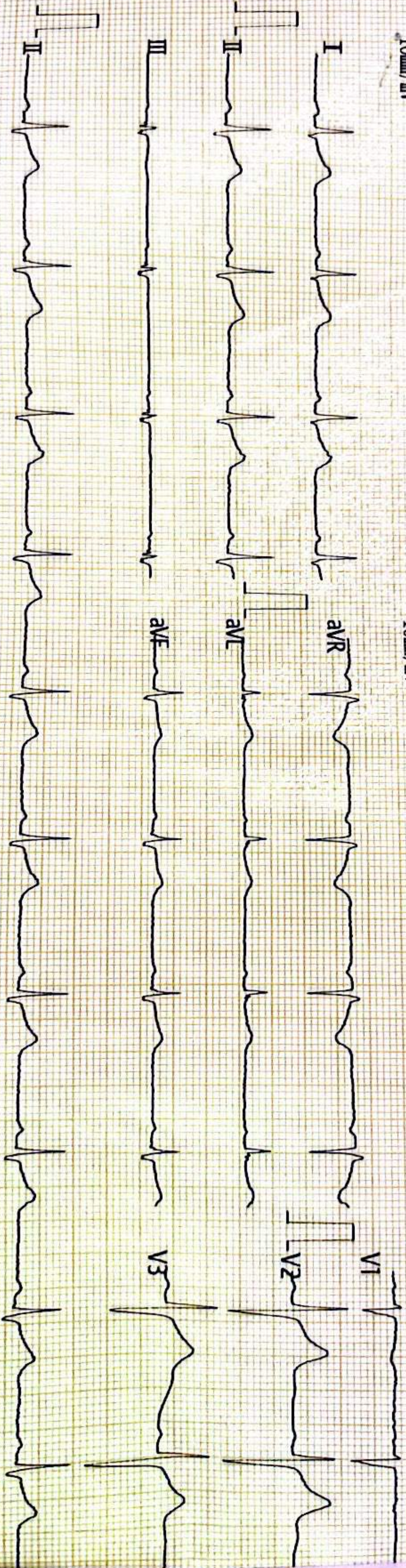


10mm/mV

10mm/mV

10mm/mV



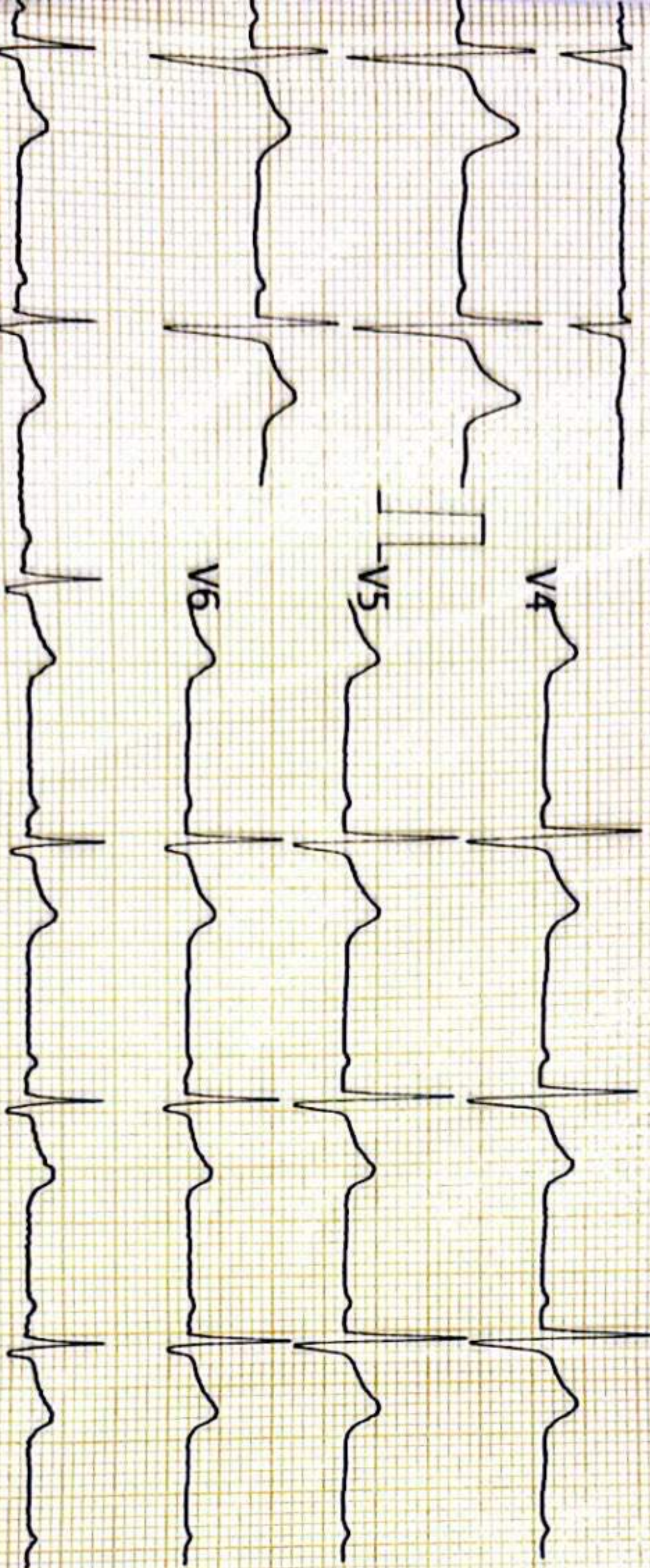
25mm/s ACS0

ADS

2024-01-27 09:42:40



10mm/mV



Vent. Rate(BPM) : 66

PR Int.(ms) : 158

P/QRS/T Int.(ms) : 113

QT/QTc Int.(ms) : 362

P/QRS/T Axis(Deg.) : 42

RV1/SV5 Amp.(mV) : 0.08

RV5/SV1 Amp.(mV) : 1.10

V2.21 Technician :

<ECG Analysis Result>:

800 Normal Sinus Rhythm

213 Mild Left Axis Deviation

\*\*\* Normal ECG \*\*\*

Note : Unconfirmed Report Need to Review.

< 000000007515 ---Y / cm/Kg / mmHg





# GAUR DIAGNOSTICS

(A Unit Of RS Gaur Global Multispeciality Hospital)  
D-2, Subash Nagar, Civil Hospital, Jhajjar  
Phone No 01251-255565 Email\_Id : Globalmshospital@Gmail.Com



Lab Reg. No. : 2401270017	Date / Time : 27/01/2024
Patient Name : Mr. RINKU	UHID No. : 47902
Age / Sex : 31 Yrs. / Male	IPD No. :
Consultant : DR. SURENDER GAUR	Collection Time : 27/01/2024 10:11 am
Phone No. : 9467507468	Category : General

Investigation	Value	Units	Biological Ref Interval
<b>BLOOD SUGAR (F)</b>			
BLOOD SUGAR FASTING .	98.8	mg /dl	80-140
