



we treat HE CURES

Metro Hospital & Heart Institute

(A unit of Sunhill Hospital Private Limited)

OPD CONSULTATION

Patient Name Mrs. Richa Gupta Age/Sex 36 / F Card No.

Doctor's Name Dr. Sushil Kumar

Date 28/10/23 Time

OPHTHALMIC EXAMINATION

VISION

DISTANCE VISION-

Rt 6/6
Lt 6/6

NEAR VISION-

Rt N/6
Lt N/6

COLOUR VISION

normal BE

EYE EXAMINATION

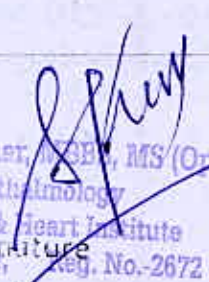
Cornea

Ant Chamber

Pupil

Fundus Examination

ADVICE-


Dr. Sushil Kumar, MBBS, MS (Ophthalmology)
Consultant Ophthalmology
Metro Hospital & Heart Institute
Sidoul, Hariawal, Reg. No.-2672 (UK)

Metro Hospital & Heart Institute, Haridwar

Health Check-up Certificate

COMPANY Mediworld (IIBS)

EMPLOYEE NO. 167376 DEPTT. Admin DATE 28/10/23
 NAME Richa Gupta AGE/SEX 36/F DOB 12/9/87
 DESIGNATION Mgr. MOBILE NO 8265923 288
 CHEST (INSP) x cm. CHEST (EXP) y cm. CHEST EXPANSION x cm
 HEIGHT 150 cm. WEIGHT 62 Kg. BMI.....
 P/R 71 per mt. BP 112/79 mmHg SIGN OF EMP [Signature]

EXAMINATION/INVESTIGATIONS

No	Investigations	Room No	Result
✓ 1	LAB INVESTIGATIONS	Path Lab	Hb TLC /DLC F /PP /RBS] Report attached
	BLOOD SUGAR F/PP/RANDOM	Path Lab	
✓	BLOOD GROUP	Path Lab	A+
✓ 2	URINE	Path Lab	RA
✓ 3	STOOL	Path Lab	SMB
✓ 4	X RAY CHEST PA	Radiology	Report attached
✓ 5	ULTRASONOGRAPHY (Whole Abd)	Radiology	Report attached
✓ 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	Consultation done
✓ 13	ACUITY OF VISION/COLOUR VISION	13	Report attached
✓ 14	EXAMINATION BY PHYSICIAN	23	Done
✓ 15	Gynaec Consult -		done [Signature]

Observations -

DR. ANIL SINGH

MBBS, AFIH, DHA

Occupational Health

Reg No - UKMC-2831

Metro Hospital & Heart Institute

Sitaula, Haridwar-249403 (U.K.)

✓ Lav Gupta - 8800485156
✓ Armit - 8595904582 ✓

प्रति,

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

महोदय/ महोदया,

विषय: बैंक ऑफ़ 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	MS. GUPTA RICHA
क.कू.संख्या	167776
पदनाम	CREDIT
कार्य का स्थान	ROORKEE
जन्म की तारीख	12-09-1987
स्वास्थ्य जांच की प्रस्तावित तारीख	14-10-2023
बुकिंग संदर्भ सं.	23D167776100072098E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ 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 इनबॉर्ड्स में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ 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।)

Exempt income (For reporting Purposes)

S.No	Nature of Income	Description (If Any Other selected)	Total Amount
Total Exempt Income			0

PART D - COMPUTATION OF TAX PAYABLE

D1	Tax payable on total income	10,520	D2	Rebate u/s 87A	10,520	D3	Tax after rebate	0
D4	Health and education Cess @4% on D3	0	D5	Total Tax and Cess	0	D6	Relief u/s 89 (Please ensure to submit Form 10E to claim this relief)	0
D7	Interest u/s 234A	0	D8	Interest u/s 234B	0	D9	Interest u/s 234C	0
D10	Fee u/s 234F	0	D11 Total Tax, Fee and Interest (D5 + D7 + D8 + D9 + D10 - D6)					0
D12	Total Taxes Paid	0	D13	Amount payable (D11- D12) (if D11>D12)	0	D14	Refund (D12- D11) (if D12>D11)	0

PART E - OTHER INFORMATION

Details of all Bank Accounts held in India at any time during the previous year (excluding dormant accounts);

Sl.	IFS Code of the Bank	Name of the Bank	Account Number	Select Account for Refund Credit
1	HDFC0000943	HDFC BANK	50100337369694	<input checked="" type="checkbox"/>

1. Minimum one account should be selected for refund credit.

2. In case of Refund, multiple accounts are selected for refund credit, then refund will be credited to one of the account decided by CPC after processing the return.

