

**Facilities:**

All clinical Biomedical & Hematology Investigations including Bone Marrow Examination  
VPT, Podiascan & Complete Foot Care (First Time in Purvanchal)  
All Hormonal Investigation by Chemiluminescent Method  
Visceral Fat by (AB-140) Ambulatory BP Monitoring  
CGMS & Insulin Pump Available  
PFT, 2D-ECHO (Color Doppler), Holter, TMT, Cardiac-3 available  
VIA, VILI, Colposcopy available  
Special Endocrinological Investigation Protocols.

ISO 9001:2008 Certified  
Mobile: 9389994334, 9554572190, 9453837595



# Panacea Pathology

## Clinical Reference Lab

Persistence, Preparedness and Precision  
EQAS (CMC Vellore Attached) & IQAS System  
पूर्वाचल की सर्वोत्तम गुणवत्ता वाली पैथोलॉजी

PATIENT NAME : SUNIL KUMAR

AGE/GENDER : 45 YRS/MALE

REFD BY DR. : ARCO FEMI HEALTHCARE LTD.

RECEIVED DATE :29-12-2022 (09:00 AM)

SAMPLE : BLOOD & URINE

REPORT DATE : 29-12-2022 (04:00 PM)

## PATHOLOGY REPORT

### COMPLETE BLOOD COUNT (CBC)

TEST	LAB TEST VALUES	NORMAL RANGE
<b>HEMOGRAM</b>		
HEMOGLOBIN (FLOW CYTOMETRY)	14.6	13 – 16 gm/dl
TOTAL LEUCOCYTE COUNT (TLC)	8,900	4000 – 11000
RBC COUNT	3.68	3.5 – 5.5
PCV (HCT)	42.5	37 – 47
MCV	115.4	80 – 95
MCH	39.6	28 – 34
MCHC	34.3	30 – 36
PLATELET COUNT	4,17,000	1,50,000 – 4,00,000
E.S.R. (WINTROBE FIRST HOURS)	23.0	20 mm/1 <sup>st</sup> hr
<b>DIFFERENTIAL LEUCOCYTE</b>		
NEUTROPHILS	64	40 – 75%
LYMPHOCYTES	31	20 – 45%
EOSINOPHILS	03	1 – 6%
MONOCYTES	02	2 – 8%
BASOPHILS	00	< 2%

### RENAL & KIDNEY PROFILE, SERUM

TEST	LAB TEST VALUES	NORMAL RANGE
<b>RENAL FUNCTION TESTS</b>		
BLOOD UREA NITROGEN (BUN)	9.8	10 – 50 mg/dl
SERUM CREATININE	0.69	0.60 – 1.60 mg/dl
URIC ACID	4.16	3.60 – 7.70 mg/dl
ALKALINE PHOSPHATASE (ALP)	115.6	142 – 353 mg/dl
TOTAL PROTIENS	7.4	0 – 39 mg/dl
ALBUMIN	4.0	3.8 – 5.4 mg/dl
SERUM GLOBULIN	3.4	2.1 – 3.5 mg/dl
CALCIUM	8.9	8.80 – 10.20
PHOSPHORUS	3.04	2.50 – 5.00
SERUM SODIUM NA+	1.005	135.00 – 155.00 mEq/Ltr
SERUM POTASIMUM K+	4.12	3.60 – 5.50 mEq/Ltr
ICALCIUM	1.22	1.10 – 1.35 mmol/L
SERUM CHLORIDE CL+	101.3	98.00 – 110.00 mEq/Ltr

PAGE 1

Lab Technician

**PANACEA HOSPITAL**  
(A UNIT OF ARCO FEMI HEALTH CARE PVT. LTD.)  
REG. NO. AL-1500  
B-4, KABIR NAGAR  
M.D., Pathology

Timing : 8.00 a.m. to 9.00 p.m. (Sunday 8.00 a.m. to 3.00 p.m.)

This Report is not valid for medico legal purpose

**Note:** These tests have technical limitations. Clinico-pathological interpretation is necessary. In case of any disparity test may be repeated immediately.

Address : 36/44 FK Kabir Nagar, Durgakund, Varanasi – 221005

Email: [dramishra@gmail.com](mailto:dramishra@gmail.com), [drpallaviojha@gmail.com](mailto:drpallaviojha@gmail.com) Website: [panaceahospital.org](http://panaceahospital.org)

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### PATHOLOGY REPORT

#### LIPID PROFILE, SERUM

TEST	LAB TEST VALUES	NORMAL RANGE
<b>BLOOD CHEMISTRY</b>		
TOTAL CHOLESTEROL (SERUM)	168.0	Desirable:- < 200 mg/dl Borderline:- 200 – 239 mg/dl High:- > 240 mg/dl
TRIGLYCERIDES (SERUM)	162.0	35 – 170 mg/dl
HDL CHOLESTEROL (SERUM)	43.0	35.30 – 79.50 mg/dl
LDL CHOLESTEROL (SERUM)	92.6	< 130 mg/dl
VLDL	32.4	< 40 mg/dl
CHOLESTROL/HDL RATIO	3.9	< 3.0 Low Risk Ratio 3.0 – 5.0 Avg Risk < 5.0 High Risk
LDL/HDL RATIO	2.1	< 3 Ratio

#### BLOOD GROUP

TEST	LAB TEST VALUES
<b>BLOOD GROUP ABO &amp; RH FACTOR</b>	
BLOOD GROUP	"O"
RH FACTOR	POSITIVE

#### GLYCOSYLATED HEMOGLOBIN (HBA1C)

TEST	LAB TEST VALUES	NORMAL RANGE
HBA1C	6.3	Normal : <5.97 % Good Control : 5.97 – 6.81% Fair Control : 6.81 – 7.65% Poor Control : >7.65%

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

TEST	LAB TEST VALUES	NORMAL RANGE
<b>THYROID FUNCTION TEST</b>		
T3	1.12	0.60 – 1.81 ng/ml
T4	7.56	4.50 – 10.90 ug/dl
TSH	2.10	0.39 – 6.10 uIU/mL

