



भारत सरकार  
GOVERNMENT OF INDIA



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जन्म तिथि/DOB: 31/12/1982  
पुरुष/ MALE  
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मेरा आधार, मेरा पहचान



बैंक ऑफ बड़ोदा  
Bank of Baroda  
बनाम सब अर्थसंगोपन बैंक



नाम  
Name : MOHIT  
कर्मचारी कूट.क्र.  
E. C. No. : 166243

*Mohit*

Mohit

आरीकता प्राधिकारी, उ.से.प्र., से.बा., कर्नाल  
Issuing Authority DRM, RO, Karnal



धारक के हस्ताक्षर  
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भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Download Date: 26/05/2021

पता:  
रोशन लाल, एच न २४७, विभाग ३०, थानेसर, कुरुक्षेत्र,  
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Issue Date: 14/05/2021

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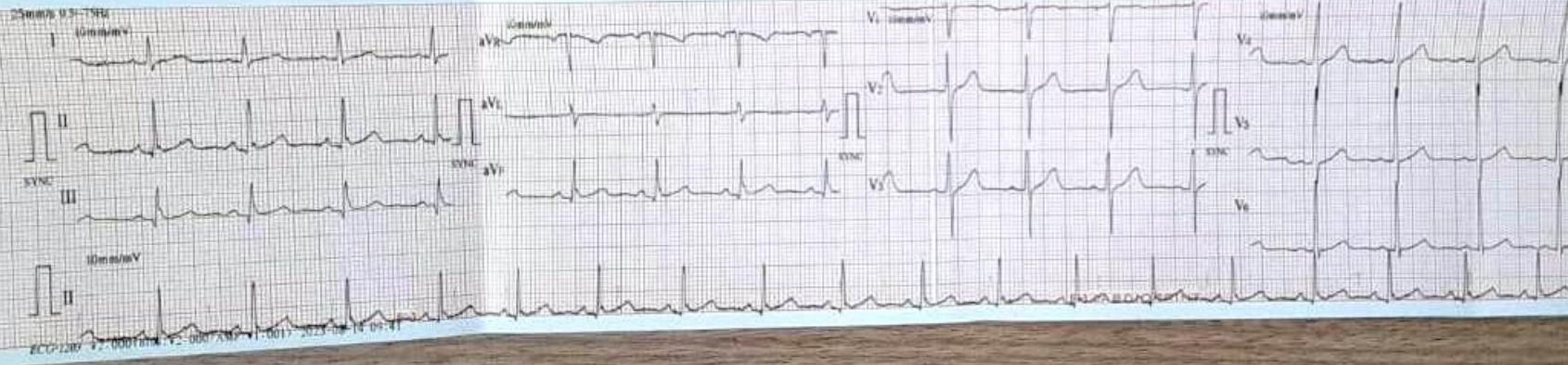
Sabot

Mohit

भारतीय प्रमाणिकता, उ.के.प्र., रो.का., करनाल  
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ID: 2805      PH: 782      2000  
 HR: 72      mm  
 PR: 135      ms  
 QRS: 82      ms  
 QT/QTc: 358/414      ms  
 P-RS-T: 70/61/68  
 RV5/AVL: 1.730/0.790mV  
 RV5/AVL: 2.540      mV

Sinus Rhythm  
 Doublet/Trifurcated P/Q

Uncontrolled Report Verified by: \_\_\_\_\_



ECG 1207 4.0001000 V5-0007 V6-0011 2023-09-16 09:41



Diagnostics S. No. : LSHHI325356	MR No. : MR/23/005023
Patient Name : <b>Mr. MOHIT MOHIT</b>	Doctor : Dr. MAJ. HIMANI DALAL
Age/Sex : 38 YRS Sex : Male	Date & Time : 14-Aug-2023 09:34 AM
OPD/IPD : OPD	Sample Collection : 14-Aug-2023 09:38 AM
IPDNo :	Reporting Date/Time : 14-Aug-2023 12:19 PM
	ReferDoctor :

### BIO-CHEMISTRY

Test Name	Status	Result	Biological Reference Interval	Unit
<b>BLOOD GLUCOSE FASTING</b>				
BLOOD SUGAR FASTING	H	<b>121</b>	70-110	mg/dl