<b>CBC</b>			
HAEMOGLOBIN (HB)	16.0	gm/dl	12.5-16.1
TOTAL LEUCOCYTE COUNT (TLC)	8200	/cumm	4000-11000
DLC	%		
NEUTROPHIL	55	%	50-70
LYMPHOCYTE	40	%	20-40
EOSINOPHIL	3	%	01-06
MONOCYTE	2	%	0-5
BASOPHIL	0	%	0-01
RBC	5.29	Million/cumm	4.5-6.0
PCV	45.5	%	37-55
M C V	86.0	fl	80-96
M C H	30.6	picogram	26-34
M C H C	35.6	%	32-36
PLATELET COUNT	2.43	Lakh/cumm	1.50-4.50
<b>HBA1c</b>			
HBA1C	4.78		4.5-6.4%

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REMARKS In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

#### REFERENCE RANGE (HBA1c) :

GOOD CONTROL	4.5-6.4%
FAIR CONTRIOL	6.5-7.4%
POOR CONTROL	ABOVE -7.5%

#### KIDNEY FUNCTION TEST (KFT)

BLOOD UREA	18.25	mg/dL	13-45
S CREATININE	0.81	mg /dl	0.6-1.4
Uric acid	6.99	mg/dl	3.0-7.6
SODIUM	138.4	mmol/L	135-145
POTASSIUM	3.78	mmol/L	3.5-5.5
S.CALCIUM	9.4	mg/dl	8.5-11.5

#### LIPID PROFILE

TRIGLYCRIDES	176.76	mg/dl	80-200
CHOLESTEROL	221.86 H	mg/dl	130-200
HDL CHOLESTEROL	51.12	mg/dl	36-65
LDL CHOLESTEROL	135.39	mg/dl	90-150
VLDL CHOLESTROL	35.35 H	mg /dl	15-35
CHOL/HDL RATIO	4.34		0-4.5
LDL/HDL Ratio	2.65		0-3.5