PAGE 2

**PANACEA HOSPITAL**  
 (A UNIT OF AAROHA HEALTH CARE PVT. LTD.)  
 REG. NO. : AL-1500  
 B.36/44, B-4, KABIR NAGAR  
 DURGAKUND, VARANASI  
 M.D., Pathology

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### PATHOLOGY REPORT

#### LIVER PROFILE TEST, SERUM

TEST	LAB TEST VALUES	NORMAL RANGE
<b>BIO CHEMISTRY</b>		
TOTAL BILIRUBIN	0.76	0.0 – 1.1 mg/dl
DIRECT BILIRUBIN	0.29	0.0 – 0.2 mg/dl
INDIRECT BILIRUBIN	0.47	< 0.90 mg/dl
SGOT (AST)	46.2	0 – 52 mg/dl
SGPT (ALT)	42.0	0 – 39 mg/dl
GGT (GYT)	38.0	< 55 U/L

#### URINE ROUTINE EXAMINATION

TEST	LAB TEST VALUES	NORMAL RANGE
<b>PHYSICAL EXAMINATION</b>		
QUANTITY	29	ML
COLOUR	STRAW	PALE YELLOW
APPEARANCE	CLEAR	CLEAR
SPECIFIC GRAVITY	1.005	1.01 – 1.03
PH	5.5	4.7 – 7.5
<b>CHEMICAL EXAMINATION</b>		
GLUCOSE	Not Detected	Not Detected
PROTEIN	NIL	Not Detected
<b>MICROSCOPIC EXAMINATION</b>		
PUS CELLS	1-2	0-5
RBC	Not Detected	Not Detected
EPITHELIAL CELLS	2-3	0-5
CASTS	Not Detected	Not Detected
CRYSTALS	Not Detected	Not Detected
BACTERIA	Not Detected	Not Detected

#### RANDOM/FASTING BLOOD SUGER

TEST	LAB TEST VALUES	NORMAL RANGE
<b>RBS/FBS</b>		
RANDOM BLOOD SUGAR	120.0	125-140 mg/dl
FASTING BLOOD SUGER	90.8	125-140 mg/dl

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

Lab Technician

**PANACEA HOSPITAL**  
UNIT OF ARCHA HEALTH CARE PVT. LTD.)  
REG. NO. ALU1500  
P.36/44, B-4, KABIR NAGAR  
DURGAKUND, VARANASI  
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Shrivasti

# PANACEA HOSPITAL

B 36/44 F.K KABIR NAGAR, DURGAKUND  
TOLLFREE NO-18001233070.  
Whatsapp No - 8795832852  
www.piire.org



## OP Slip

Print Date : 29-Dec-2022 08:49AM



UHID No :- UD-22230003111      OP No :- OP-22230011614      OP Date :- 29 Dec 2022 8:49AM  
 Patient Name :- Mr SUNIL KUMAR      Age/Sex :- 45 Y/Male      Mobile No :- 9454668605  
 Father :-      Department :- DIABETES, ENDOCRINOLOGY & METABOLIC PHYSICIAN  
 Pay Type :- Cash      Consultant :- Dr ASHUTOSH MISHRA (MD(MEDICINE), IMS, BHU)  
 Token No :- NOR. - 1      Paid/Bal :- 0.00 / 500.00  
 Patient Type :- Normal  
 Address :- BHOJPUR, RAE BARAILY

Psoriasis

BP :- 120/80 **Rx**  
 height :- 183  
 Weight (kg) :- 86.3  
 BMI :- 25.7

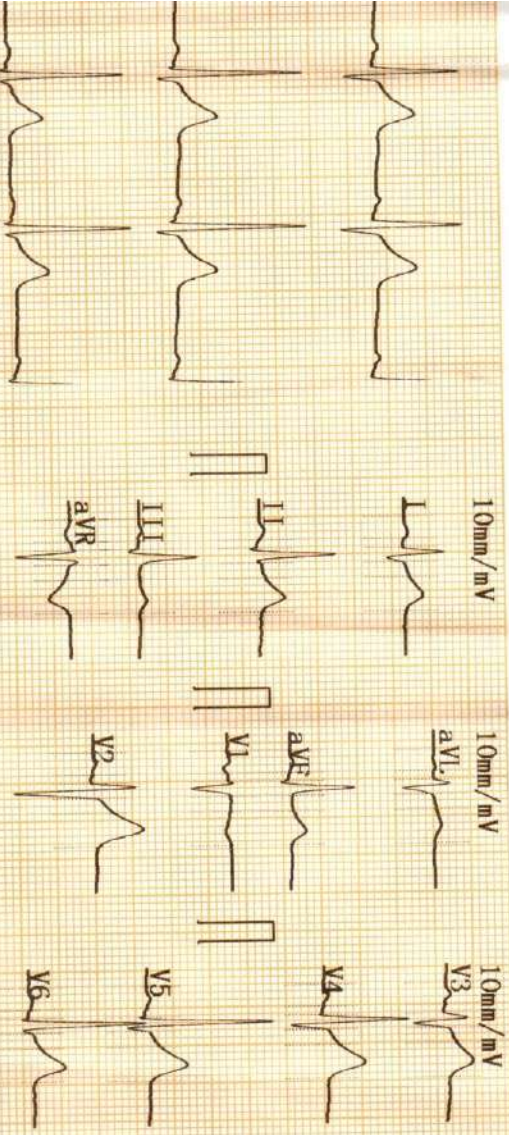
SpO<sub>2</sub> - 97  
 PR - 79  
 RBS - 178  
 PCFR - 450  
 NC - 39  
 WC - 206

~~Tab. Adelebumeb. S/C. stat. → x 4 months (50%)~~

Tab. Tofoemb (5.0) qd.

