



RS GAUR GLOBAL MULTISPECIALITY HOSPITAL

D-2, Subhash Nagar, Civil Hospital, Jhajjar
Phone No 01251-255565 Email_id : Globalmshospital@gmail.com

UHID No. : 42680	OPD No. : 2	Date : 04/04/2023
Pt. Name : Mr. Sandeep	Age/Sex : 35 Yr OM / Male	Time : 9:37:18 am
F/H/M Name : S/o Pirthvi Singh	Mobile : 9813458229	Amount : 0.00
Department : Physician	Address : Ward No 12 Meham	
Consultant : Dr. Surender Gaur	Category : Normal	

* Chief Complaints :

Due to mha

* History :

No significant past ma/sa illness history

* Drug/Allergies :

NO NSAID

Kidney HTN ON NO MX

* Systemic Examination

Chest: Bucler
 CVS: S&N
 P/A: Normal
 CNS: Normal

* Provisional Diagnosis

- 1- Imp. Physical Examination - NSAID
- 2- ECG - S10 Ischaemia (LVM) (Abnormal)
- 3- Raised Blood Pressure

* Vitals :

Temp : 98.4 F
 Pulse Rate : 80 BPM
 Resp : 18 L/min
 BP : 130/107
 SPO2 : 98%
 Height : 175 cm
 Weight : 95 kg

- 4- Laboratory Test - Blood gyp - Btve
 Platelet count - 1.44 lac/cu
 ESR - 32 mm
 S.GOT - 42.32 IU
 S.Cholesterol - 218.14 mg/dl
 Rest parameters are - WNL

- 5- Skiography chest is WNL
- 6- USG WA - WNL
- 7- Eye Exam Refractory Error

Adv.

Cardiologist Opinion - Review of Sig.



- Fit men (OPD Valid For Only 5 Days) established by SURENDER GAUR MD

MBBS, PGDCC
 Reg. No. 12954
 RS Gaur Global Multispeciality Hospital
 Jhajjar, Haryana



भारत सरकार
Government of India



सुमान
Suman

जन्म तिथि / DOB : 01/01/1990

महिला / Female



3069 5050 5501

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता: W/O: संदीप, 148, वॉर्ड न 8,
बगरी मोहल्ला, महम, महम, मेहम,
रोहतक, हरियाणा, 124112

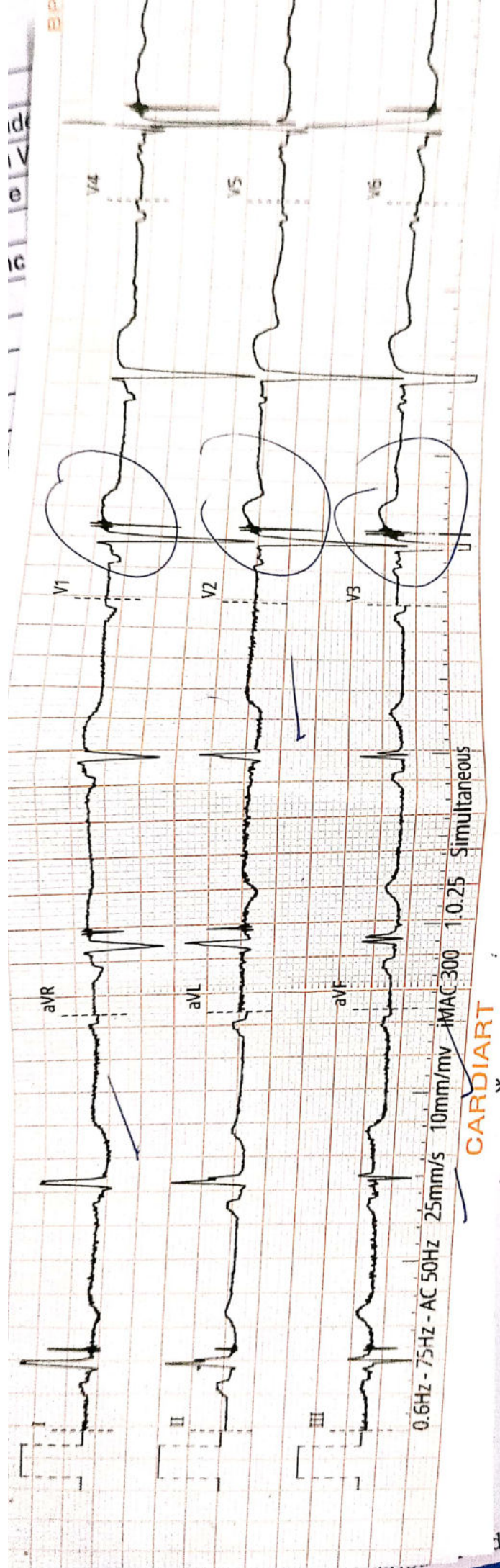
Address: W/O: Sandeep, 148, ward no 8,
bagri mohlla, meham, Maham, Mehem,
Rohtak, Haryana, 124112