Schedule 80D

1	Whether you or any of your family member (excluding parents) is a senior citizen?	Not claiming for Self/Family
(a)	Self & Family	0
(i)	Health Insurance	0
(ii)	Preventive Health Checkup	0
(b)	Self & Family including Senior Citizen	0
(i)	Health Insurance	0
(ii)	Preventive Health Checkup	0
(iii)	Medical Expenditure (This deduction to be claimed on which health insurance is not claimed at (i) above)	0
2	Whether any one of your parents is a senior citizen	Not claiming for parents
(a)	Parents	0

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	MS. GUPTA RICHIA
EC NO	167776
DESIGNATION	CREDIT
PLACE OF WORK	ROORKEE
BIRTHDATE	12-09-1987
PROPOSED DATE OF HEALTH CHECKUP	14-10-2023
BOOKING REFERENCE NO.	23D167776100072098E

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).)

(i)	Health Insurance	0
(ii)	Preventive Health Checkup	0
(b)	Parents including Senior Citizen	0
(i)	Health Insurance	0
(ii)	Preventive Health Checkup	0
(iii)	Medical Expenditure (This deduction can be claimed on which health insurance is not claimed at (i) above)	0
3	Eligible Amount of Deduction	0

Schedule 80G: Details of donations entitled for deduction under section 80G

A. Donations entitled for 100% deduction without qualifying limit, (where any row is filled by the user, all the fields in that row should become mandatory)

S No.	Name of the Donee	Address	City or Town or District	State Code	Pin code	PAN of the Donee	Amount of donation			Eligible Amount of Donation
							Donation in cash	Donation in other mode	Total Donation	
							0	0	0	0
Total A							0	0	0	0

B. Donations entitled for 50% deduction without qualifying limit (where any row is filled by the user, all the fields in that row should become mandatory)

S No.	Name of the Donee	Address	City or Town or District	State Code	Pin code	PAN of the Donee	Amount of donation			Eligible Amount of Donation
							Donation in cash	Donation in other mode	Total Donation	
							0	0	0	0
Total B							0	0	0	0

C. Donations entitled for 100% deduction subject to qualifying limit (where any row is filled by the user, all the fields in that row should become mandatory)

S No.	Name of the Donee	Address	City or Town or District	State Code	Pin code	PAN of the Donee	Amount of donation			Eligible Amount of Donation
							Donation in cash	Donation in other mode	Total Donation	
							0	0	0	0
Total C							0	0	0	0

D. Donations entitled for 50% deduction subject to qualifying limit (where any row is filled by the user, all the fields in that row should become mandatory)

S No.	Name of the Donee	Address	City or Town or District	State Code	Pin code	PAN of the Donee	Amount of donation			Eligible Amount of Donation
							Donation in cash	Donation in other mode	Total Donation	
							0	0	0	0
Total D							0	0	0	0

E. Total Amount of Donations (A + B + C + D)

0	0	0	0
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Schedule 80GGA: Details of donations for scientific research or rural development

S No.	Relevant Clause	Name of the	Address	City or Town or District	State Code	Pin code	PAN of the	Amount of donation			Eligible Amount of

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
EKG	EKG
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

under which deduction is claimed	Donee	District	Donee	Donation in cash	Donation in other mode	Total Donation	Donation
				0	0	0	0
Total Donation				0	0	0	0

Schedule-IT Details of Advance Tax and Self-Assessment Tax payments

BSR Code	Date of Deposit (DD/MM/YYYY)	Serial Number of Challan	Tax paid
Col (1)	Col (2)	Col (3)	Col (4)
Total			0

Schedule TDS1 - Details of Tax Deducted at Source from Salary [As per form 16 Issued by Employer(s)]

Sl.No.	TAN of the Deductor	Name of the Deductor	Income chargeable under salaries	Total Tax Deducted
1	2		3	4
Total				0

Schedule TDS2 - Details of Tax Deducted at Source from Income Other than Salary [As per form 16A issued by Deductor(s)]

Sl. No.	TAN of the Deductor	Name of the Deductor	Gross receipt which is subject to tax deduction	Year of tax deduction	Tax Deducted	TDS Credit out of (5) claimed this year
1	2		3	4	5	6
Total						0

Schedule TDS3 - Details of Tax Deducted at Source [As per Form 16C furnished by the Payer(s)]

