



# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

## COMPLETE EYE CHECK UP

Employee name. RINKI YADAV Age/ Sex: 39 / Female

Employee ID: \_\_\_\_\_ Date: 23/03/2024

### COMPLETE EYE EXAMINATION

External Examination: Normal Squint: Abundant Nystagmus: Abundant

Colour Vision: (Normal / Defective) Individual Colour Identification: (Normal / Defective)

Distance Vision (without Glasses): Right: 6/9 Left: 6/6P

(With Glasses): Right: 6/6 Left: 6/6

Near Vision (without Glasses): Right: N6 Left: N6

(With Glasses): Right: - Left: -

Power of Glass (Recommended): Right -0.25/-0.50 x 150° Left -0.25 Dps

Final Remarks: glasses prescribed



# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

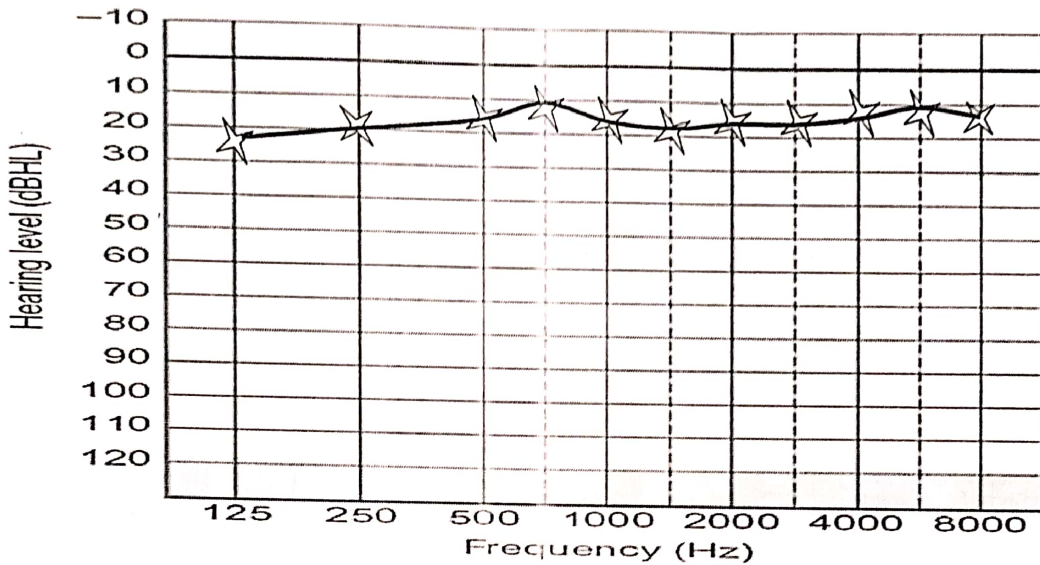
E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

## AUDIOMETRY TEST REPORT

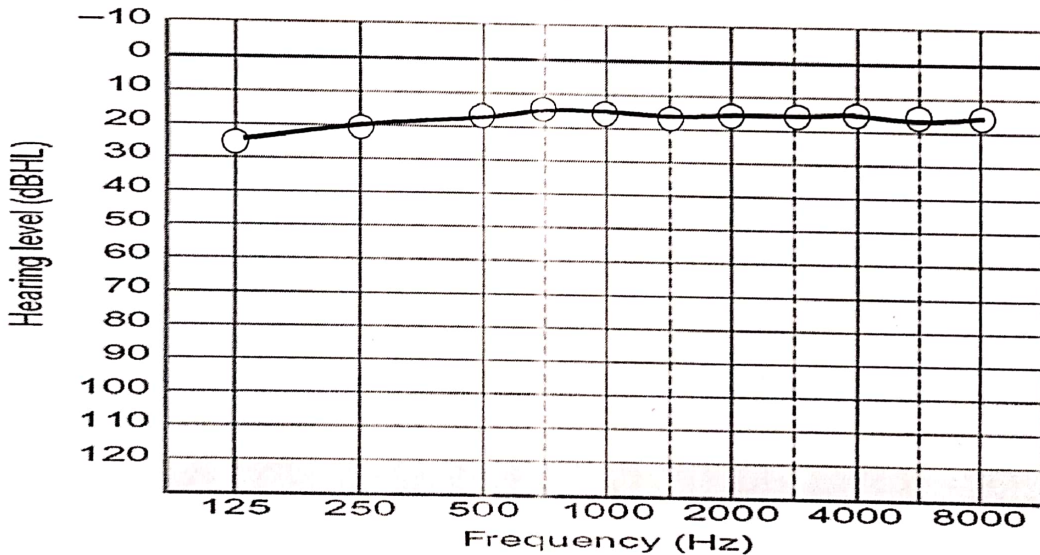
Name of Candidate: Rinki yadav Age/ Sex: 39/F Years