### HAEMATOLOGY

#### **BLOOD GROUP And RH TYPE**

BLOOD GROUP ABO & Rh "A" POSITIVE -

#### **CBC (COMPLETE BLOOD COUNT)**

HAEMOGLOBIN		14.4	13.0-17.0	gm/dl
TLC (Total Leucocyte Count)		7000	4000-11000	/cumm
NEUTROPHILS		58	45-75	%
LYMPHOCYTES		34	20-45	%
EOSINOPHILS		02	0-06	%
MONOCYTES		06	02-10	%
BASOPHILS		00	0-2	%
RBC		4.42	3.8-5.5	Millions/cmm
PCV/HAEMATOCRIT		41.4	35-45	%
MCV		93.7	76-96	fl
MCH	H	<b>32.6</b>	27-31	Picogram
MCHC		34.8	30-35	gm/dl
RDW		13.2	11.5-14.5	%
PLATELETS		2.53	1.5-4.0	Lacs



(This is only professional opinion and not the diagnosis, Please correlate clinically)

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**PARK GROUP OF HOSPITALS : West Delhi • South Delhi • Gurgaon • Karnal • Panipat • Hodal • Ambala • Behror**





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		ReferDoctor :	

## BIO-CHEMISTRY

### CREATININE SERUM

CREATININE 0.9 0.6-1.4 mg/dl

## HAEMATOLOGY

### ESR

ESR 08 0-20 mm/1sthr

## BIO-CHEMISTRY

### LFT(LIVER FUNCTION TEST)

BILIRUBIN (TOTAL)		0.50	0.1-1.2	mg/dl
BILIRUBIN DIRECT		0.20	0.0-0.3	mg/dl
BILIRUBIN INDIRECT		0.30	0.1-0.9	mg/dl
SGOT (AST)		30	0-40	IU/L
SGPT (ALT)	H	<b>59</b>	0-40.0	IU/L
ALK.PHOSPHATASE		101	42.0-119	IU/L
TOTAL PROTEIN		7.7	6.0-8.0	gm/dl
ALBUMIN		4.7	3.20-5.0	gm/dl
GLOBULIN		3.0	2.30-3.80	gm/dl
A/G Ratio		1.5	1.0-1.60	

### LIPID PROFILE

TOTAL CHOLESTEROL		204	0-250	mg/dL
TRIGLYCERIDE	H	<b>261</b>	0-161	mg/dL
HDL-CHOLESTEROL		48	30.0-60.0	mg/dL
LDL CHOLESTEROL		103.8	0-130	mg/dL
VLDL	H	<b>52.2</b>	0-40	mg/dL



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LDL / HDL RATIO	2.16	0.0-3.55	
<b>UREA</b>			
BLOOD UREA	42	13.0-45.0	mg/dl
<b>URIC ACID, SERUM</b>			
URIC ACID	5.1	3.0-7.2	mg/dl

### CLINICAL PATHOLOGY

#### URINE ROUTINE EXAMINATION

VOLUME	30	-	ml
COLOUR	DEEP YELLOW	-	
APPEARANCE	CLEAR	-	
URINE pH	6.0	5.5-8.5	
SPECIFIC GRAVITY	1.010	1.005-1.030	
KETONE	NEG	-	
URINE PROTEIN	NEG	-	
URINE SUGAR	NEG	-	
PUS CELLS	0-1	1-2	/HPF
RBC CELLS	NIL	-	/HPF
EPITHELIAL CELLS	0-1	2-3	/HPF
CRYSTALS	NIL	-	
CASTS	NIL	-	

LAB  
TECHNICIAN

Dr. VISHAL SALHOTRA

MBBS, MD (PATHOLOGY)

Dr. NIDHI KAUSHIK

MBBS, MD, DNB  
(PATHOLOGY)

Dr. NISITHA KHERA

MBBS, MD (PATHOLOGY)

Dr. PARDIP KUMAR

CONSULTANT (MICROBIOLOGY)

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the health care providers

the health care providers



# Prognosis Laboratories

National Reference Lab.: 515-516, Sector-19, D.D.A. Plotted Development, Dwarka, New Delhi-110075

☎ 8130192290 🌐 www.prlworld.com ✉ care@prlworld.com

Lab No.	012308160051	Age/Gender	38 YRS/MALE	Coll. On	16/Aug/2023 07:23AM
Name	Mr. MOHIT			Reg. On	16/Aug/2023
Ref. Dr.				Approved On	16/Aug/2023 10:17AM
Rpt. Centre	undefined			Printed On	16/Aug/2023 12:55PM