Sl. No.	PAN of the Tenant	Aadhaar Number of the Tenant	Name of the Tenant	Gross receipt which is subject to tax deduction	Year of tax deduction	Tax Deducted	TDS Credit out of (6) claimed this year
1	2	3		4	5	6	7
Total							0

Schedule TCS - Details of Tax Collected at Source [As per form 27D issued by the Collector(s)]

Sl. No.	Tax Collection Account Number of the Collector	Name of the Collector	Gross payment which is subject to tax collection	Year of tax collection	Tax Collected	TCS Credit out of (5) claimed this year
1	2		3	4	5	6
Total						0

VERIFICATION

I, **MOHIT KUMAR** son/ daughter of **MUKESH KUMAR** solemnly declare that to the best of my knowledge and belief, the information given in the return is correct and complete and is in accordance with the provisions of the Income-tax Act, 1961. I further declare that I am making this return in my capacity as **Self** and I am also competent to make this return and verify it. I am holding permanent account number **DMHPK7676C**

Place: 27.63.155.108
Date: 18-06-2022

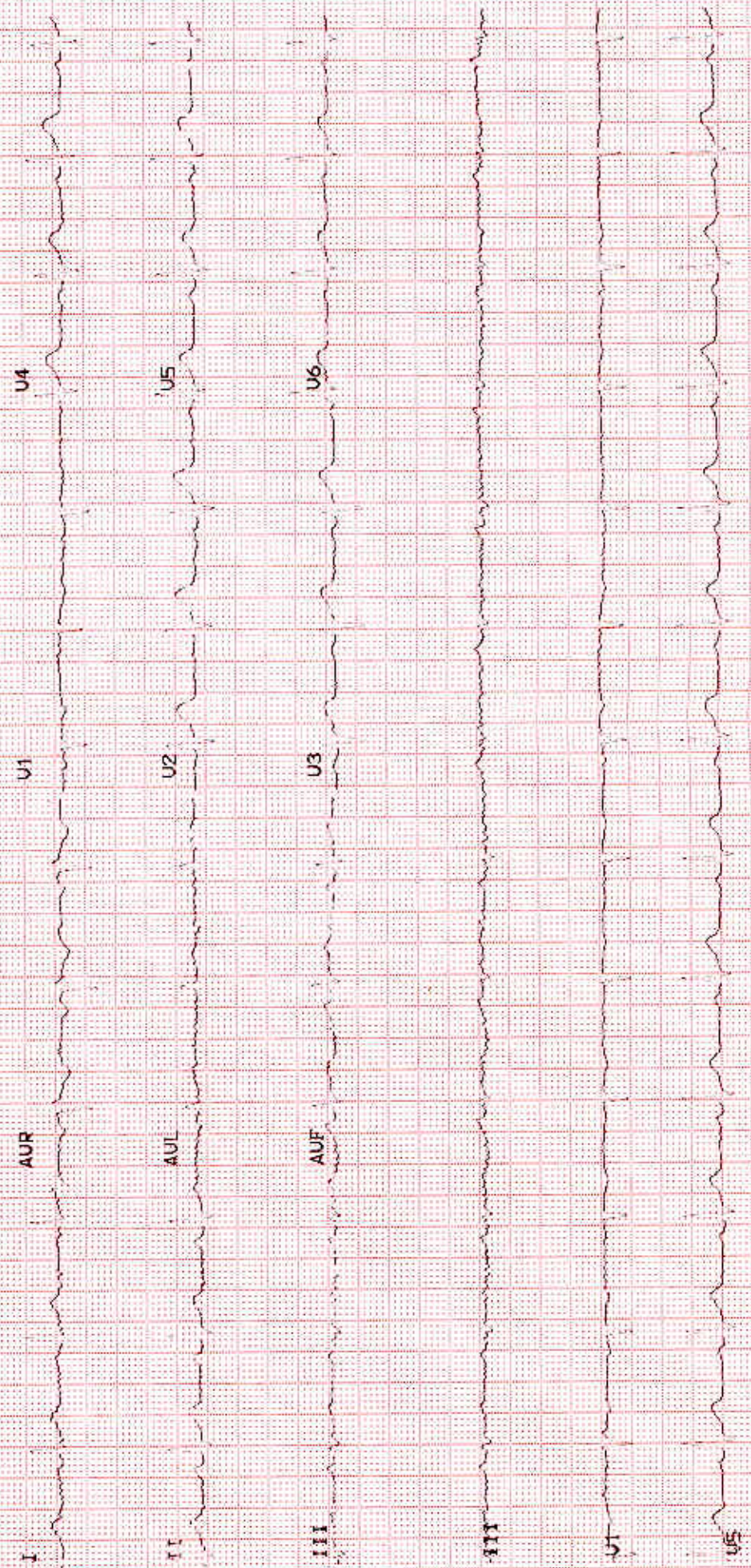
Mrs Richa Gupta
37815
28-10-23

Interpretation:
Low QRS amplitudes
Probably abnormal ECG



Unconfirmed report

Measurement Results:	98 ms	P
QRS	368 / 424 ms	T
QT/QTcB	152 ms	QRS
PR	100 ms	aVL
P	754 / 750 ms	IO I
PR/PP	65 / 35 degrees	
P/ORS/T	50 / 58 ms	III +90 II
QTd/QTcBd	1.0 mV	aVF
Sokolow	11	
NK		





