

 भारत सरकार
GOVERNMENT OF INDIA



रणवीर सिंह जाखड़
Ranbir Singh Jakhar
जन्म तिथि/ DOB: 07/03/1966
पुरुष / MALE



9339 3479 7295

आधार-आम आदमी का अधिकार

 भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: Address:
S/O: रविभान सिंह जाखड़, S/O: Ranbir Singh Jakhar, Village-
गांव-अकेहटी मदानपुर, Akher Madanpur,
मदानसहपुर (२०१), Madanshar(201), Jhajjar,
जजजर, Haryana- 124146
हरियाणा - 124146

9339 3479 7295

Aadhaar-Aam Admi ka Adhikar



Age - 58 y/o M.

C/C Patient came for normal routine dental check-up.

H/H: N/A.

O/E: Calculus + + +, Stain + +.

Adv: Oral prophylaxis of full mouth.

General Annual physical checkup

Mr. Ranbir Singh is physically fit and is not taking any medication.

- ONS - Normal
 - CVS - Normal
 - Musculoskeletal - Normal
 - Stain - Normal
 - ECC - Normal
- Dr. Umang



BOOK APPOINTMENT



28-09-2024 12:12:56 PM

ID: 47

ranbir singh akhar
Male 58Years
Req. No. :

Diagnosis Information:

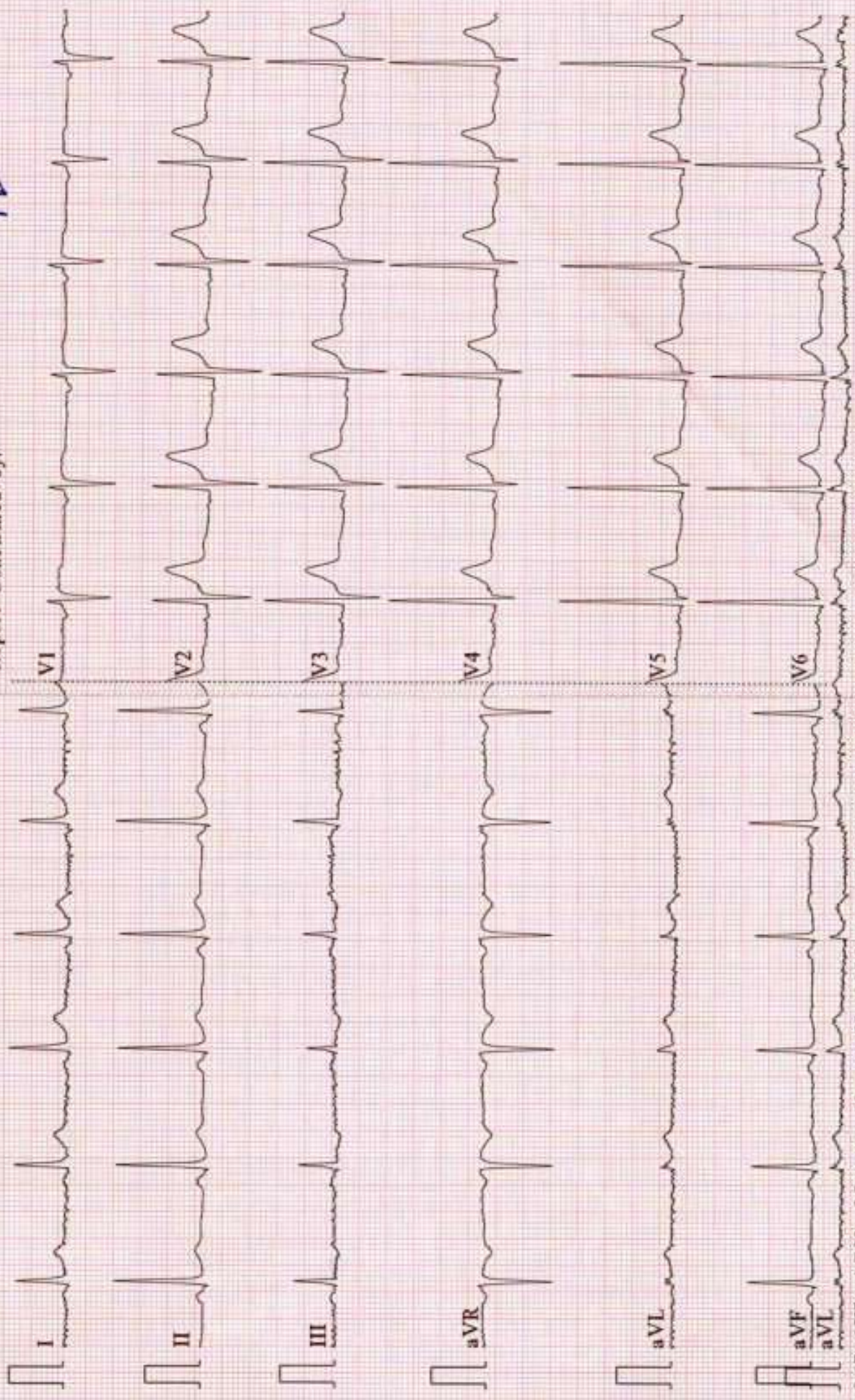
Sinus rhythm
Normal ECG

Handwritten signature

Dr. ANIL SAHOO
MD, PGDCC
Regn. No. 33201

Report Confirmed by:

HR : 72 bpm
P : 112 ms
PR : 134 ms
QRS : 90 ms
QT/QTcBz : 368/403 ms
P-QRS/T : 60/51/10 °
RV5/SV1 : 2.175/0.835 mV



IPSC PAIN AND SPINE HOSPITAL

PLOT-453 NEAR SBI BANK SECTOR-19
 DWARKA NEW DELHI-110075, PH: 9555437357

RANBIR SINGH JAKHAR
 ID : 67522
 DATE : 28-09-2024
 AGE/SEX : 58 / M
 HT/WT : 0 / 0
 REF. BY :

TREADMILL TEST REPORT

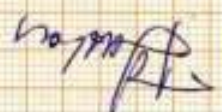
PROTOCOL : Bruce
 HISTORY : Checkup/Physical fitness,
 INDICATION :
 MEDICATION :

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP x100	ST LEVEL (MM)			METS
								II	V1	V5	
SUPINE					78	130 / 80	101	0.4	0.1	1.3	
STANDING					92	130 / 80	119	0.4	0	1.4	
HYPERVENT					88	130 / 80	114	0.3	0.2	1.6	
Stage 1	2:55	0:12	2.7	10	116	140 / 80	162	-0.2	0.2	1.1	4.67
Stage 2	5:55	2:55	4	12	130	150 / 80	195	-0.7	0.3	0	7.04
Stage 3	6:45	0:45	5.4	14	142	160 / 80	227	-1.1	0.2	-0.7	7.83
PK-EXERCISE	6:56	0:56	5.4	14	145	160 / 80	232	-1	0.6	-0.5	8.00
RECOVERY	8:6	0:55			120	150 / 80	180	-0.5	0.2	0.3	
RECOVERY	9:6	1:55			103	140 / 80	144	-0.7	0.2	0	
RECOVERY	10:6	2:55			98	130 / 80	127	-0.7	0.5	-0.5	
RECOVERY	10:45	3:34			92	130 / 80	119	-0.4	0.3	-0.3	

RESULTS

EXERCISE DURATION : 6:56
 MAX HEART RATE : 145 bpm 89 % of target heart rate 162 bpm
 MAX BLOOD PRESSURE : 160 / 80 mm Hg
 REASON OF TERMINATION : Achieved THR,
 BP RESPONSE : Normal,
 ARRHYTHMIA : None,
 H.R. RESPONSE : Normal Chronotropic Response,
IMPRESSIONS :

Negative for Provocable myocardial ischemia,



DR. ANIL SAHOO
 MD. PGDCC
 Regn. No. 33201

Technician :