Date:     

### LEFT EAR



### RIGHT EAR



### Remarks:

X Left Ear : WNL NAD

O Right Ear: WNL NAD



ID Card: \_\_\_\_\_

Name: RINQ YADAV

Gender: Female

Age: 39

Height(cm): \_\_\_\_\_

Weight(kg): \_\_\_\_\_

BP(mmHg): 1 \_\_\_\_\_

Q-R-S: .....ms 103

QT/QTc: .....ms 363/403

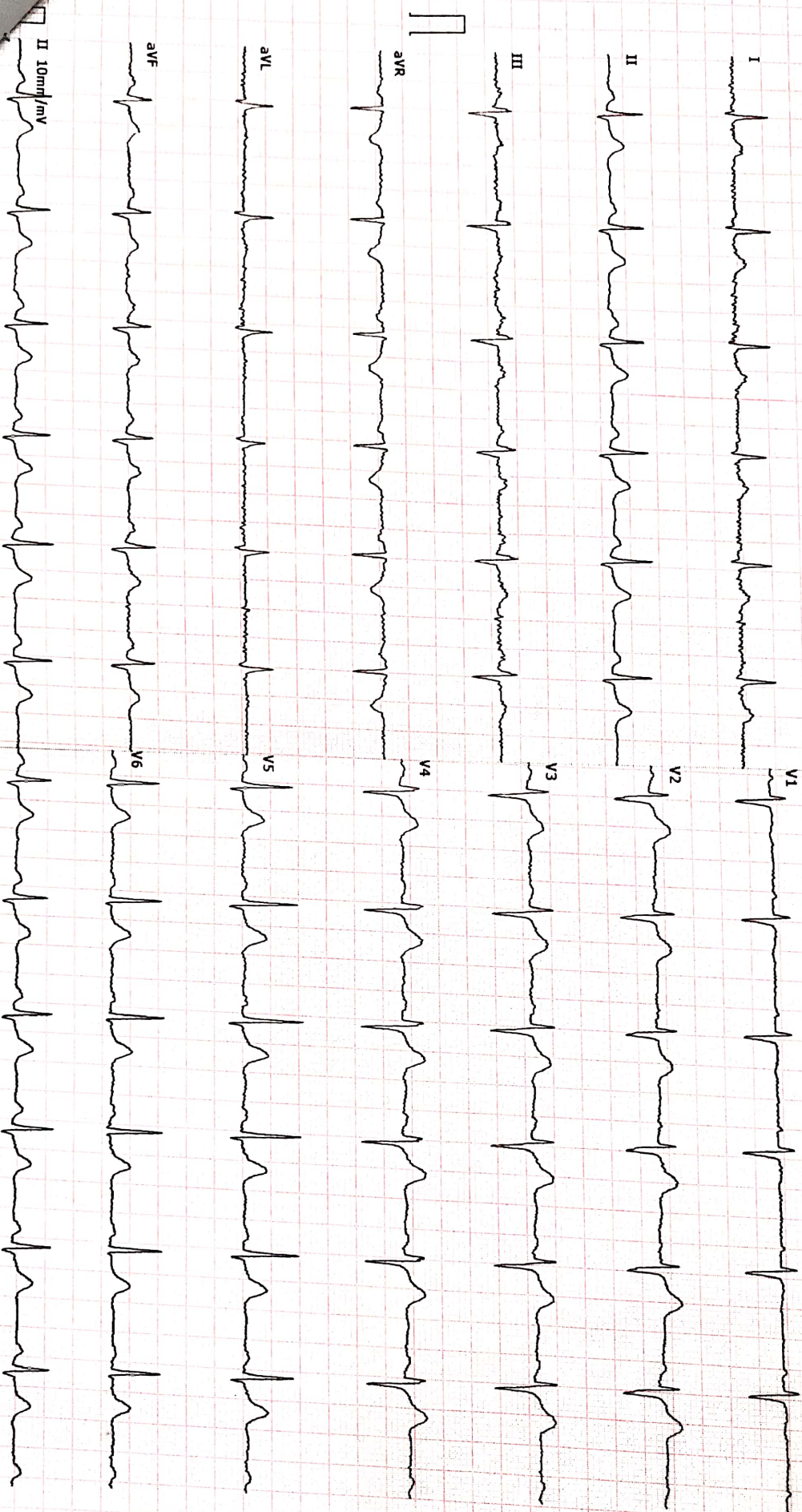
P/QRS/T AXES: .....deg 60/18/60

RV5/SV1 .....mV 0.97/0.56

RV5+SV1 .....mV 1.53

\*The result must be confirmed by doctor!

\*\* NORMAL ECG \*\*



AUTO  
AC:ON 0.05-35Hz

EMR

10mm/mV

# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

## 2D ECHOCARDIOGRAPHY REPORT

Patient Name: RINKI

UHID OPD : 146243

Report Date: 23/03/2024

Age/Sex : 39 Yrs /F

Ref By : Dr. Sonu Yadav

StudyBy :Dr. Shivam Uppal

### MITRAL VALVE

Morphology : AML – **Normal** / Thickening/ Calcification/ Flutter/ Vegetation/ Prolapse/ SAM/ Dominant  
PML - **Normal** / Thickening/Calcification/ Mild Prolaps Paradoxical motion/ fixed .  
Subvalvular deformity Present/ **Absent**

Score: Doppler **Normal** /Abnormal, E – m/sec, A- m/sec , E>A  
Mitral Stenosis : **Present**/ Absent

RR interval m/sec EDG mmHg MDG mmHg

Mitral Regurgitation : **Absent**/ Trace/ Mild/ Moderate/ Severe

### TRICUSPID VALVE

Morphology – **Normal** / Thickening/ Calcification/ Prolapse/ Vegetation/ Doming  
**Normal**/ Abnormal  
Tricuspid Stenosis : Present/ **Absent**

RR interval EDG mmHg MDG mmHg

Tricuspid Regurgitation: : **Absent**/ Trace/ Mild/ Moderate/ Severe

Velocity: 1.2 m/sec



# PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727



## PULMONARY VALVE

Morphology **Normal**/ Atresia/ Thickening/ Doming/ Vegetation  