METRO HOSPITAL & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Limited)

CIN No.: U33201DL2006PTC156918

OPD INITIAL ASSESSMENT



Dr. Name: Dr. Sonu Roul, MBBS, MD (Gynae & Obs)
 OPD TIMING: Consultant Gynae & Obs
 Metro Hospital & Heart Institute
 Regn. No: SIDCUL, Haridwar, Reg. No.: 1294 (UKMC)
 Tel. No. +91-81919 02600

NAME OF PATIENT: Mrs. Riche AGE/SEX: 37y
 ID NO.: _____ DATE / IN TIME: 28/10/23

PRESENT COMPLAINT:

Pain (Belt us)

LES: 1yr.

Heavy bleeding
! locketing

- last 27/10/23.

PAST HISTORY:

FAMILY HISTORY:

EXAMINATION:

DIAGNOSIS:

DRUG ALLERGY:

INVESTIGATION / TREATMENT / PREVENTIVE CARE / NUTRITION ADVISED

- On 50% Etomidate



del

7. TRANSFER at 230



(DOCTOR SIGNATURE)

OUT TIME

FOR OPD APPOINTMENT : +91-1334-6666 60, 2390 40, 42, 43

Next Followup:

NUTRITIONAL SCREENING:-

- Wt. Loss
- Loss Of Appetite
- Muscle Wasting
- Delay Wound Healing
- Lethargy
- Decrease Mobility

Pain scale

- 0. NO PAIN
- 02 Mild Pain
- 04 Annoying Pain
- 06 Moderate Pain
- 08 Severe Pain
- 10 Worst Pain

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

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

**METRO**

HOSPITAL & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Limited)

(NABH & ISO 9001: 2008 Certified)

Radiology Investigation Report


Name : Mrs. Richa gupta
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202312259
Date : 28/10/2023

Age/Sex : 37 Y/F
UHID NO : 2023019341
Request No : 70241865

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.



Patient Name Richa Gupta Age/Sex 37/F Reg. No 2023 011341
Doctor Dr. Naman Aggarwal
Date 20/01/23 Time

DENTAL EXAMINATION

➤ **TEETH STATUS** = Good

• **MISSING** - N/A

• **DECAYED** - NS
Restorations ns
$$\frac{8}{6} / \frac{7}{6}$$

➤ **ORAL HYGIENE STATUS** = fair

• **STAINS** - +

• **CALCULUS** - -

DR. NAMAN AGGARWAL
E.D.S
SENIOR DENTAL CONSULTANT
Reg. No.-UP 1211
Metro Hospital
Sidcul Haridwar, U.P. 247403

Good oral hygiene

Name : Mrs. Richa gupta
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202312259
 Sample Date : 28/10/2023
 Reporting Date: 28/10/2023

Test **Result** **Unit** **Bio. Ref. Inter. Test Method**

Hematology

Test	Result	Unit	Bio. Ref. Inter. Test Method
BLOOD GROUP			
ABO	A		
Rh	POSITIVE		
CBC (COMPLETE BLOOD COUNT/HAEMOGRAM)			
HB	10.5	gm/dl	F - 11.5-15
TLC	5940	/cumm	4000-11000
DLC (WBC DIFFERENTIAL)			
NEUTROPHILS	60	%	45-75
LYMPHOCYTES	30	%	25-45
EOSINOPHILS	05	%	1-6
MONOCYTES	05	%	2-8
BASOPHILS	00	%	<2
RBC	4.13	million	3.5-5.5
PCV	34.5	%	36-52
MCV	83.5	fL	80-100
MCH	25.4	PG	27-32
MCHC	30.4	gm/dl	31-37
PLATELET COUNT	1.47	lakh/cumm	1.5-4.5
RDW	13.5	%	11.5-15
ESR	20	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).