Printed By : Mr NITIN YADAV  
Created By : Mr NITIN YADAV

CARDIART 25mm/s



ID : \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Sex : \_\_\_\_\_  
 Height : \_\_\_\_\_  
 SYS : \_\_\_\_\_  
 DIA : \_\_\_\_\_  
 HR : [bpm] : 73  
 PR Interval : [ms] : 167  
 P Duration : [ms] : 120  
 QRS Duration : [ms] : 80  
 T Duration : [ms] : 180  
 QT/QTc : [ms] : 345/380  
 P/QRS/T Axis : [deg] : 54.5/76.1/45.4  
 R(V5)/S(V1) : [mV] : 1.71/0.48  
 R(V5)+S(V1) : [mV] : 2.19

BPL

<< Conclusions >>

Normal Sinus Rhythm;  
 Cardiac electric axis normal;

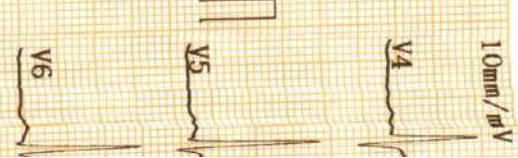
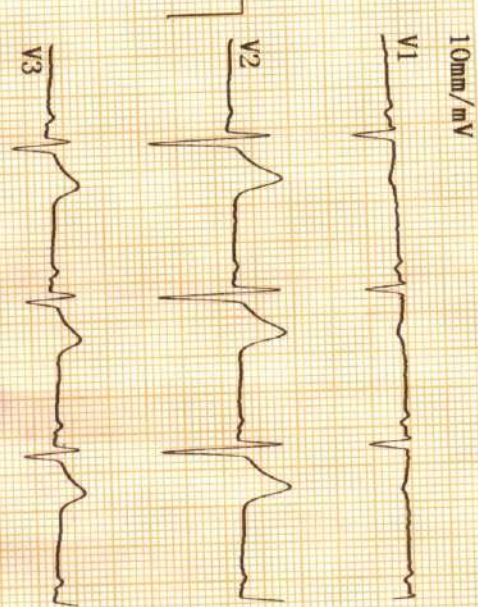
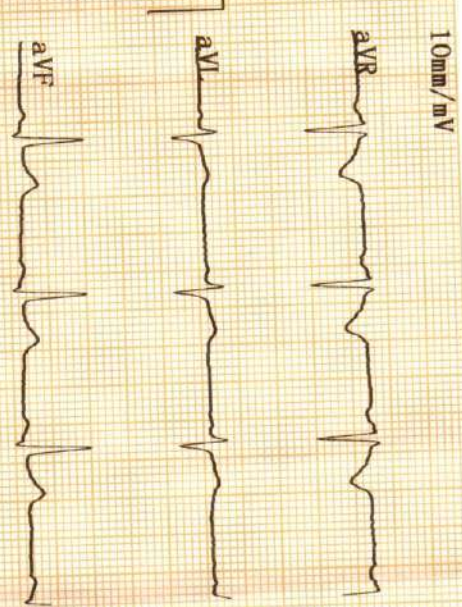
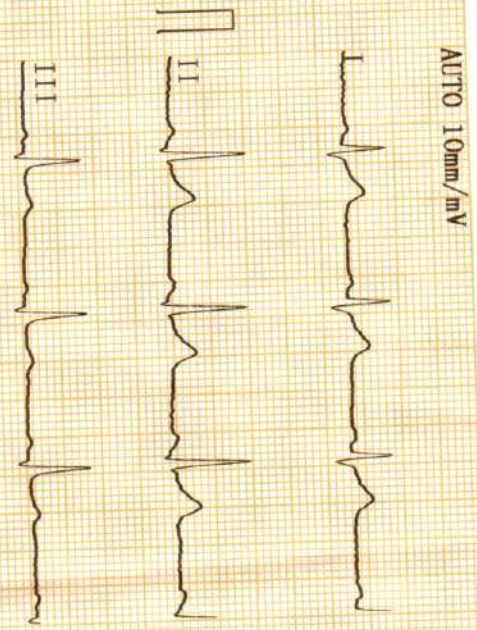
Age : \_\_\_\_\_ Weight : \_\_\_\_\_ kg \*\*Report need physician confirm\*\*

**DR. PALLAV KISHKA**  
 MCI Reg.No. 52033  
 (ABBS,MD GENERAL MEDICINE)

Physician \_\_\_\_\_

QIART

25mm/s ACS0Hz+EMG35Hz





# PANACEA HOSPITAL

*A shelter for many hearts A Home for many lives*

(An ISO 9001:2008 Certified Organisation)

Lab Attached with CMC Vellore Under EQAS Scheme

Name	MR.SUNIL KUMAR	Sex /Age	46/M	Date	29/12/2022
Ref. by	Dr.Pallavi Mishra(MD)	BSA - m <sup>2</sup>		Echo window	fair

## Echo - Cardiography

MITRAL VALVE Doppler	AML - normal morphology MV Flow - E - 0.7 A-0.4 E/A=1.73	PML - normal morphology MVA - 3.0 cm <sup>2</sup> Mitral Regurgitation - <b>Trivial MR</b>
TRICUSPID VALVE Doppler	Normal TV Flow -No	Tricuspid Regurgitation - <b>No</b>
PULMONARY VALVE Doppler	Normal PV Flow -No	Pulmonary Regurgitation - No
AORTIC VALVE Doppler	Trileaflet-No AV Flow - no	Aortic Regurgitation - no
MEASUREMENT	Aorta - 34.8 (20-38) mm IVS ed - 7.4 (6 -12) mm LVID ed - 59.4 (35 - 55) mm LVPW ed - 13.1 (6 -12) mm OA - 7 (> 5) mm	LA - 30.8 (24-32) mm IVS es -13.1 (6 - 12) mm LVID es - 37.7 (24 - 40) mm LVPW es - 17.1 (6 -12) mm EPSS - 5 (< 9) mm

## CONCLUSION

All cardiac chamber dimensions are WNL  
**Trivial MR, rest all other valve are WNL**  
 Good LV systolic function present Modified Simpson's method (4C, 2C) (LVEF-64%)  
 No diastolic dysfunction present (E/A = 1.73) by tissue Doppler (E/e'=6.2)  
 No RWMA  
 No pericardial effusion  
 Intact IAS / IV  
 No PAH  
 No intra cardiac mass /thrombus /vegetation