3069 5050 5501

1947
1090 300 1947

help@uidai.gov.in

www
www.uidai.gov.in



ECG report

ID : 20230404110521
Name : *Sandeep*
Gender :
Age :
Dept :
Bed No :

HR : 57 bpm
PR : 152 ms
QRS : 108 ms
QT/QTc : 442/437 ms
P/QRS/T : 55/26/115 °
RV5/SV1 : 2.221/2.051 mv
RV5+SV1 : 4.272 mv

<<Interpretations >>

Sinus bradycardia
— Interpretation made without knowing patient's gender/age —
Possible left atrial abnormality
Possible anterior infarct - age undetermined
Left ventricular hypertrophy
Lateral ST-T abnormality
~ may be due to the hypertrophy and/or ischemia
Abnormal ECG

Confirm and sign:

Examination time: 2023-04-04 11:05:21

CARNIADT



RATHI EYE HOSPITAL(OPC) PVT. LTD.

Head Office - Bhagat Singh Chowk, Jhajjar,
Haryana, India
Branch - Sukhpura Chowk, Rohtak
Contact No: 8814921980

Patient ID	9470	Visit Date	04/Apr/2023
Patient Name	Mr. Sandeep	Age/Sex	34 Yrs / M
Patient Address	Meham Ward No.12 Rohtak	Contact No.	9813458229
Category	Relative	OPD No.	18112

Vision	Distance Vision		Near Vision		Method Name	IOP Time	Right Eye	Left Eye
	Right Eye	Left Eye	Right Eye	Left Eye				
Unaided	6/6	6/6	N6	N6	NCT	01:02	13	12

Adv.Glasses	Right Eye						Left Eye					
	Sph	Cyl	Axis	Prism	V/A	N/V	Sph	Cyl	Axis	Prism	V/A	N/V
Distance	+0.00	+0.50	170		6/6	N6	+0.00	+0.50	10		6/6	N6

Diagnosis

refractive error [H52] in Both Eyes
MGD in Both Eyes

Rx

1. TEAR DROPS [CARBOXYMETHYL CELLULOSE 0.5 %]
three times in a day in both eyes

Doctor's Advice :

Warm Compresses

NEXT REVIEW : AS AND WHEN REQUIRED

Doctor's Signature

Dr Mukesh Rathi

M.B.B.S., D.O.

HN1788

Timings: Morning 9:00 am to 5:00 pm (Sunday Closed)
Registration Fee 200 Rs. Valid for 15 Days only, Not for Medicolegal Purpose



GAUR DIAGNOSTICS

D-2, Subash Nagar, Civil Hospital, Jhajjar
Phone No 01251-255565 Email_Id : Globalmshospital@Gmail.Com



Lab Reg. No. : 2304040039	Date / Time : 04/04/2023
Patient Name : Mr. Sandeep	UHID No. : 42680
Age / Sex : 35 Yrs. / Male	IPD No. :
Consultant : DR. SURENDER GAUR	Collection Time : 04/04/2023 9:40 am
Phone No. : 9813458229	

Investigation	Value	Units	Biological Ref Interval
BLOOD SUGAR (F)			
BLOOD SUGAR FASTING	97.8	mg /dl	80-140
CBC			
HAEMOGLOBIN (HB)	14.8	gm/dl	12.5-16.1
TOTAL LEUCOCYTE COUNT (TLC)	5000	/cumm	4000-11000
DLC	%		
NEUTROPHIL	50	%	50-70
LYMPHOCYTE	40	%	20-40
EOSINOPHIL	6	%	01-06
MONOCYTE	4	%	0-5
BASOPHIL	0	%	0-01
RBC	5.14	Million/cumm	4.5-6.0
PCV	44.9	%	37-55
M C V	87.4	fl	80-96
M C H	28.8	picogram	26-34
M C H C	33.0	%	32-36
PLATELET COUNT	1.44 L	Lakh/cumm	1.50-4.50
HBA1c			
HBA1C	4.18		4.5-6.4%

