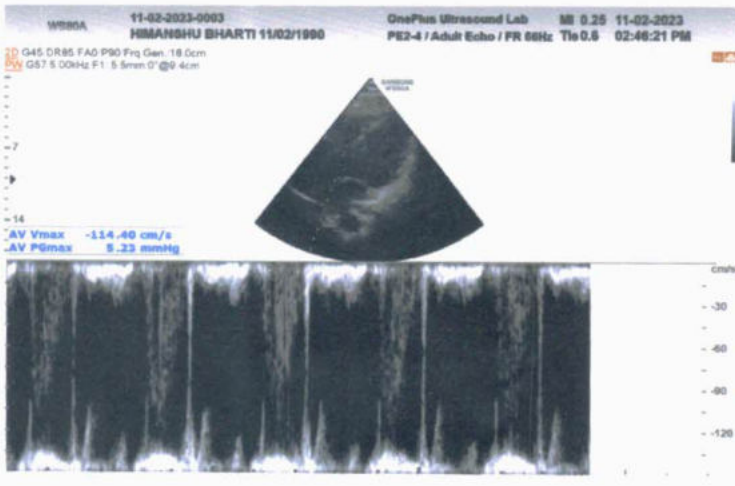
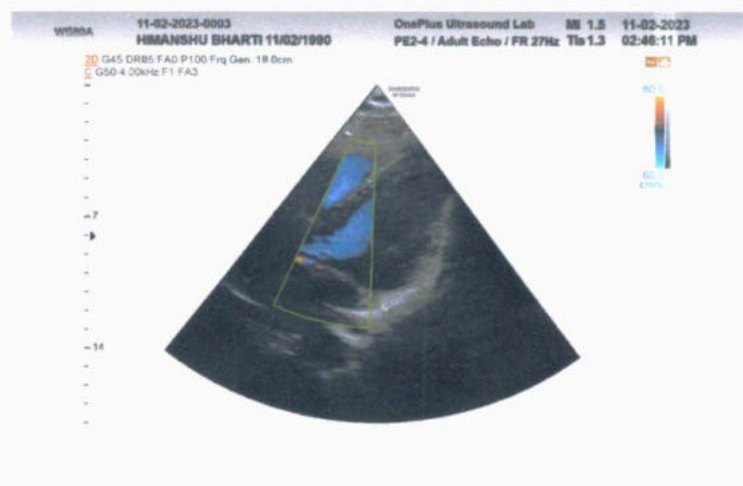
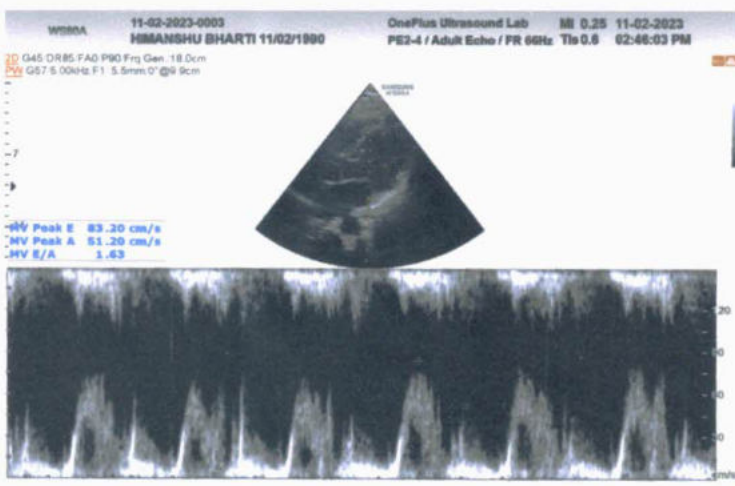
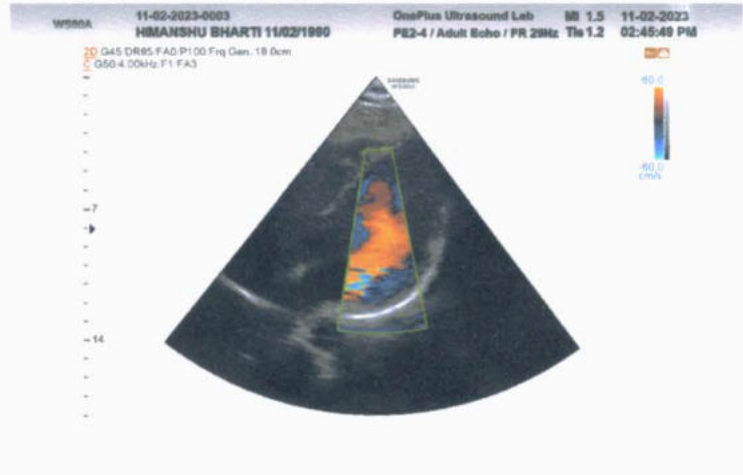
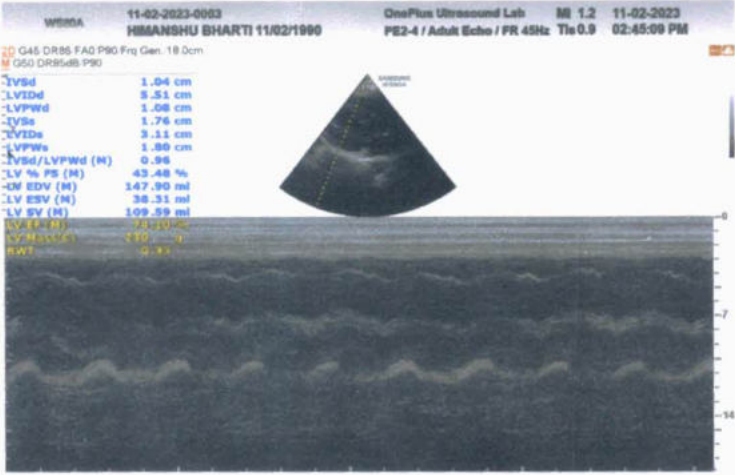
Dr. Ajay Jain  
MD (Medicine)