## IMPRESSION

**Normal Echocardiogram**

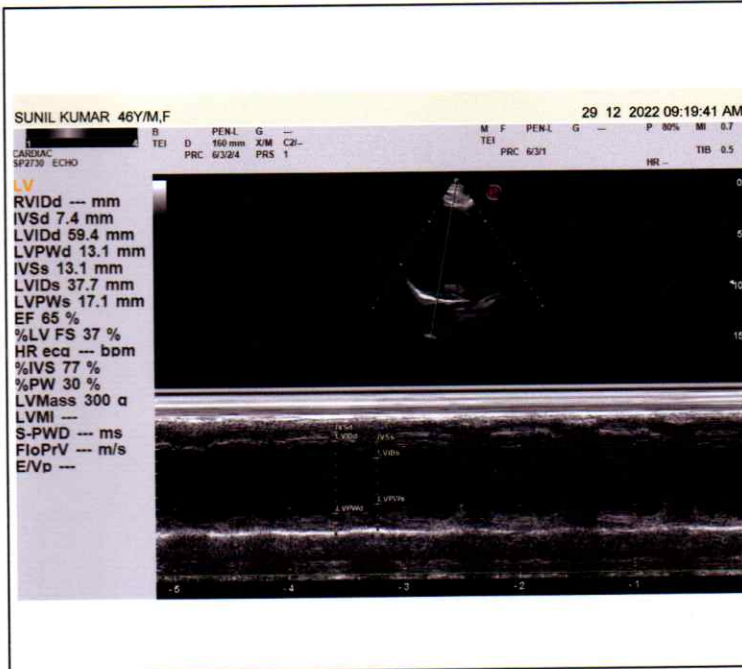
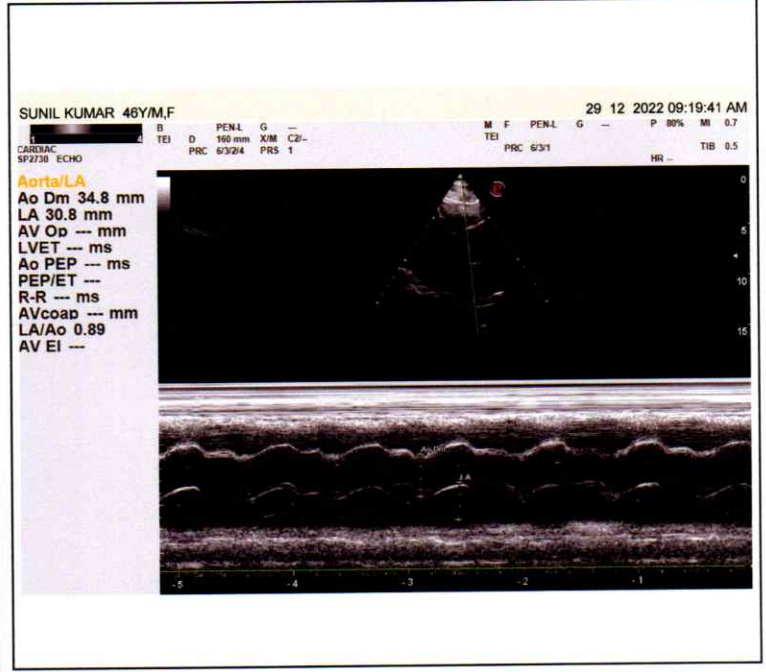
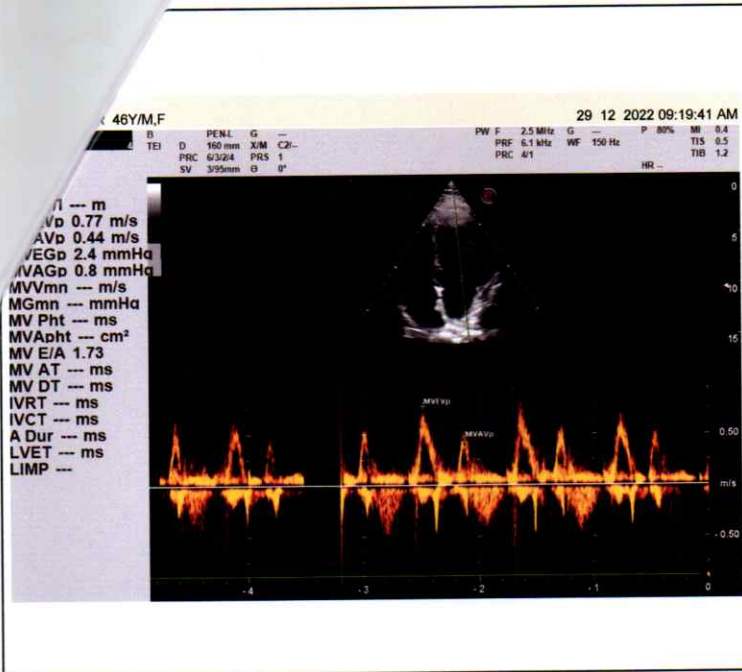
  
 Nisha Mishra  
 Physician Assistant  
 (PIIRE)

Dr. Pallavi Mishra  
 MBBS, MD (MED) Lucknow  
 Echocardiography Specialist, MIAE  
 Non-invasive cardiologist  
 Women Cardiologist  
 Diabetocardiologist

Address : Kabir Nagar (Near Sanjay Shiksha Niketan), Durgakund, Varanasi

Mobile : 9554572190 / 9453837595 / Recpn. 9389994334

E-mail : dramishra@gmail.com, drpallaviojha@gmail.com, Website: www.piire.org







MAX LIFE INSURANCE CO. LTD.

Regd. Office: Max House, 1 Dr. Jha Marg, Okhla, New Delhi – 110 020.