Test Name	Value	Unit	Biological Reference Interval
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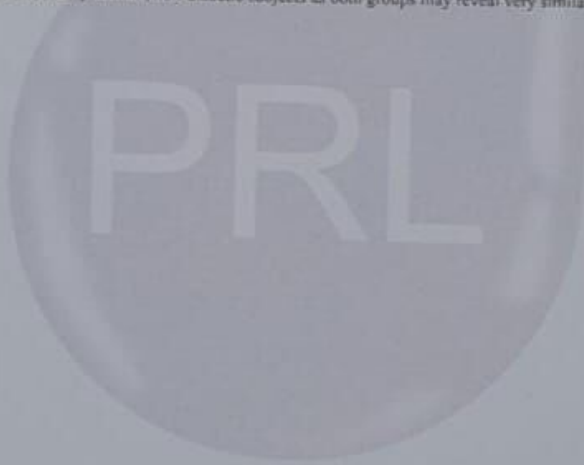
<b>HbA1c (Glycosylated haemoglobin)</b> , EDTA whole blood	5.3	%	4.0 - 6.0
<i>Method : HPLC</i>			
Estimated average plasma Glucose	105.41	mg/dL	65 - 136
<i>Method : Calculated</i>			

*The test is approved by NISAP for patient sample testing.*

**Interpretation:**

Metabolically normal patients	%	4.0 - 6.0
Good control:	%	< 7.0
Fair control:	%	7.0 - 8.0
Poor control:	%	> 8.0

Glycosylated hemoglobin or HbA1c is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of 4-6% is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.



Dr. Smita Sadwani  
MD(Biochemistry)  
Technical Director

Dr. Mayank Gupta  
MD, DNB Pathology  
Consultant Pathologist

Dr. Deepak Sadwani  
MD(Pathology)  
Lab Director

Dr. Moushmi Mukherjee  
MBBS, MD (Pathology)  
Consultant Pathologist

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# Prognosis Laboratories

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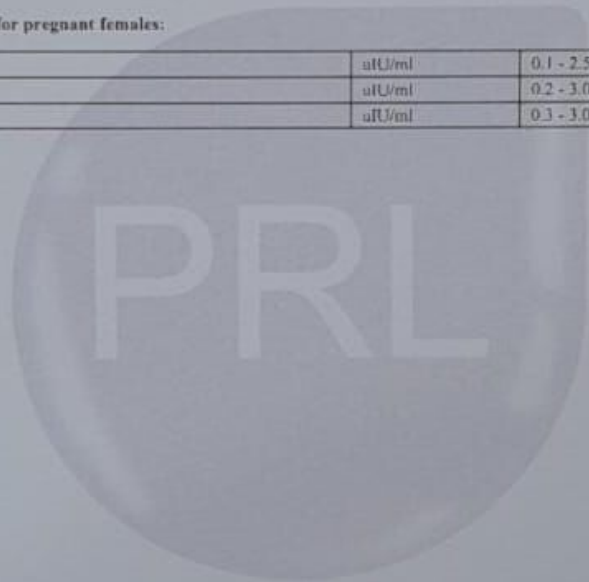
<b>TSH (Thyroid Stimulating Hormone), serum</b> <i>Method: ECLIA</i>	1.38	uIU/ml	0.27 - 4.2
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**Interpretation:**

1. Primary hyperthyroidism is accompanied by elevated serum FT3 and FT4 values alongwith depressed TSH levels.
2. Primary hypothyroidism is accompanied by depressed serum FT3 and FT4 values and elevated serum TSH levels.
3. High FT3 levels accompanied by normal FT4 levels and depressed TSH levels may be seen in T3 toxicosis.
4. Central hypothyroidism occurs due to pituitary or thalamic malfunction (secondary and tertiary hypothyroidism respectively). This relatively rare but important condition is indicated by presence of low serum FT3 and FT4 levels, in conjunction with TSH levels that are paradoxically either low/normal or are not elevated to levels that are expected.

The following ranges are recommended for pregnant females:

First trimester	uIU/ml	0.1 - 2.5
Second trimester	uIU/ml	0.2 - 3.0
Third trimester	uIU/ml	0.3 - 3.0



\*Disclaimer: This is an electronically validated report, if any discrepancy found should be confirmed by user.

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



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**ULTRASOUND**

Liver is normal in size measuring 13.7cm in craniocaudal span and shows grade II fatty changes. There is no focal hepatic lesion present. CBD is normal in course & calibre & measures 3 mm at porta hepatis. There is no calculus defined in the CBD. Intra hepatic biliary radicals are normal. Gallbladder is normal in distension & contains no calculi. Pancreas is normal in size & echopattern. Paancreatic duct is not dilated. Spleen is normal in morphology and echotexture. Both kidneys are normal in shape size contour & echo pattern. There is no hydronephrosis defined on either side. Both ureters are obscured by bowel gas. Bladder is normal in distension & contains no calculi. No mass is defined in bladder. Prostate is normal in morphology and echotexture. There is no free fluid present in the abdomen.