For Parul Gaur

DR. | DR. PARUL

MBBS, MD

Cons: Consultant Pathologist

DMC/I DMC/R/ 05880

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Dr.SURENDER GAUR

MBBS, PGDCC

Reg. No. 12954

GAUR DIAGNOSTICS

D-2, Subash Nagar, Civil Hospital, Jhajjar
Phone No 01251-255585 Email Id : Globalmshospital@gmail.com



Lab Reg. No. : 2304040039	Date / Time : 04/04/2023
Patient Name : Mr. Sandeep	UHID No. : 42680
Age / Sex : 35 Yrs. / Male	IPD No. :
Consultant : DR. SURENDER GAUR	Collection Time : 04/04/2023 9:40 am
Phone No. : 9813458229	

Investigation	Value	Units	Biological Ref Interval
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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 CONTROL 6.5-7.4%
 POOR CONTROL ABOVE -7.5%

KIDNEY FUNCTION TEST (KFT)

BLOOD UREA	21.83	mg/dL	13-45
S CREATININE	0.78	mg /dl	0.6-1.4
Uric acid	4.36	mg/dl	3.0-7.6
SODIUM	139.4	mmol/L	135-145
POTASSIUM	4.11	mmol/L	3.5-5.5
S.CALCIUM	9.2	mg/dl	8.5-11.5

LIPID PROFILE

TRIGLYCERIDES	165.02	mg/dl	80-200
CHOLESTEROL	218.14 H	mg/dl	130-200
HDL CHOLESTEROL	47.10	mg/dl	36-65
LDL CHOLESTEROL	138.04	mg/dl	90-150
VLDL CHOLESTROL	33.00	mg /dl	15-35
CHOL/HDL RATIO	4.63 H		0-4.5
LDL/HDL Ratio	2.93		0-3.5

URINE ROUTINE

PHYSICAL EXAMINATION			
QUANTITY	15	ml.	
COLOUR	PALE YELLOW		PALE YELLOW

Parul Gaur

DR. PARUL
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Consultant Pathologist
DMC/RJ 05880

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Investigation	Value	Units	Biological Ref Interval
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.025		1.010-1.030
PH	6.5		6.0-7.5
CHEMICAL EXAMINATION			
ALBUMINE	NIL		Nil
SUGAR	NIL		NIL
MICROSCOPIC EXAMINATION			
PUS CELLS	2-3	/HPF	NIL
RBC'S	NIL	/HPF	0-0
CASTS	NIL		Nil
CRYSTALS	NIL		Nil
EPITHELIAL CELLS	1-2	/HPF	0-1
BACTERIA	NIL		Nil
OTHERS	NIL		Nil

Haematology BLOOD GROUP

BLOOD GROUP Rh

"B" POSITIVE

ESR

ERYTHROCYTE SEDIMENTATION RATE (WESTERGREN'S METHOD)

32 H

mm

0-15

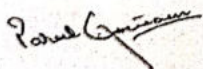
Biochemistry LIVER FUNCTION TEST LFT1

TOTAL BILIRUBIN

0.46

mg/dl

0.2-1.2


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UHID No. : 42580
IPD No. :
Collection Time : 04/04/2023 9:40 am

Investigation	Value	Units	Biological Ref Interval
CONJUGATED (D. Bilirubin)	0.11	mg/dl	0.1-0.4
UNCONJUGATED (I.D. Bilirubin)	0.35	mg/dl	0.2-0.6
AST / SGOT	31.48	U/L	5-40
ALT/SGPT	42.37 H	U/L	5-40
ALKALINE PHOSPHATASE	92.10	IU/L	38-94
TOTAL PROTEIN	7.20	gm/dl	6.8-8.2
ALBUMIN.	4.08	g/dl	3.4-4.8
S.GLOBULIN	3.12	gm/dl	3-4.5
A/G Ratio	1.31		1.0-2.3

Biochemistry BLOOD SUGAR (PP)

BLOOD GLUCOSE - PP 113.0 mg/dl 70-140

HORMONE ASSAYS REPORT THYROID PROFILE T3, T4, TSH

THYROID PROFILE T3, T4, TSH

T3	0.85	nmol/L	0.50-2.0
T4	6.6	ug/dl	4.4-10.8
TSH	3.83	uIU/ML	0.35-5.50

3D,
ULTRAS

Parul Gaur

DR. PARUL

N MBBS, MD
Consultant Pathologist
DMC/R/ 05880

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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