#### URINE ROUTINE

PHYSICAL EXAMINATION			
QUANTITY	15	ml.	
COLOUR	PALE YELLOW		PALE YELLOW

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Investigation	Value	Units	Biological Ref Interval
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.030		1.010-1.030
PH	6.5		6.0-7.5
<b>CHEMICAL EXAMINATION</b>			
ALBUMINE	NIL		Nil
SUGAR	NIL		NIL
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	2-3	/HPF	NIL
RBC'S	NIL	/HPF	0-0
CASTS	NIL		Nil
CRYSTALS	NIL		Nil
EPITHELIAL CELLS	0-1	/HPF	0-1
BACTERIA	NIL		Nil
OTHERS	NIL		Nil

### Haematology BLOOD GROUP "B" POSITIVE

BLOOD GROUP Rh

### ESR

ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN,S METHOD)

10

mm

0-15

### Biochemistry LIVER FUNCTION TEST LFT1

TOTAL BILIRUBIN

1.54 H

mg/dl

0.2-1.2

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Investigation	Value	Units	Biological Ref Interval
CONJUGATED (D. Bilirubin)	0.68 H	mg/dl	0.1-0.4
UNCONJUGATED (I.D. Bilirubin)	0.86 H	mg/dl	0.2-0.6
AST / SGOT	46.12 H	U/L	5-40
ALT/SGPT	58.72 H	U/L	5-40
ALKALINE PHOSPHATASE	67.27	IU/L	38-94
TOTAL PROTEIN	7.62	gm/dl	6.8-8.2
ALBUMIN.	4.30	g/dl	3.4-4.8
S.GLOBULIN	3.32	gm/dl	3-4.5
A/G Ratio	1.30	.	1.0-2.3

## Biochemistry BLOOD SUGAR (PP)

BLOOD GLUCOSE - PP	112.0	mg/dl	70-140
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## HORMONE ASSAYS REPORT THYROID PROFILE T3, T4, TSH

T3	0.67	nmol/L	0.50-2.0
T4	5.1	ug/dl	4.4-10.8
TSH	2.06	uIU/ML	0.35-5.50

THYROID PANEL BY CHEMILUMINESCENCE, SERUM

Primary malfunction of the thyroid gland may result in excessive ( hyper ) or below normal ( hypo ) release of T3 and T4 in addition, as TSH directly affects thyroid function, malfunction of the pituitary or the hypothalamus influences of the thyroid gland activity, Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low, in addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in the patients with a wide variety of non thyroidal illness (NTI) without evidence of preexisting thyroid or hypothalamic - pituitary

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Consultant : DR. SURENDER GAUR	Collection Time : 27/01/2024 10:11 am
Phone No. : 9467507468	Category : General

Investigation	Value	Units	Biological Ref Interval
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## CLINICAL PATHOLOGY

URINE SUGAR

URINE SUGAR

NIL

{{End of Report}}

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**DR. PARUL**

MBBS, MD

Consultant Pathologist

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Page 5 of 5

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NAME: MR. RINKU S/o RAMKUMAR	AGE: 31 YRS ,MALE	DATE : 27.01.2024
PATIENT ID: 82	REFERRED BY: DR SURENDER GAUR (GLOBAL HOSPITAL)	

**ULTRASOUND WHOLE ABDOMEN**

*Suboptimal window due to excessive bowel gases.*

**LIVER**

Is normal in size, normal in outline & show grade I fatty changes. No focal lesion is seen. Portal vein & hepatic veins are normal. Intra hepatic biliary radicals are not dilated.

**GALL BLADDER**

Is partially distended. Visualized lumen is clear. No pericholecystic fluid is seen. Proximal CBD is normal. Distal CBD is obscured by overlapping bowel gases.

**PANCREAS:**

Head and body are normal in size and echotexture. MPD is not dilated. Rest of pancreas is obscured.

**SPLEEN:**

Is normal in size, outline & echotexture. No focal lesion is seen.

**RIGHT KIDNEY:** is normal in size, outline & echotexture. Cortico-medullary differentiation is well maintained. There is no evidence of hydronephrosis, calculus or mass.

**LEFT KIDNEY:** is normal in size, outline & echotexture. Cortico-medullary differentiation is well maintained. There is no evidence of hydronephrosis, calculus or mass.

**URINARY BLADDER:**

Is minimally distended. Visualized lumen is clear. *(Evaluation in full urinary bladder is advised.)*

**PROSTATE:**

Visualized prostate appears grossly normal in size, normal in outline & appears grossly normal in echopattern.