**Impression:**

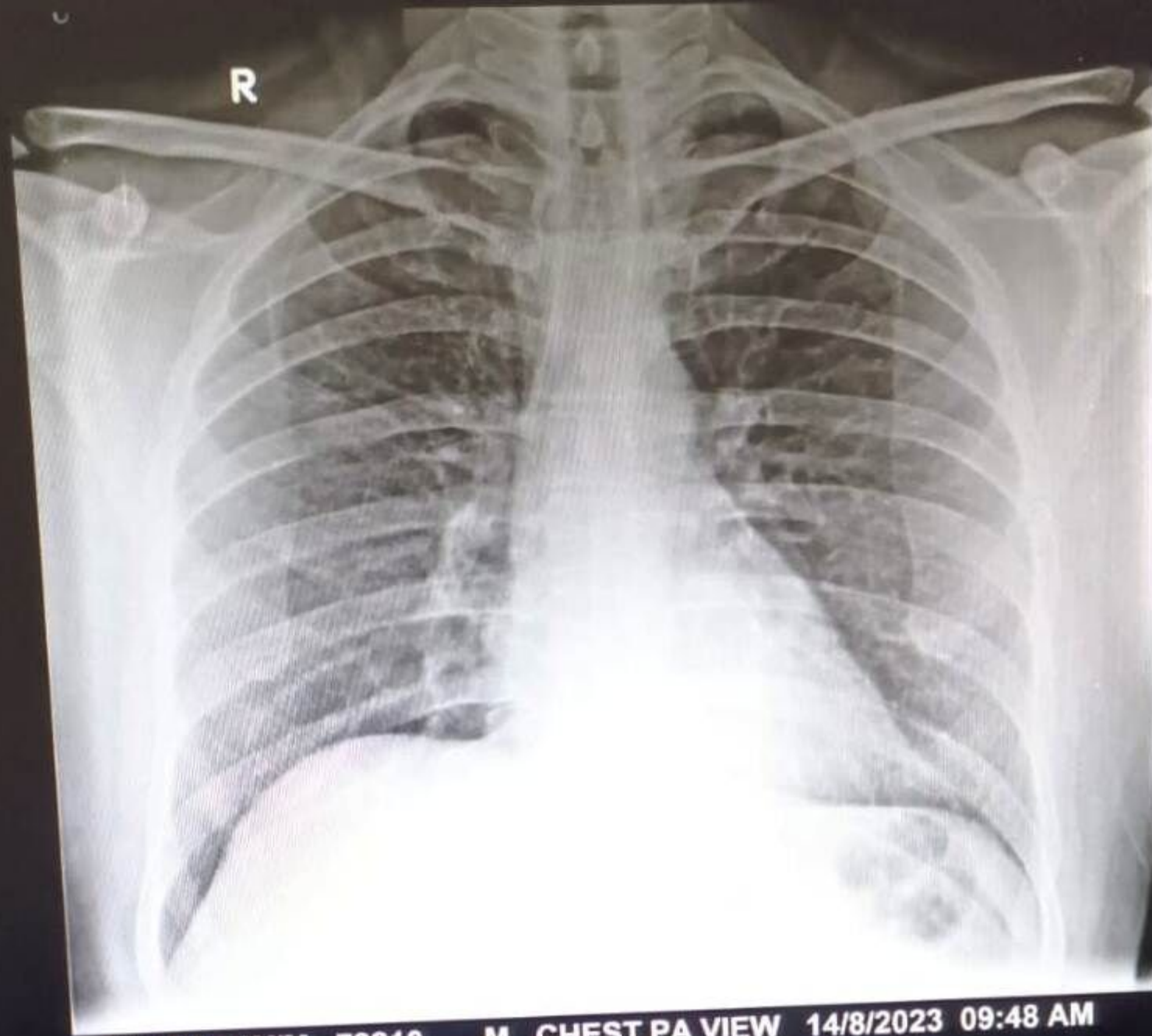
Grade II fatty liver Adv: LFT correlation

*Dr. Deepanshu Sharma*  
Dr. Deepanshu Sharma  
MD RADIODIAGNOSIS  
Reg No. HMC 22292  
Park Hospital

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MOHIT 38Y/M 78210 M CHEST PA VIEW 14/8/2023 09:48 AM  
PARK HOSPITAL CHD CITY, NH-1, KARNAL