Doppler **Normal**/ Abnormal

**Pulmonary Stenosis : Absent**

Level Valvular and Subvalvular PSG mmHg Pulmonary annulus mm

### **Pulmonary Regurgitation**

Early diastolic gradient mmHg. End Diastolic Gradient

## AORTIC VALVE

Morphology **Normal**/ Thickening/ Calcification/ Restricted Opening/ Flutter vegetation

No. of cusps .1/2/3/4

Doppler **Normal**/ Abnormal  
**Aortic Stenosis : Present/ Absent**

Level PSG mmHg Aortic Annulus mm

**Aortic Regurgitation: Absent/ Trivial/ Mild/ Moderate/ Severe**

**Velocity- 1.1 m/sec**



# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

<u>Measurement</u>	<u>Normal Values</u>	<u>Measurement</u>	<u>Normal Values</u>
Aorta 2.7cm	(2.0-3.7cm)	LA es 2.8cm	(1.9-4.0cm)
LV es 2.8cm	(2.2-4.0cm)	LV ed 4.0cm	(3.7-5.6cm)
IVS ed 1.1cm	(0.6-1.1cm)	PW(ed) 0.9cm	(0.6-1.1cm)
RV ed cm	(0.7-2.6cm)	RV anterior wall	( up to 5mm)
LVVD (ml)		IVS motion	<b>Normal</b> /Jerky
EF - 55%	(54%-76%)		/paradoxical

## CHAMBERS:-

LV	<b>Normal</b> / Enlarged/ Clear/Thrombus/Hypertrophy Contraction <b>Normal</b> /Reduced
LA	<b>Normal</b> /Enlarged/Clear/Thrombus
RA	<b>Normal</b> /Enlarged/Clear/Thrombus
RV	<b>Normal</b> /Enlarged/Clear/Thrombus
Pericardium	<b>Normal</b> /Thickening/Calcification/Effusions

## COMMENTS AND SUMMARY

- No regional wall motion abnormality with LVEF- 55%
- All cardiac chambers dimension normal
- No MR/TR/AR/PR
- Normal diastolic function
- Inter atrial septum & inter ventricular septum intact.
- No Intra cardiac clot /vegetation /Pericardial effusion