IPSC PAIN AND SPINE HOSPITAL

RANBIR SINGH JAKHAR

I.D. 67522

Age 58/M

Date 28-09-2024

RATE 78bpm

B.P. 130/80

PRETEST

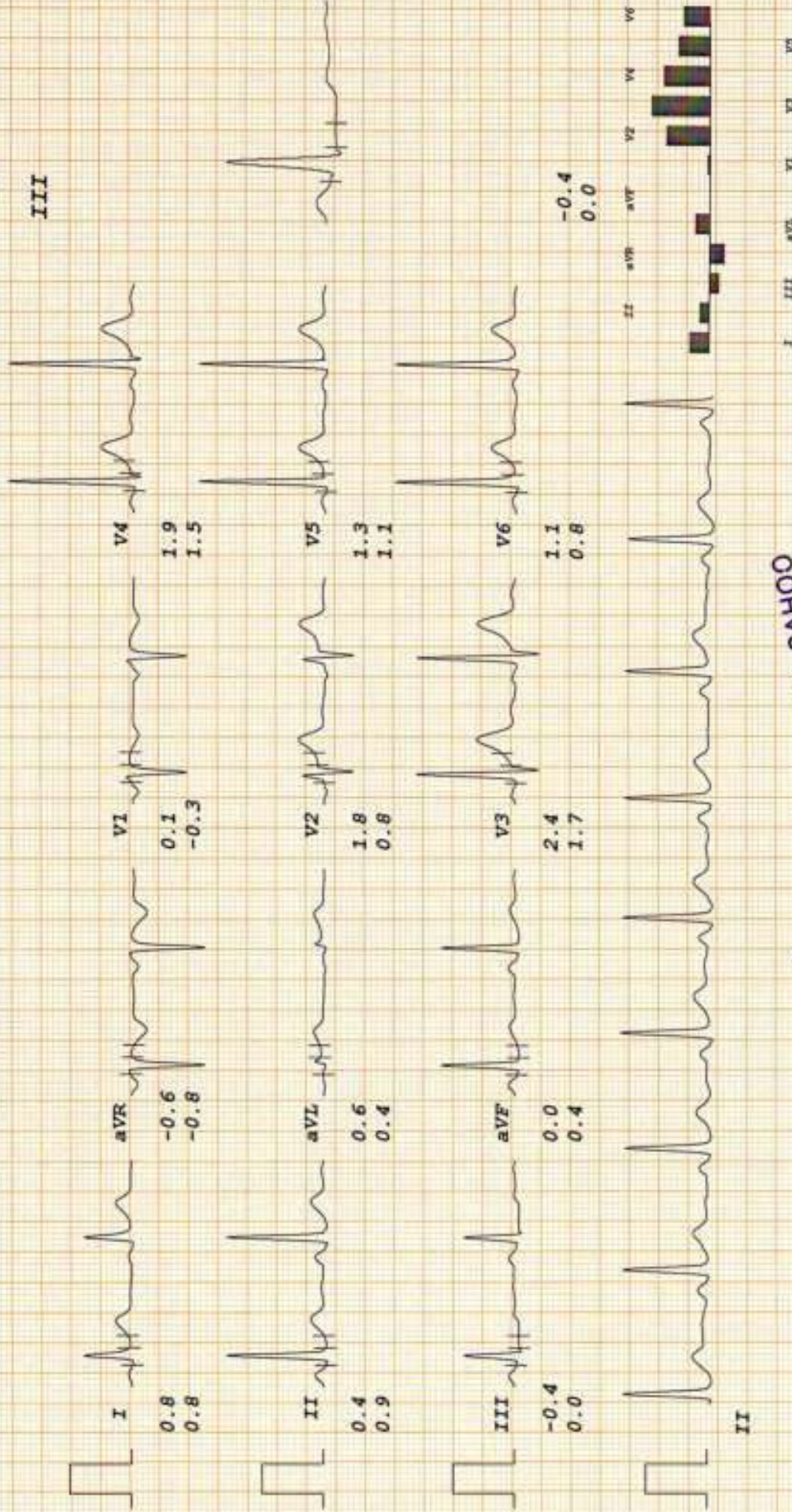
SUPINE

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



Dr. ANIL SAHOO
MD, PGCC
Regn. No. 33201

J. Jakhari

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RANBIR SINGH JAKKHAR
 I.D. 67522
 Age 58/M
 Date 28-09-2024