Name : Mrs. Richa gupta
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202312259
 Sample Date : 28/10/2023
 Reporting Date: 28/10/2023

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Biochemistry				
HB1AC	6.1	%	4.5-6.3	
LIPID PROFILE				
TOTAL CHOLESTEROL	177.0	mg/dl	00-250.0	
HDL-CHOLESTEROL	50.0	mg/dl	00-50.0	
LDL	103.4	mg/dl	00-150.0	
TRIGLYCERIDES	118.0	md/dl	30-150	
VLDL	23.6	mg/dl	0-50	
CHOL/HDL Ratio	3.5		<4.5	
LFT (LIVER FUNCTION TEST)				
BILIRUBIN INDIRECT	0.30	mg/dl	0.2-0.8	
SGOT	22.0	U/L	10-42	
SGPT	21.0	U/L	10-42	
BILIRUBIN TOTAL	0.60	mg/dl	0.2-1.0	
ALKALINE PHOSPHATASE	58.0	IU/L	28-111	
BILIRUBIN DIRECT	0.30	mg/dl	0.1-0.4	
TOTAL PROTEIN	6.5	gm/dl	6.4-8.2	
ALBUMIN	3.5	g/dl	3.5-5.0	
GLOBULIN	3.0	gm/dl	2.0-4.0	
AG RATIO	1.1			
KFT (KIDNEY FUNCTION TEST)				
UREA	26.3	mg/dl	15-45	
SODIUM	139.0	mmol/L	135-155	
CREATININE	0.81	mg/dl	0.6-1.3	
URIC ACID	4.1	mg/dl	3.0-7.6	
BUN	12.5	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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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



Name : Mrs. Richa gupta
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202312259
 Sample Date : 28/10/2023
 Reporting Date: 28/10/2023

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Biochemistry				
BLOOD SUGAR -FASTING	107.0	mg/dl	70.0-110.0	
BLOOD SUGAR -PP	128.0	mg/dl	70.0-140.0	
Serology & Immunology				
THYROID PROFILE				
T3	1.99	nmol/L	1.70-3.10	
T4	11.6	µg/dl	5.95-15.4	
TSH	4.18	µIU/L	0.46-4.68	

*** 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).

Name : Mrs. Richa gupta
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202312259
 Sample Date : 28/10/2023
 Reporting Date: 28/10/2023

(A unit of Sunhill Hospitals Private Limited)
 Age/Sex :
 UHID : 2023019341
 Request No. : 10378406
 Sample Time : 11:01
 Reporting Time : 21:25

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Urine Examination				
URINE SUGAR	NIL			
URINE ROUTINE ANALYSIS				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW			
TRANSPARENCY	CLÉAR			
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 ***

Dr. Vishal Arora
 MBBS, DCP
 (Consultant Pathologist)



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

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 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



METRO

HOSPITAL & HEART INSTITUTE

(A part of Sunhill Hospitals Private Limited)

UHD (NABH & ISO 9001:2008 Certified)

Request No. : 10378406

Sample Time : 11:01

Reporting Time : 21:25

Name : Mrs. Richa gupta
 Ref. By : Dr. ANIL SINGH
 IP/OP : OP/202312259
 Sample Date : 28/10/2023
 Reporting Date: 28/10/2023

Test	Result	Unit	Bio. Ref. Inter.	Test Method
Stool Examination				
STOOL ROUTINE EXAMINATION				
MACROSCOPIC EXAMINATION				
COLOUR	BROWNISH		-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 ***

Dr. Vishal Arora
 MBBS, DCP
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HOSPITALS & HEART INSTITUTE

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2D ECHOCARDIOGRAPHY

Name:	Mrs. Richa Gupta	UHID No:	2023019341
Age/Sex:	37Y/F	Ward:	OPD
Referred by:	Dr. Anil Singh	Date:	28.10.2023

ACOUSTIC WINDOW: Normal

MEASUREMENTS AND CALCULATIONS

Measurements	Observed Value	Reference Value
IVS (ED)	1.1	(0.6 – 1.1 cm)
LVPW (ED)	1.0	(0.6 – 1.1 cm)
LVID (ED)	4.2	Male (3.7 – 5.5 cm) Female (3.7 – 5.2 cm)
Aortic root diameter	2.2	(2.0 – 3.7 cm)
LA dimension	3.0	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 – 100, A – 81, E/A>1	
Aortic	Nil	Vel – 142	
Tricuspid	Trace	Vel – 230	PASP – 24
Pulmonary	Nil	Vel – 120	

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FINAL IMPRESSION

- Normal Acoustic Window
- Normal Chambers Dimensions
- No RWMA
- LVEF~60%
- No LVDD
- Trace MR, Trace TR, PASP 24 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)

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