Head Office: 11<sup>th</sup> & 12<sup>th</sup> Floor, DLF Square, Jacaranda Marg, DLF City Phase-II, Gurgaon - 122002, Haryana

### Medical Examination Report

PROPOSAL NUMBER	119433936	AGENT CODE	
<b>A. IDENTIFICATION DETAILS OF EXAMINEE:</b>			
1. Name (First/Middle/Last)	SUNIL KUMAR		
2. Date of birth (DD/MM/YYYY)	05-01-1973		
3. Identification Proof	PAN	Driving License	Aadhar Card <input checked="" type="checkbox"/>
	Passport	Voter ID	Others (Please specify) _____
4. Identification Proof No.	909644310754	Mobile No.	8004696809
Email ID			
			Yes No
<b>A</b>	<b>Are you pregnant? (Applicable only for women)</b>		<input checked="" type="checkbox"/>
A11	If 'yes', then how many months?		
A12	Any pregnancy related complications?		
A13	Description of the problem:		
<b>B</b>	<b>Have you undergone any of these tests like mammogram, ultrasound, pap smear etc.? (Applicable only for women)</b> If 'yes', then please answer the below questions		<input checked="" type="checkbox"/>
B11	Were the test reports normal? If 'no', then please provide details		
B12	Description of the problem:		
<b>C</b>	<b>Do you have any history of chest pain, heart attack, palpitations or breathlessness on exertion or irregular heartbeat?</b> If 'yes', then please answer the below questions		<input checked="" type="checkbox"/>
C11	Chest pain was related to "Heart"		
C12	Chest pain was a result of "Muscular Pain"		
C13	Chest pain was a result of "Gastritis Problem"		
C14	Details of any other heart related problem:		
<b>D</b>	<b>Do you have any hypertension / high blood pressure / high cholesterol?</b> If 'yes', then please answer the below questions		<input checked="" type="checkbox"/>
D11	Are you taking medicines for hypertension and is under control		
D12	Are you taking medicines for high cholesterol and is under control		
D13	In case of high BP or cholesterol, provide details:		
<b>E</b>	<b>Do you have high blood sugar / diabetes, thyroid disorder, or any other endocrine disorders?</b> If 'yes', then please answer the below questions		<input checked="" type="checkbox"/>
E11	Are you a diabetic under treatment?		
E12	Are you under treatment for thyroid disorder and is it under control?		
E13	Any other disorder:		
<b>F</b>	<b>Do you have asthma / bronchitis / wheezing / tuberculosis / breathing difficulties or any respiratory disorders?</b> If 'yes', then please answer the below questions		<input checked="" type="checkbox"/>
F11	Do you take inhaler frequently for asthma / bronchitis?		
F12	Do you have a history of asthma with night symptoms and hospitalisation?		
F13	Do you have allergic bronchitis and use inhaler sometimes?		
F14	Do you have a history of asthma with symptoms appearing sometimes?		
F15	Do you have a history of tuberculosis in the past two years with no relapse?		
F16	Any other details:		

		Yes	No	
N17	If you have any other problems, then please share the details.		<input checked="" type="checkbox"/>	
<b>O</b>	<b>In the last 5 years, have you had or been advised to have / in the next 30 days, will you have an X-ray / CT scan / MRI / ECG / TMT / blood test or any other investigatory or diagnostic tests / any type of surgery? If 'yes', then please answer the questions below and specify the date / reason / findings</b>		<input checked="" type="checkbox"/>	
O11	Do you have a history taken after an accident?			
O12	Do you have a history or surgery after accident which you have recovered from now?			
O13	Do you have a history of appendix surgery?			
O14	Do you have a history of surgery for piles or haemorrhoids?			
O15	Do you have a history of MRI scan for back pain?			
O16	Do you have a history of gall stone / kidney stone?			
O17	Have you had a surgery for hernia?			
O18	Have you done tests during the annual preventive health check-up with normal results?			
O19	Have you done blood investigations for fever / flu / viral fever / malaria / typhoid / dengue with no complications currently?			
O20	Have you done blood tests / USG during pregnancy?			
O21	Do you have a history of blood test done for blood donation?			
O22	Have you undergone a surgery for insertion / removal of rods / screws?			
O23	If you have any other problem, then please share the details:			
<b>P</b>	<b>Have you or your spouse tested positive / under treatment for HIV / AIDS / Sexually Transmitted Diseases (eg. Syphilis, gonorrhoea, etc.)? If 'yes', then please answer the below questions</b>		<input checked="" type="checkbox"/>	
P11	Details of the problem:			
<b>Q</b>	<b>Are you under treatment / medication, have received in the past or undergone a surgery / hospitalised for any medical condition / disability? If 'yes', then please answer the below questions</b>		<input checked="" type="checkbox"/>	
Q11	Have you ever been hospitalised for fever?			
Q12	Have you ever been hospitalised for food poisoning?			
Q13	Have you ever been hospitalised after an accident?			
Q14	Have you ever been hospitalised for C-section / stone removal appendicectomy / piles / hernia?			
Q15	Have you ever been hospitalised for treatment of malaria / typhoid / dengue / gastroenteritis / dehydration?			
Q16	If you have any other problem, then please share the details:			
<b>R</b>	<b>Have you been on leave at work due to illness / for a continuous period of more than 10 days in the last 1 year? If 'yes', then please answer the below questions</b>		<input checked="" type="checkbox"/>	
R11	Do you have a history of surgery due to accident?			
R12	Have you been treated for tuberculosis more than 2 years ago?			
R13	Have you undergone a caesarean section?			
R14	Have you been on leave due to back pain / slip disc?			
R15	Have you been on leave due to joint pains?			
R16	Have you been treated for malaria / typhoid / dengue?			
R17	If you have any other problem, then please share the details:			
<b>S</b>	<b>Have you suffered from / are suffering from any disease / ailment / habit which has not been mentioned above? If 'yes', then please share the details</b>		<input checked="" type="checkbox"/>	
S11	Details of the problem:			
T11	Height (in centimetres)			
T12	Weight (in kilograms)			
			170	
			71	
<b>U11</b>	<b>Blood pressure (reading to nearest 5mmHg) (If the first reading exceeds 140/90, two further readings should be taken after a 5 Minutes interval) Diastolic to be 5th phase i.e. Cessation of sound.</b>			
		1st	2nd	3rd
	Systolic	120	120	120
	Diastolic	60	80	80