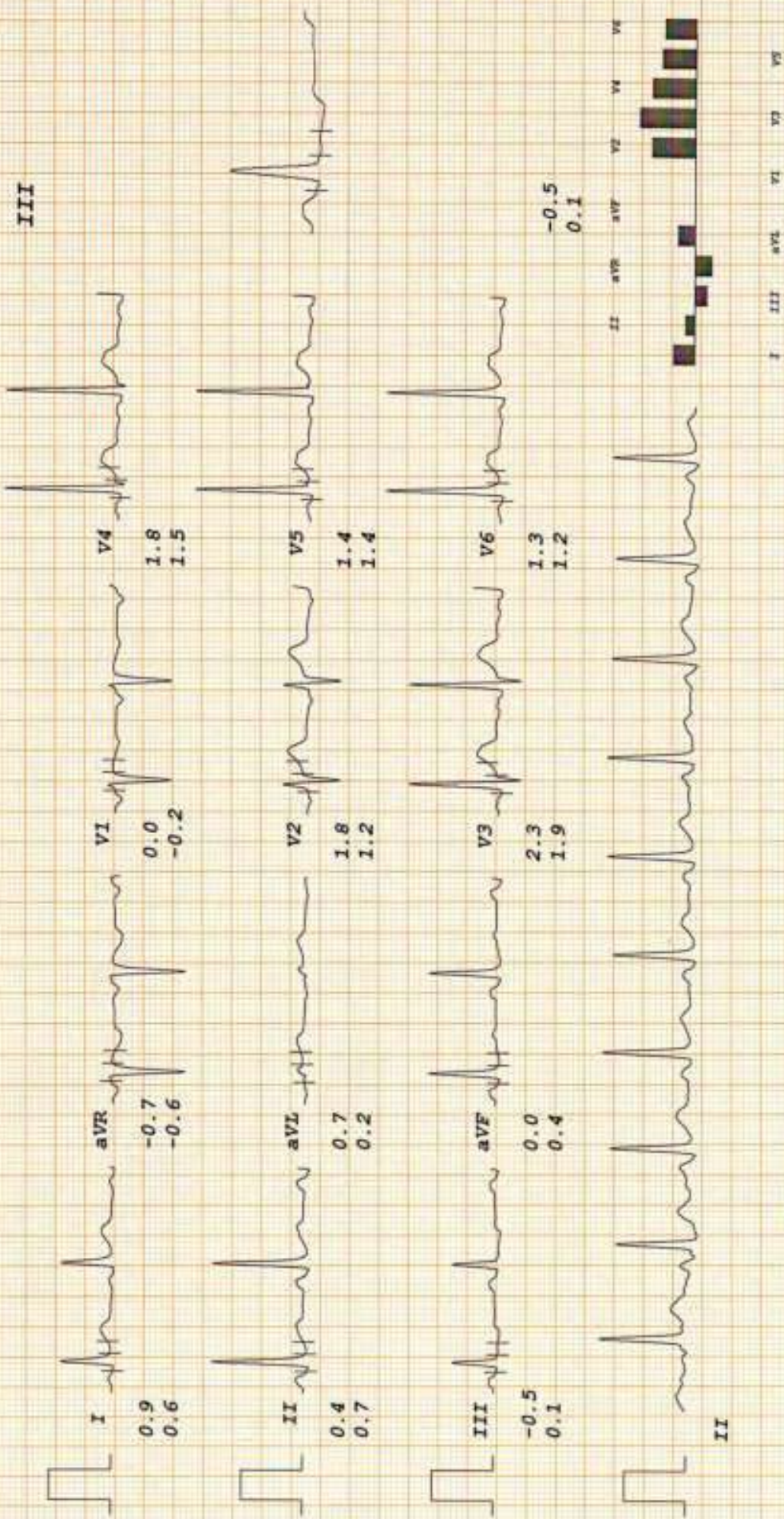
RATE 92bpm
 B.P. 130/80

PRETEST
 STANDING

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



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RANBIR SINGH JAKHAR
 I.D. 67522
 Age 58/M
 Date 28-09-2024