No free fluid/lymphadenopathy seen in peritoneal cavity.  
**Bowel loops are unremarkable in present scan on USG.**

**IMPRESSION: Grade I fatty liver.**

**Please correlate clinically.**

(Note: Sonography has its limitations and the result should be correlated with clinical and other relevant patient data. Sonography is limited in delineating GIT lesions)  
(The sensitivity and specificity of ultrasound for detection of small renal calculi is low. NCCT KUB may be considered for better evaluation, if clinically indicated)

\*\*\*END OF REPORT\*\*\*

DR. ROHIT BHARDWAJ  
MBBS (MAMC, Delhi), MD (Radio-diagnosis)  
HMC 15407

(This is a professional opinion and not the final diagnosis. It should be clinically correlated)



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Aarya nagar jhajjar Haryana 124103

Not for Medico-legal purpose → In case of discrepancy of any report kindly contact us immediately









# RATHI EYE HOSPITAL(OPC) PVT. LTD.

Head Office - Bhagat Singh Chowk, Jhajjar,  
Haryana , India

Branch - Sukhpura Chowk, Rohtak  
Contact No: 8814921980

Patient ID	18906	Visit Date	27/Jan/2024
Patient Name	Mr. Rinku	Age/Sex	31 Yrs / M
Patient Address	Bhiwani	Contact No.	9467507468
Category	General	OPD No.	35931

Vision	Distance Vision		Near Vision		Method Name	IOP Time	Right Eye	Left Eye
	Right Eye	Left Eye	Right Eye	Left Eye				
With Glass	6/6	6/6			NCT	11:20	14	16

Adv.Glasses	Right Eye						Left Eye					
	Sph	Cyl	Axis	Prism	V/A	N/V	Sph	Cyl	Axis	Prism	V/A	N/V
Distance	-1.25	-0.75	60		6/6		-0.50	-0.25	130		6/6	