CLINICAL PATHOLOGY STOOL EXAMINATION

STOOL ROUTINE

PHYSICAL EXAMINATION

COLOUR

PALE YELLOW

PALE YELLOW

FORM & CONSISTENCY

SEMI FORMED

PUS

PRESENT

MUCUS

NIL

BLOOD

NIL

PARASITES

NIL

CHEMICAL EXAMINATION

REACTION

7.0

MICROSCOPIC EXAMINATION

PUS CELLS

3-4

/HPF

NIL

RBC'S

NIL

/HPF

0-0

OVA

NIL

/HPF

NIL

CYSTS

NIL

NIL

OTHERS

NIL

Nil

, 4D
SOUK

Parul Gaur



DR. PARUL

MBBS, MD

Consultant Pathologist

DMC/R/ 05880

lot for

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Dr. SURENDER GAUR

MBBS, PGDCC

Reg. No. 12954



NAME: MR. SANDEEP	AGE: 35 YRS, MALE	DATE: 04.04.2023
PATIENT ID: 74	REFERRED BY: DR SURENDER GAUR (GLOBAL HOSPITAL)	

ULTRASOUND WHOLE ABDOMEN

Poor acoustic window.

LIVER

Is normal in size, normal in outline & echotexture. No focal lesion is seen. Portal vein & hepatic veins are normal. Intra hepatic biliary radicals are not dilated.

GALL BLADDER

Is normally distended. Its lumen is clear. Walls are normal. 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 sub-optimally visualized due to overlapping bowel gases* appear normal in size, outline & echotexture. Cortico-medullary differentiation is well maintained. There is no evidence of calculus or mass. **Mild fullness of pelvi-calyceal system is seen.**

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 seen in peritoneal cavity.

IMPRESSION: No significant abnormality detected in present scan.

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)

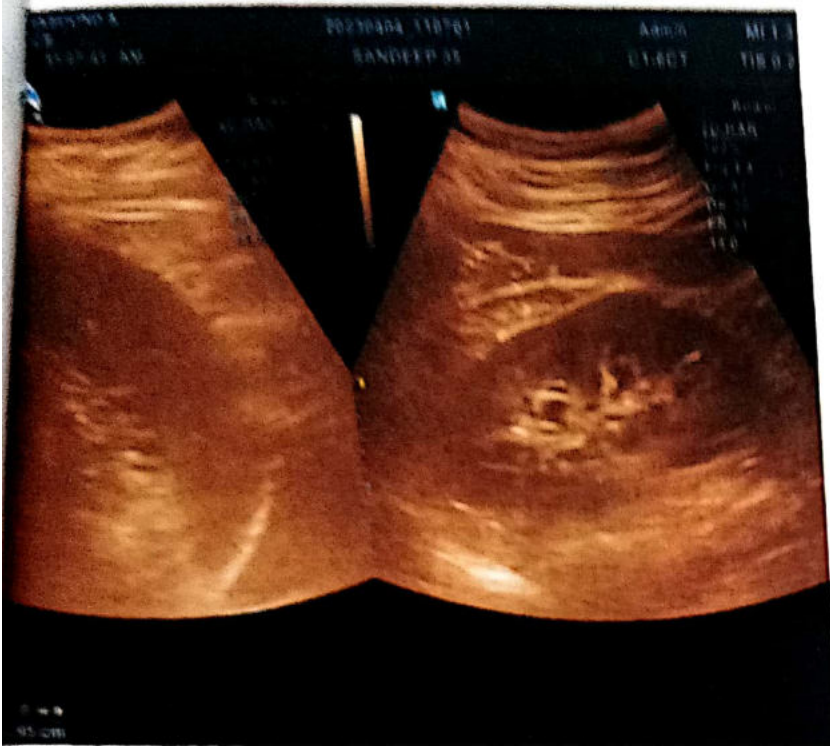
**3D, 4D
ULTRASOUND**

**COLOUR
DOPPLER**

PATHOLOGY

ECG

ECHO



R

16021 SANDEEP 35Y M CHEST PA 04/04/2023
RS GAUR GLOBAL MULTISPECIALITY HOSPITAL, JHAJJAR