RATE 88bpm
 B.P. 130/80

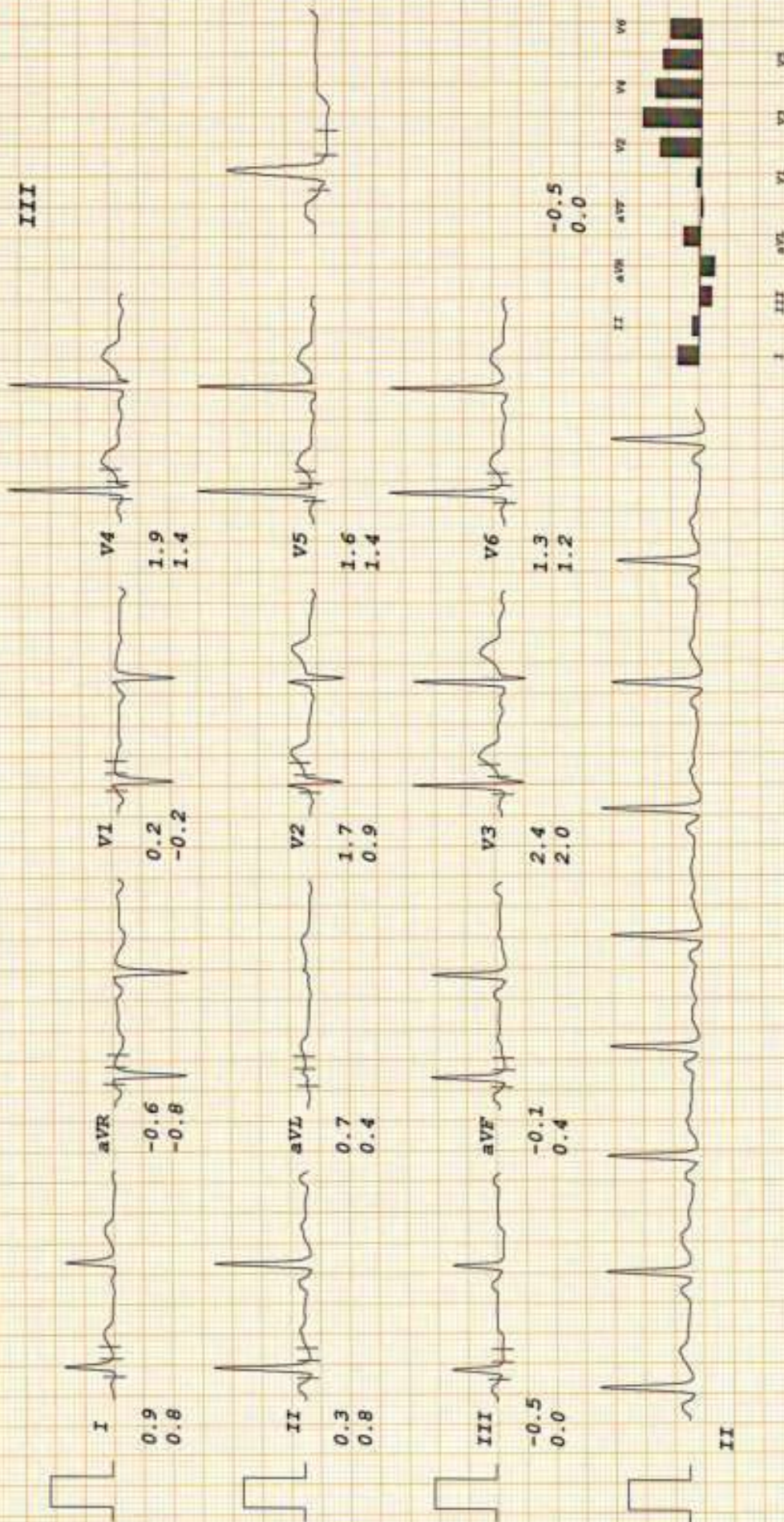
PRETEST
 HYPERVENT

ST @ 10mm/mV
 80ms PostJ

PHASE TIME 0:12

LINKED MEDIAN

Mag. X 2



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RANBIR SINGH JAKHAR
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 Date 28-09-2024