**USE OF GLASSES : IF NEEDED CHANGE THE GLASS**

### Diagnosis

refractive error [H52 ] in Both Eyes

### Rx

1. EYEMIST FORTE EYE DROP [ HYPROMELLOSE 0.3% ]

four times in a day in both eyes for 30 Days

**NEXT REVIEW : AS AND WHEN REQUIRED**

Doctor's Signature

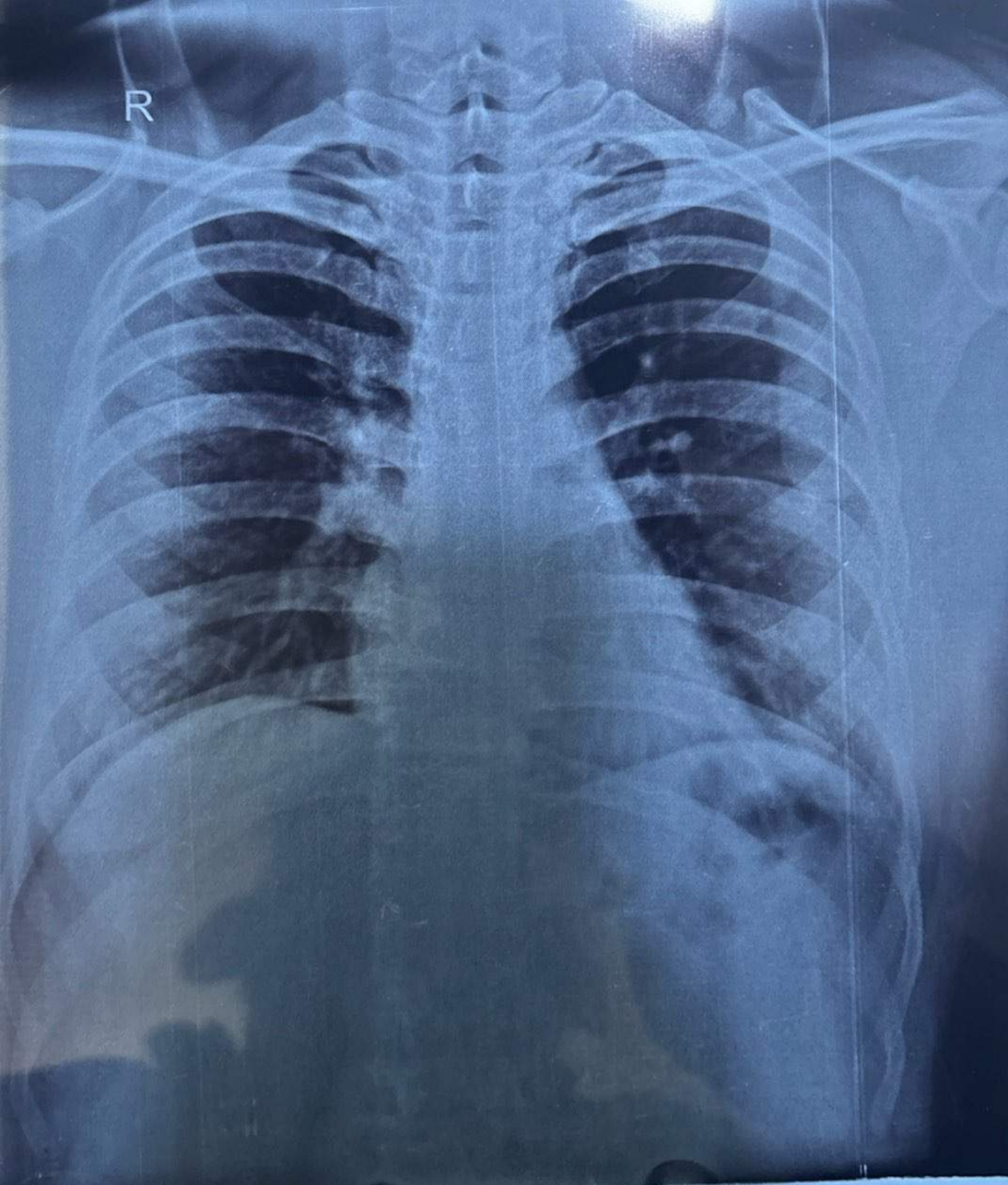
**DR PRADEEP TEKWANI**

MBBS, DNB, MNAMS, FVR, FICO, FAICO

Timings: Morning 9:00 am to 5:00 pm (Sunday Closed)

Registration Fee 200 Rs. Valid for 15 Days only, Not for Medicolegal Purpose





R

21227 RINKU 31Y M CHEST PA 27/01/2024  
RS GAUR GLOBAL MULTISPECIALITY HOSPITAL, JHAJJAR



RS  
**GAUR GLOBAL  
 MULTISPECIALITY HOSPITAL**



Commitment to Community

**ECHOCARDIOGRAPHY REPORT**

NAME: - Mr. RINKU

AGE 31/SEX: MALE

Referring Diagnosis: SCREENING

DATE:-27.01.2024 ECHO TIME – 09: 12 AM

Echogenicity: GOOD

UHID NO - 47902

DIMENSIONS	MEASURING	NORMAL
AO	3.30 cm	(2.21-3.20) cm
LA	3.45 cm	(3.2 - 4.2) cm
LVID ( Diast)	5.34 cm	(3.6- 5.6) cm
LVID (Systo)	3.69 cm	(3.6 - 4.8) cm
IVS (Diast)	0.86 cm	(0.6 – 1.2 cm)
IVS (Systo)	1.57 cm	(0.6 – 1.4cm)
LVPW ( Diast)	1.33 cm	(0.8 – 1.3 cm)
LVPW ( Systo)	1.65 cm	(0.8 – 1.1cm)
FS	30.88 %	
LVEF	62 %	(50 – 75 %)

**MORPHOLOGICAL DATA**

MITRAL VALVE	NORMAL	INTERATRIAL SEPTUM	NORMAL
AORTIC VALVE	NORMAL	INTERVENTRICULAR SEPTUM	NORMAL
TRICUSPID VALVE	NORMAL	PULMONARY ARTERY	NORMAL
PULMONARY VALVE	NORMAL	AORTIC ROOT	DILATED
RIGHT VENTRICLE	NORMAL	RIGHT ATRUIM	NORMAL
LEFT VENTRICLE	Mild Concentric LVH	LEFT ATRUIM	NORMAL
IVC = 1.48 CM			



# GAUR GLOBAL MULTISPECIALITY HOSPITAL

Commitment to Community



## ECHOCARDIOGRAPHY REPORT

NAME: - Mr. RINKU

AGE 31/SEX: MALE

DATE:- 27.01.2024

### ECHOCARDIOGRAPHY AND COLOUR DOPPLER FINDINGS:

- Mitral valve is normal. Aortic root Mild dilated. LA is normal. Mild Concentric LVH present. No RWMA  
LVEF 62% PA is normal. RV is normal. RA is normal. No pericardial effusion seen.

### COLOUR FLOW MAPPING:

- Trace MR
- Trace AR
- Trace TR


### DOPPLER STUDIES

- E > A
- Aortic flow velocity = 2.0 M/S
- Pulmonary flow velocity = 1.4 M/S


### FINAL REPORT

- No RWMA
- Aortic root Mild dilated , Mild Concentric LVH present
- Trace MR, Trace AR & TR ,RVSP= 28 MMHG
- No LVDD
- No Clot/ Pericardial effusion seen.
- LVEF 62%

  
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