<b>U12</b>	<b>Pulse (if over 90 please recount at the end of examination)</b>				
	Rate	Rhythm	Quality	State of blood vessels	Comment on Ankle Pulse
	76	REGULAR	NORMAL	NORMAL	NORMAL
					Yes No
<b>U13</b>	<b>Is Murmur present? If yes, give description?</b>				
<b>V</b>	<b>Habits and Addictions: Cigarettes / beedi / cigar; gutka / snuff / paan; beer / wine / hard liquor; drugs</b>				
V11	Tobacco (Smoking / Chewing) currently or even occasionally in the last 1 year?				
V12	Have you been smoking more than 20 cigarettes a day or chewing more than 10 sachets of tobacco a day?				
V13	Alcohol (Beer, wine / hard liquor). If yes, then please answer the below questions				
V14	Do you drink any kind of alcohol more than 3 days a week?				
V15	Have you ever been advised to quit alcohol?				
V16	Have you been taking drugs like cannabis / marijuana / ecstasy / heroin / LSD / amphetamines or any other illegal drugs?				
<b>W</b>	<b>Have you ever tested positive for SARS-COV-2/COVID-19 or are awaiting test results for such tests or been advised to be under quarantine OR in the last 2 months have suffered/currently suffering from fever, cough, sore throat, or flu like symptoms?</b>				
W11	Have you been vaccinated for COVID19?				
W12	Full vaccinated	<input checked="" type="checkbox"/>	Partially vaccinated	<input type="checkbox"/>	
W13	< 1 Week	<input type="checkbox"/>	>1 Week	<input checked="" type="checkbox"/>	
W14	Have you experienced any complication post vaccination?				
W15	If yes, please share details including treatment taken for the same and date of complete recovery				

**DECLARATION:** I certify that after satisfying myself of the true identity of examinee, (i) have carefully examined the examinee, (ii) I have asked each question mentioned herein above in person / face-to-face, (iii) that the answers recorded above are exactly as given to me by the examinee and (iv) that this report has been signed by the examinee in my presence.

Name and Signature / Stamp of the Medical Doctor

*Pallavi* **DR. PALLAVI MISHRA**  
**MBBS, MD (GENERAL MEDICINE)**  
**MCI Reg.No. 52033**

Date

30/12/2022

**DECLARATION:** I hereby declare (i) that the above answers are true, accurate and complete in all respects, (ii) that I have not withheld or suppressed any facts which may be relevant and material to enable the company to make an informed decision about the acceptability of the risk, (iii) that the above shall form a part of the application for the proposed insurance cover on my life and one of the factors on the basis of which the company may assume risk on my life and (iv) medicals will be considered invalid in case customer is associated with diagnostic centre.

Signature of Examinee

*अनीक कुमार*

Date

30/12/2022

### COVID-19 (Coronavirus) Exposure Questionnaire

Thank you for applying for a policy from Max Life Insurance Company Limited. To enable us to assess your application, send this questionnaire duly answered and signed by the Life to be Assured and Proposed Policy Holder, if any. (All questions to be acknowledged, sections which are not relevant should be mentioned NA (Not applicable))

1. Have you ever tested positive for the coronavirus (SARS-CoV-2/COVID-19)? (If yes, please fill the Covid-19 questionnaire below)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> <li>If yes then, when was SARS-CoV-2/COVID-19 diagnosed?  <input type="checkbox"/> &lt;= than 1 month <input type="checkbox"/> &gt; 1-3 month <input type="checkbox"/> &gt; 3 months</li> <li>Mode of treatment <input type="checkbox"/> Hospitalized <input type="checkbox"/> Home Quarantine/ Asymptomatic</li> </ul> <p>If Hospitalized is marked then,</p> <p>A. Did you require stay in: Select appropriate option.</p> <p><input type="checkbox"/> High-dependency unit (HDU) / Intensive care unit (ICU) / Critical care unit (CCU) / Ventilator</p> <p><input type="checkbox"/> Any other mode of stay _____</p>

		Yes	No
<b>G</b>	<b>Do you have any blood disorders such as anaemia, leukaemia, or any circulatory disorders? If 'yes', then please answer the below questions</b>		<input checked="" type="checkbox"/>
G11	Do you have a history of iron deficiency anaemia which has now come back to normal?		
G12	If you have any other problem, then please share the details:		
<b>H</b>	<b>Do you have any liver disorders such as cirrhosis, hepatitis, jaundice, disorder of the stomach, colitis, or indigestion? If 'yes', then please answer the below questions</b>		<input checked="" type="checkbox"/>
H11	Do you a history of jaundice which has now been cured after treatment?		
H12	Do you have any indigestion or constipation?		
H13	Do you have a history of gall bladder removed or cholecystectomy?		
H14	Do you have a history of stones in the gall bladder which currently has no complications?		
H15	Do you have a history of Hepatitis 'A' infection which has recovered?		
H16	Do you have a history of fatty liver grade 1?		
H17	Do you have a history of Hepatitis 'B' and 'C'?		
H18	If you had any other problem, then please share the details:		
<b>I</b>	<b>Do you have any physical or mental disability or any congenital disease? If 'yes', then please answer the below question</b>		<input checked="" type="checkbox"/>
I11	Details of the problem:		
<b>J</b>	<b>Do you have form of cancer, tumour, cyst, or growth of any kind of enlarged lymph nodes? If 'yes', then please answer the below question</b>		<input checked="" type="checkbox"/>
J11	Details of the problem:		
<b>K</b>	<b>Do you have any diseases related to kidney failure, kidney or ureteric stones, blood, or puss in urine / prostate or gynaecological disorders? If 'yes', then please answer the below questions</b>		<input checked="" type="checkbox"/>
K11	Do you have a history of surgery of kidney / ureteric stone which currently has no complications?		
K12	Do you have kidney stone which did not require a surgery as it was flushed out / caused no problem?		
K13	Do you have a history of Urinary Tract Infection (UTI) which you have recovered from?		
K14	Do you have a history of ovarian cyst which currently has no complications?		
K15	If you have any other problem, then please share the details:		
<b>L</b>	<b>Do you have epilepsy, nervous disorder, multiple sclerosis, tremors, numbness, paralysis or psychiatric disorder? If 'yes', then please answer the below questions</b>		<input checked="" type="checkbox"/>
L11	Details of the problem:		
<b>M</b>	<b>Do you have any eye, ear, nose or throat related disorders (excluding the use of spectacles)? If 'yes', then please answer the below questions</b>		<input checked="" type="checkbox"/>
M11	Have you undergone a sight related correction through glasses or LASIK?		
M12	Do you have a history of cataract surgery?		
M13	Do you have a history of cold, cough and sore throat?		
M14	Do you have a history of URTI (Upper Respiratory Tract Infection)?		
M15	Have you had a surgery of DNS (Deviated Nasal Septum)?		
M16	Do you have a history of sinusitis?		
M17	If you have any other problem, then please share the details:		
<b>N</b>	<b>Do you have any disorder of the back, muscle, joints, bone, neck, deformity, amputation, arthritis, or gout? If 'yes', then please answer the below questions</b>		<input checked="" type="checkbox"/>
N11	Do you have a history of back pain due to slip disc with no complications currently?		
N12	Do you have a history of back pain or are you undergoing any sprain related physiotherapy / exercise?		
N13	Do you have a history of hairline fracture / any ligament tear with no problems currently?		
N14	Do you have a history of / currently have osteoarthritis / gout on Rx with no current problems as such?		
N15	Do you have a history of / currently have joint pain?		
N16	Do you have any history of fracture which you have recovered from now?		