The above impression is just an opinion of the imaging findings & not a final diagnosis. Due to technical limitations there may be false positive/false negative interpretation in a small fraction of cases. Thus the report needs correlation with clinical status, lab or other relevant investigation

Dr. AJAY JAIN  
M.B.B.S., M.D (Med.)  
Reg No DMC/R/1267

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E-mail: oneplusul@gmail.com | Web.: www.oneplusul.in







Micrograph showing a dense layer of cells, likely representing a specific tissue type.



Micrograph showing a dense layer of cells, likely representing a specific tissue type.



Micrograph showing a dense layer of cells, likely representing a specific tissue type.



Micrograph showing a dense layer of cells, likely representing a specific tissue type.



Micrograph showing a dense layer of cells, likely representing a specific tissue type.



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Micrograph showing a dense layer of cells, likely representing a specific tissue type.



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**Dr. Nitin Agarwal**

Pathologist & Director  
Ex. Sr. Res. MAMC  
& Lok Nayak Hospital  
Ex. Chief of Lab Dr. Lal Path Labs.

**Dr. Pooja (Garg) Agarwal**

Radiologist & Director  
MAMC & Lok Nayak Hospital

I hereby give my concern for not going for  
Stool Routine test as I am not willing for the same .

  
Himanshu Bharti

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Clinical correlation is essential for final diagnosis. • If test results are unsatisfactory please contact personally or on phone. • This report is for perusal of doctors only.  
• All disputes Subject to Delhi Jurisdiction only. • Not for medicolegal purposes. • All congenital anomalies in a foetus may not be diagnosed in routine obstetric ultrasound.

# E.C.G. REPORT

Patient Name Mr. Himanshu Bhardi

H. Rate 84 Age 33 Date 11/2/23

P-Wave (N) Rhythm (N) Axis (N)

Q-T (N) P-R Interval (N) QRS (N)

Conclusion : WNL S-T Seg (N) T-Wave (N)

**DR. R.K. GUPTA**  
**CARDIOLOGIST**



**OnePLUS**  
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## ELECTRO CARDIO GRAPHIC OBSERVATIO

Name Mr. Himanshu Bhardi

Referred By DR. ....

Dated 11/2/2023

S. No. ....

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- Real Time 3D/4D/5D Ultrasound
- Color Doppler
- Digital X-Ray
- Amniocentesis, Chorionic Villous Sampling
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Dr. Himanshu Bhatti

*[Signature]*

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25MM/SEC  
10MM/MV

ARROW CE

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