Dr. Shivam Uppal  
MD, DM CARDIOLOGY





# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

Name1 :Mrs.RINKI YADAV .	Reg. No. :UHID146243	IPD/OPD Status :OPD
Relative :W/O.	Accession No. :20240323033	Catagory :mediwheel
Age/Sex :39 Y/Female	Consultant Dr. SELF	Location/Bed.No ;

Collected at:23/03/2024 9:20:00 AM

Report Gen at: 23/03/2024 11:30:23 AM



## BIOCHEMISTRY



Accession No

Registration No

SAMPLE TYPE : EDTA BLOOD

BIOCHEMISTRY			
Investigations	Result	Unit	Biological Reference Interval
HbA1C (GLYCOSYLATED Hb )	5.5	%	-

### INTERPRITATION:

Non-diabetic: < 5.7

Pre-diabetics: 5.7 - 6.4

Diabetics: > or = 6.5

ADA Target: 7.0

Action suggested: > 8.0

PLEASE CORRELATE CLINICALLY.

Interpretation(s)

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks. Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycosylated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycosylated hemoglobin values due to a somewhat longer life span of the red cells. Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these

*Sonu Yadav*

Dr.Sonu Yadav  
MBBS,MD(path)

Consultant Pathologist

Medical lab.Technician

Investigation have their limitations solitary pathological result never confirms the final diagnosis of the diseae. The results have to be correlated with the clinical findings. This Report is not valid for medico-legal purpose.



# PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727



Name1 :Mrs.RINKI YADAV .	Reg. No. :UHID146243	IPD/OPD Status :OPD
Relative :W/O.	Accession No. :20240323033	Category :med/wheel
Age/Sex :39 Y/Female	Consultant Dr. SELF	Location/Bed.No .:

Collected at:23/03/2024 9:20:00 AM

Report Gen at: 23/03/2024 12:46:43 PM



## BIOCHEMISTRY




Accession No

Registration No

SAMPLE TYPE : SERUM

BIOCHEMISTRY			
Investigations	Result	Unit	Biological Reference Interval
BLOOD SUGAR (FASTING)	85.60	mg/dl	80-100
BLOOD SUGAR PP	94.21	mg/dl	100-140
KIDNEY FUNCTION TEST			
BLOOD UREA NITROGEN	9	mg/dl	5-25
BLOOD UREA	19.73	mg/dl	10.0-40.0
SERUM CREATININE	0.65	mg/dl	0.6-1.10
SODIUM	137	meq/l	135-155
POTASSIUM	4.3	meq/l	3.5-5.5
URIC ACID	2.76	mg/dl	4.00-7.20
LIVER FUNCTION TEST (LFT)			
Bilirubin Total	0.42	mg/dl	0.30-1.20
Bilirubin Direct	0.14	mg/dl	0.10-0.30
Bilirubin Indirect	0.28	mg/dl	0.20-0.80
SGOT (AST)	13.3	U/L	10-35
SGPT (ALT)	13.7	U/L	0.00-45.0
ALKALINE PHOSPHATASE	54.81	U/L	25.0-140.0
TOTAL PROTEIN	6.06	g/dL	6.3-8.2
ALBUMIN	3.94	g/dl	3.5-5.0
GLOBULIN	2.12	g/dl	2.8-3.2
A/G RATIO	1.86		1.25-1.56:1
LIPID .PROFILE			
TOTAL CHOLESTROL	152.81	mg/dl	0.00-200.0
TRIGLYCERIDES	66.28	mg/dl	40-160
HDL CHOLESTROL	42.38	mg/dl	35.3-79.5

Medical lab.Technician

  
Dr.Sonu Yadav  
MBBS,MD(path)  
Consultant Pathologist

Investigation have their limitations solitary pathological result never confirms the final diagnosis of the disease. The results have to be correlated with the clinical findings. This Report is not valid for medico-legal purpose.



# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)  
Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

LDL CHOLESTROL	97.17	mg/dl	0.0-150
----------------	-------	-------	---------

BLOOD SUGAR (FASTING) Methodology : GOD-POD with Serum / Plasma  
BLOOD SUGAR (PP) Methodology : GOD-POD with Serum / Plasma

## TOTAL CHOLESTROL

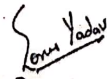
Normal < 200 mg/ dl Desirable  
Border Line High 200-239 mg/dl  
High > 240 mg / dl

## COMMENT-

- \*TRIGLYCERIDE: Level > 250 mg/dl is associated with an approximately 2 - fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs. , alcohol intake, diabetes mellitus, and pancreatitis.
- \*CHOLESTEROL:- Its fractions and triglycerides are the important plasma lipids defining cardiovascular risk factors and in the management of cardiovascular disease.
- \*HDL - CHOLESTEROL:- LEVEL < 35 mg/dl is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.
- \*LDL - CHOLESTEROL & TOTAL CHOLESTEROL Levels can be strikingly altered by thyroid , renal and liver disease as well as hereditary factors.

\*\*\* End of Report \*\*\*

Medical lab.Technician

  
Dr.Sonu Yadav  
MBBS,MD(path)  
Consultant Pathologist

Investigation have their limitations solitary pathological result never confirms the final diagnosis of the disease. The results have to be correlated with the clinical findings. This Report is not valid for medico-legal purpose.

Printed On: 23/09/2024 12:46:56 PM



Scanned with OKEN Scanner

# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

Name1 :Mrs.RINKI YADAV .	Reg. No. :UHID146243	IPD/OPD Status :OPD
Relative :W/O.	Accession No. :20240323033	Catagory :mediwheel
Age/Sex :39 Y/Female	Consultant Dr. SELF	Location/Bed.No .:

Collected at:23/03/2024 9:20:00 AM

Report Gen at: 23/03/2024 11:31:01 AM



## HAEMATOLOGY REPORT



Accession No

Registration No

SAMPLE TYPE : EDTA BLOOD

HAEMATOLOGY REPORT			
Investigations	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT			
Hemoglobin (Hb%)	11.3	g/dL	11.0-17.0
WBC	2.99	10 <sup>3</sup> /uL	4.0-11.0
Neutrophils	47.5	%	40.0-70.0
Lymphocytes	42.7	%	20.0-40.0
Eosinophils	4.2	%	1.0-6.0
Monocytes	5.5	%	2.0-10.0
Basophils	0.6	%	0.0-1.0
Red Cell Count (TRBC)	3.77	million/cumm	4.5-6.5
Haematocrit(HCT)	33.9	%	36.0-54.0
MCV	90.0	fL	76.0-96.0
MCH	30.0	pg	27.0-32.0
MCHC	33.3	g/dL	31.5-34.5
Platelet Count	241	10 <sup>3</sup> /uL	150-400
ESR	12	mm/1hr	0.0-8.0

(ESR)Methodology :WESTERGREN with Trisodium citrate whole blood

\*\*\* End of Report \*\*\*

Medical lab.Technician

Dr.Sonu Yadav  
MBBS,MD(path)  
Consultant Pathologist

Investigation have their limitations solitary pathological result never confirms the final diagnosis of the disease. The results have to be correlated with the clinical findings. This Report is not valid for medico-legal purpose.

Printed On:23/03/2024 12:46:56 PM

Printed By: VINEET GUPTA

Page 9 of 81

# PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)  
Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

Name1 : Mrs. RINKI YADAV .	Reg. No. : UHID146243	IPD/OPD Status : OPD
Relative : W/O.	Accession No. : 20240323033	Catagory : mediwheel
Age/Sex : 39 Y/Female	Consultant : Dr. SELF	Location/Bed.No :

Collected at: 23/03/2024 9:20:00 AM



Accession No

Report Gen at: 23/03/2024 11:31:16 AM



Registration No

## HAEMATOTOLOGY REPORT

SAMPLE TYPE : EDTA BLOOD.


HAEMATOTOLOGY REPORT			
Investigations	Result	Unit	Biological Reference Interval
ABO GROUPING	"A"	-	-
RH -TYPING	POSITIVE	-	-

(ABO-Rh)Methodology:Antigen Antibody Reaction: EDTA Blood, Tube Test Method Interpretation Human red blood cells possessing A and/ or B Antigen will agglutinate in the presence of antibody directed towards the antigen. Agglutination of red blood cells with anti-A,B,D, reagents indicates the present or absent of the corresponding antigen.

(ABO-Rh)Methodology:Antigen Antibody Reaction: EDTA Blood, Tube Test Method Interpretation Human red blood cells possessing A and/ or B Antigen will agglutinate in the presence of antibody directed towards the antigen. Agglutination of red blood cells with anti-A,B,D, reagents indicates the present or absent of the corresponding antigen.