• Please specify period of hospitalization: From DD/MM/YYYY \_\_\_\_\_ TO \_\_\_\_\_ DD/MM/YYYY  
 • Have you made a full physical function recovery from COVID-19?  Yes  No  
 • Recovery Period:  <= than 1 month  >1 -3 month  >3 month  
 Recovery date \_\_\_\_\_ (DD-MM-YYY)  
 • Treatment Received for SARS-CoV-2/COVID-19: Please select appropriate option (s)  
 No treatment  
 Oxygen therapy taken  
 Supported ventilation (e.g. High flow nasal oxygen, CPAP, BiPAP, helmet ventilation etc.)  
 Medication (pls specify name and doses) \_\_\_\_\_  
 Surgery (Pls specify name of surgery) \_\_\_\_\_  
 Investigations done (if Yes, mention name and result (normal / abnormal):  
 Blood test: \_\_\_\_\_  
 Chest X-ray: \_\_\_\_\_  
 HRCT Thorax: (if yes, provide CT Score) \_\_\_\_\_  
  
**B. Whether you suffered Covid-19 related Complications?  Yes  No**  
**If yes, then please select appropriate option(s):**  
 Lungs (e.g., pulmonary diseases-including pneumonia, embolism, acute/chronic respiratory failure etc.)  
 Heart (e.g., Myocardial infarction, myocarditis, acute or chronic heart failure etc.)/ Stroke/ Hypertension)  
 Kidney (e.g., Renal failure etc.)  
 Diabetes (e.g., Newly diagnosed)  
 Neurological symptoms/Mental issues (e.g., anxiety, depression, low mood, psychosis, lack of concentration, memory loss, seizures etc.)  
 Septic shock  
 Others (pls specify) \_\_\_\_\_  
 NO complication

If answer to question W in medical examination report or question 1 is yes, then please provide all related prescriptions, records and medical reports. In case records are not available then kindly provide a declaration with a reason \_\_\_\_\_

I hereby declare and agree that the above particulars and answers are complete and true, that I have not held back any relevant facts or details, and that the answers to questionnaire will form part of the application for the desired insurance on my life.

Signature of life insured अनिल कुमार

Date: 30/12/2022

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# PANACEA HOSPITAL

*A shelter for many hearts A Home for many lives*

(An ISO 9001:2008 Certified Organisation)

Lab Attached with CMC Vellore Under EQAS Scheme

**NAME:** MR.SUNIL KUMAR

**AGE/SEX:** 46 YRS / MALE

**REF BY:** DR. ASHUTOSH MISHRA (MD)

**DATE:** 29/12/2022

## ULTRA SOUND WHOLE ABDOMEN REPORT

**Liver:** *Normal in shape and size (11.1 cm) and shows mildly increased echogenicity. Margins are smooth and regular. No focal lesion seen.*

**Gall bladder:** Partially distended with normal wall thickness and echo-free lumen.

**CBD diameter** Visualized part normal in course & caliber.

**Pancreas:** Normal in size, shape & echogenicity.  
Margins are smooth & regular.  
No diffuse/ focal lesion seen. Pancreatic tail obscured.

**Spleen:** Normal in size, shape & echogenicity.  
Margins are smooth & regular. No diffuse / focal lesion seen.  
Splenic vessels at hilum is normal.

**Kidney:** Right kidney: 10.9 X 5.4cm  
Left kidney: 11.7 X 6.2 cm  
Both normal in size, shape, echogenicity & position.  
Cortical-medullary differentiation is maintained.  
Pelvicalyceal system normal.  
No calculus/mass lesion seen.  
No hydronephrosis/ hydroureter seen.  
No suprarenal mass lesion.

**Address :** Kabir Nagar (Near Sanjay Shiksha Niketan), Durgakund, Varanasi

**Mobile :** 9554572190 / 9453837595 / Recpn. 9389994334

**E-mail :** dramishra@gmail.com, drpallaviojha@gmail.com, Website: www.piire.org

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**Urinary bladder:** Minimally distended, wall thickness is normal.

No echogenic foci lumen or diverticula seen.

Both VUJ appears normal.

No E.R. calculus / mass lesion seen.

**Prostate:** Normal in size, shape, & echogenicity.

No calcification or focal cystic lesion seen.

Capsular margins are smooth and regular.

Seminal vesicles appear normal in size, shape & echogenicity.

No diffuse /focal lesion seen.

**Others:** No free fluid in peritoneal cavity.

No free fluid in bilateral pleural cavity.

**IMPRESSION:**

- **Grade i fatty liver.**

Please correlate clinically and further investigations.