\*\*\* End of Report \*\*\*

Medical lab. Technician

  
Dr. Sonu Yadav  
MBBS, MD(path)  
Consultant Pathologist

Investigation have their limitations solitary pathological result never confirms the final diagnosis of the disease. The results have to be correlated with the clinical findings. This Report is not valid for medico-legal purpose.

Printed On: 23/03/2024 12:46:58 PM

# PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727



Name	:RINKI YADAV .	Reg. No.	:UHID146243	IPD/OPD Status	:OPD
Relative	W/O.	Accession No.	:20240323033	Category	:mediwheel
Age/Sex	:39 Y/Female	consultant	:SELF	Location/Bed.No	;

Collected at:23/03/2024 9:20:00 AM



Accession No

Report Gen at: 23/03/2024 11:32:47 AM



Registration No

## CLINICAL PATHOLOGY

### Urine Routine Examination Report

### Physical Examination

### Biochemical Examination

### Microscopic Examination

#### Investigation

#### Result

Volume	30
colour	pale yellow
Appearance	clear
Deposit	Nil
Specific gravity	1.025
Reaction (PH)	6.0
Albumin	nil
Sugar	nil
PUS Cells	3-4
RBC	NIL
Epithelial	1-2
Casts	NIL
Crystals	NIL
Bacteria	NIL

Medical lab. Technician

*Sonu Yadav*

Dr.Sonu Yadav  
MBBS,MD(path)  
Consultant Pathologist

Investigation have their limitations solitary pathological result never confirms the final diagnosis of the disease. The results have to be correlated with the clinical findings. This Report is not valid for medico-legal purpose.

Printed On: 23/03/2024 12:46:50 PM



Scanned with OKEN Scanner

# PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727



Ref No.	PDC/USG/MEDI/UHIDI46243	Date	23-03-2024
Patient's Name	Mrs. Rinki Yadav	Age & Sex	39Y/F
Referred By	Dr. Somu Yadav	Test Done	USG-

## ULTRASOUND REPORT OF WHOLE ABDOMEN

Liver is normal in size and echo-texture. No obvious focal lesion is seen in liver parenchyma. Intra hepatic biliary channels are not dilated. **Portal vein** is normal. **The CBD** is not dilated.

**Gall bladder** is partially distended. No e/o any obvious calculus or mass lesion is seen.

**Pancreas** is normal in size & echotexture with no e/o focal lesion.

**Spleen** is normal in size and echotexture. No focal lesion is seen.

**Right Kidney** is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on right side.

**Left Kidney** is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on left side.

**Urinary bladder** is inadequately distended.

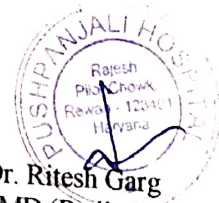
No e/o ascites seen.

No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

**IMPRESSION** : No significant abnormality detected.

**Adv:** clinical correlation.



Dr. Ritesh Garg  
MBBS MD (Radiodiagnosis)  
Consultant Radiologist



# PUSHPANJALI HOSPITAL

(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727



Ref No.	PDC/X-Ray/MEDI/UHID146243	Date	23-03-2024
Patient's Name	Mrs. Rinki Yadav	Age & Sex	39Y/F
Referred By	Dr. Sonu Yadav	Test Done	X-Ray-

## X-RAY CHEST PA VIEW

B/L lung fields are clear.

Cardiac size is normal.

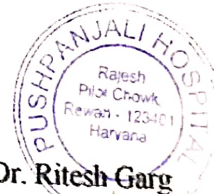
B/L hilar region is normal.

Both dome and CP angle are normal.

Soft Tissue and bony cage under view appears normal.

**IMPRESSION: No obvious abnormality detected.**

**Adv: clinical correlation.**



**Dr. Ritesh Garg**  
MBBS MD (Radiodiagnosis)  
Consultant Radiologist





PUSHPANJALI HOSPITAL  
23/03/24 12:01:21PM

RINKI,  
ADM 230324 120048PM

M1 0.7 11s 0.3 C1 5

ABD\_NEW

FR 32  
AO% 100  
0  
CHI  
- Frq 3.0  
- Gn 75  
- S/A 3/3  
- Map F/D  
- D 16.0  
- DR 69