**DR. PALLAVI MISHRA**  
MBBS, MD (GENERAL MEDICINE)  
MCI Reg. No. 82033

**DR. PALLAVI MISHRA**  
MBBS MD(MED) Lucknow  
Echocardiography specialist, MIAE  
Non invasive cardiologist  
Women cardiologist

  
Radiologist

**Dr. Tusharika Rai**  
MBBS MS

  
**NIRAJ MISHRA**  
(Physician Assistant)  
(PIIRE)

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Mobile : 9554572190 / 9453837595 / Recpn. 9389994334

E-mail : dramishra@gmail.com, drpallaviojha@gmail.com, Website: www.piire.org

**SUNIL KUMAR 46Y/M,F**  
29 12 2022 09:16:38 AM  
P 60% MI 0.8

ABDOMINAL AC241 ABD  
GEN M G  
D 211 mm X/M C2/-  
PRC 19/2/3/5 PRS 4

**D1**  
111.1 mm

**SUNIL KUMAR 46Y/M,F**  
29 12 2022 09:16:38 AM  
P 60% MI 0.8

ABDOMINAL AC241 ABD  
GEN M G  
D 211 mm X/M C2/-  
PRC 19/2/3/5 PRS 4

**D-Ratio**  
D1 109.3 mm  
D2 54.8 mm  
D/D 199 %  
**D-Ratio**  
D3 117.1 mm  
D4 62.6 mm  
D/D 187 %

**SUNIL KUMAR 46Y/M,F**  
29 12 2022 09:16:38 AM  
P 60% MI 0.8

ABDOMINAL AC241 ABD  
GEN M G  
D 211 mm X/M C2/-  
PRC 19/2/3/5 PRS 4

**D1**  
107.5 mm

**SUNIL KUMAR 46Y/M,F**  
29 12 2022 09:16:38 AM  
P 60% MI 0.8

ABDOMINAL AC241 ABD  
GEN M G  
D 211 mm X/M C2/-  
PRC 19/2/3/5 PRS 4



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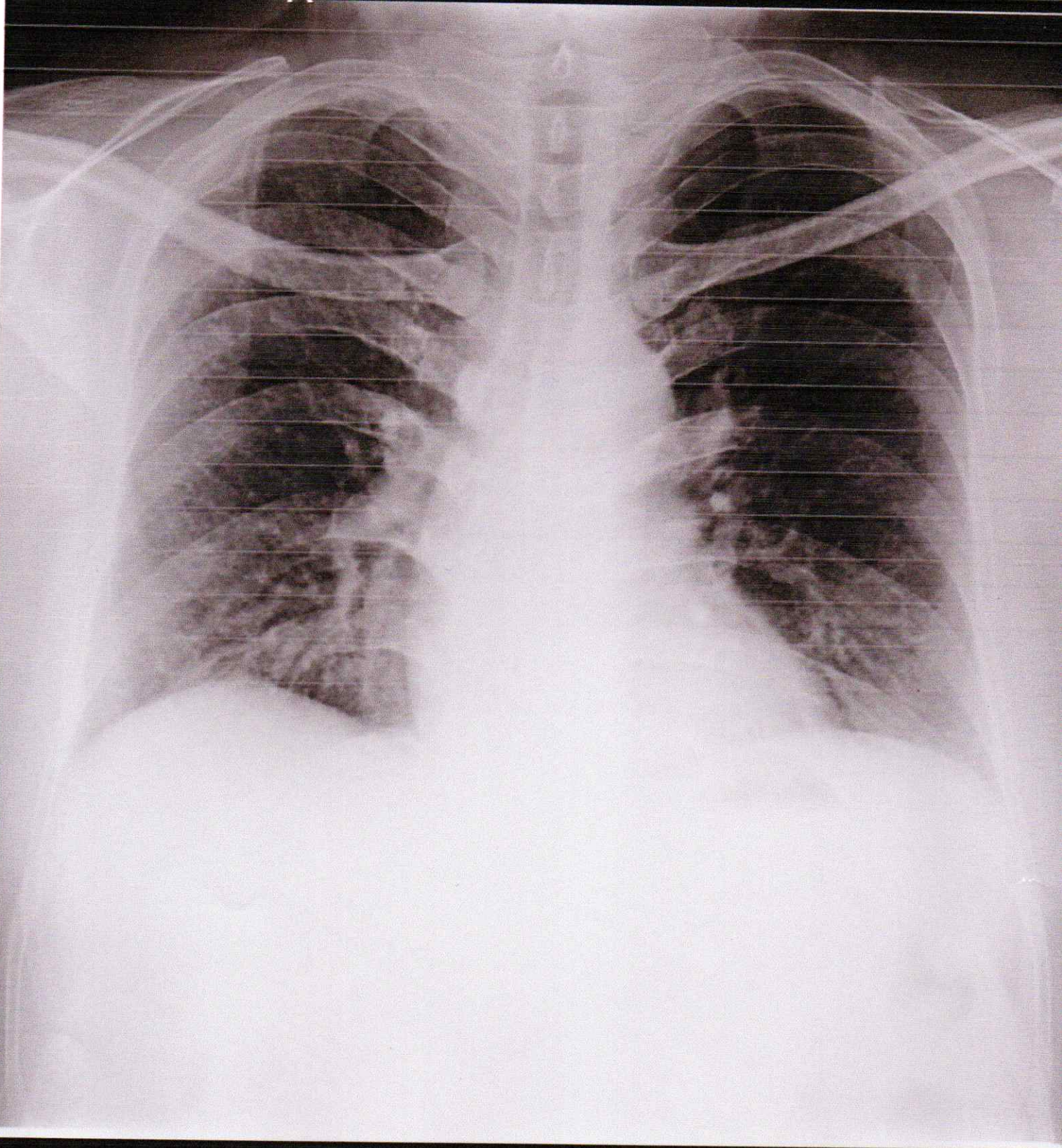
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**AGE/SEX:** 45 YRS / FEMALE

**EF BY:** DR.ASHUTOSH MISHRA(MD)

**DATE:** 29/12/2022

## X-RAY CHEST PA

### BOTH LUNG FIELDS AND PLEURAE:

Both lungs show normal bronchovascular pattern.

Right & left hila are normal

No focal mass or calcification is seen

There is no evidence of any fluid in the both the pleural cavities.

Both domes of diaphragms are normal in position.

### MEDIASTINUM:

Trachea is central in position.

Cardiac silhouette is of normal size and configuration.

No evidence of pericardial effusion.

No significant lymphadenopathy is seen.

Visualized skeleton is normal.

NO SIGNIFICANT RADIOGRAPHIC ABNORMALITY

DR. ALPANA PATHAK

MD, RADIOLOGY

REG. NO. 46465

REPORTED BY

DR. ALPANA PATHAK

MBBS (HONS, GOLD MEDALIST) PMCH, PATNA  
MD RADIODIAGNOSIS (GOLD MEDALIST) IMS BHU  
EX-SR, IMS BHU, VARANASI

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