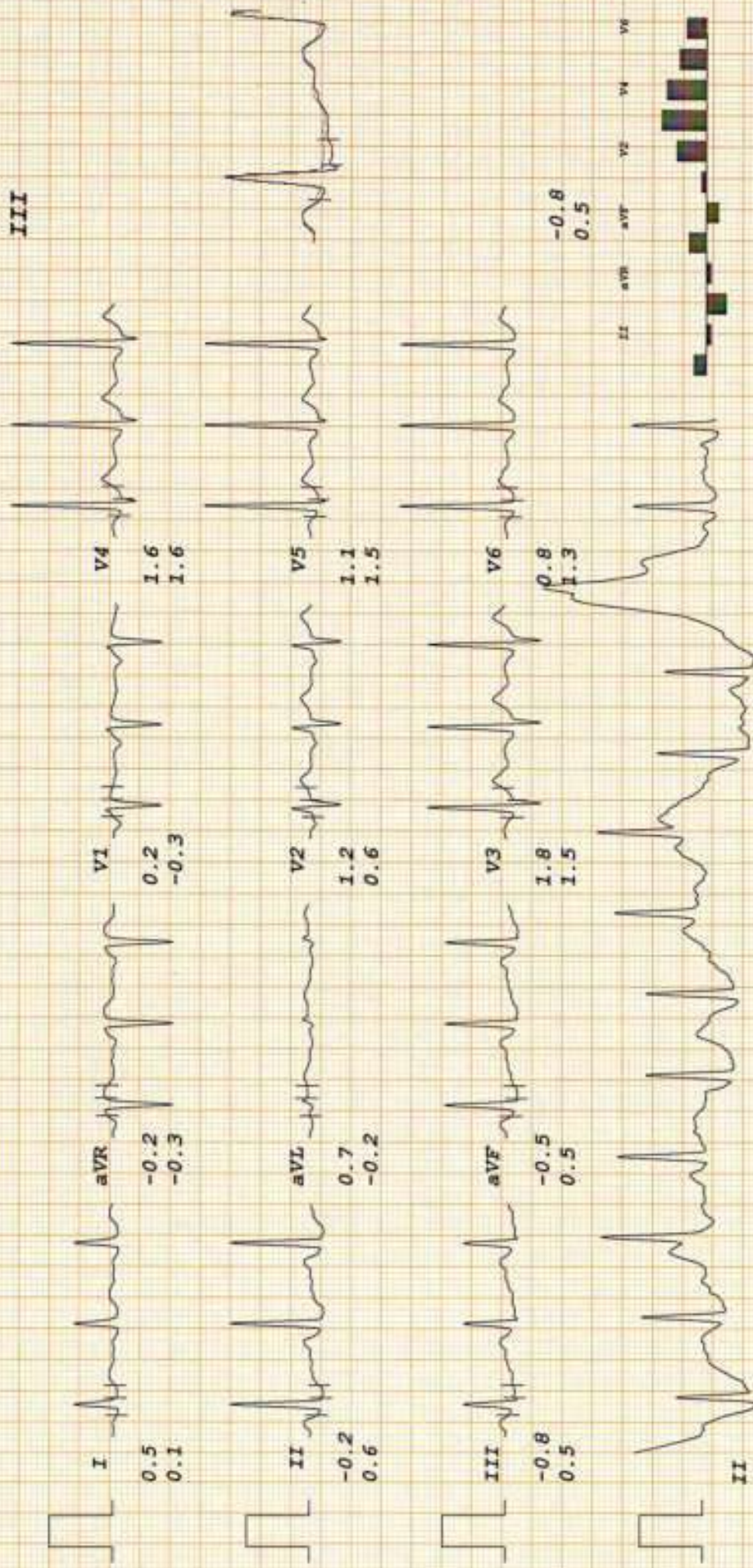
Rate 116bpm
 B.P. 140/80

Bruce
 Stage 1
 TOTAL TIME 2:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 2.7 km/hr
 SLOPE 10 %

LINKED MEDIAN

Mag. X 2



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RANBIR SINGH JAKHAR
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 Age 58/M
 Date 28-09-2024

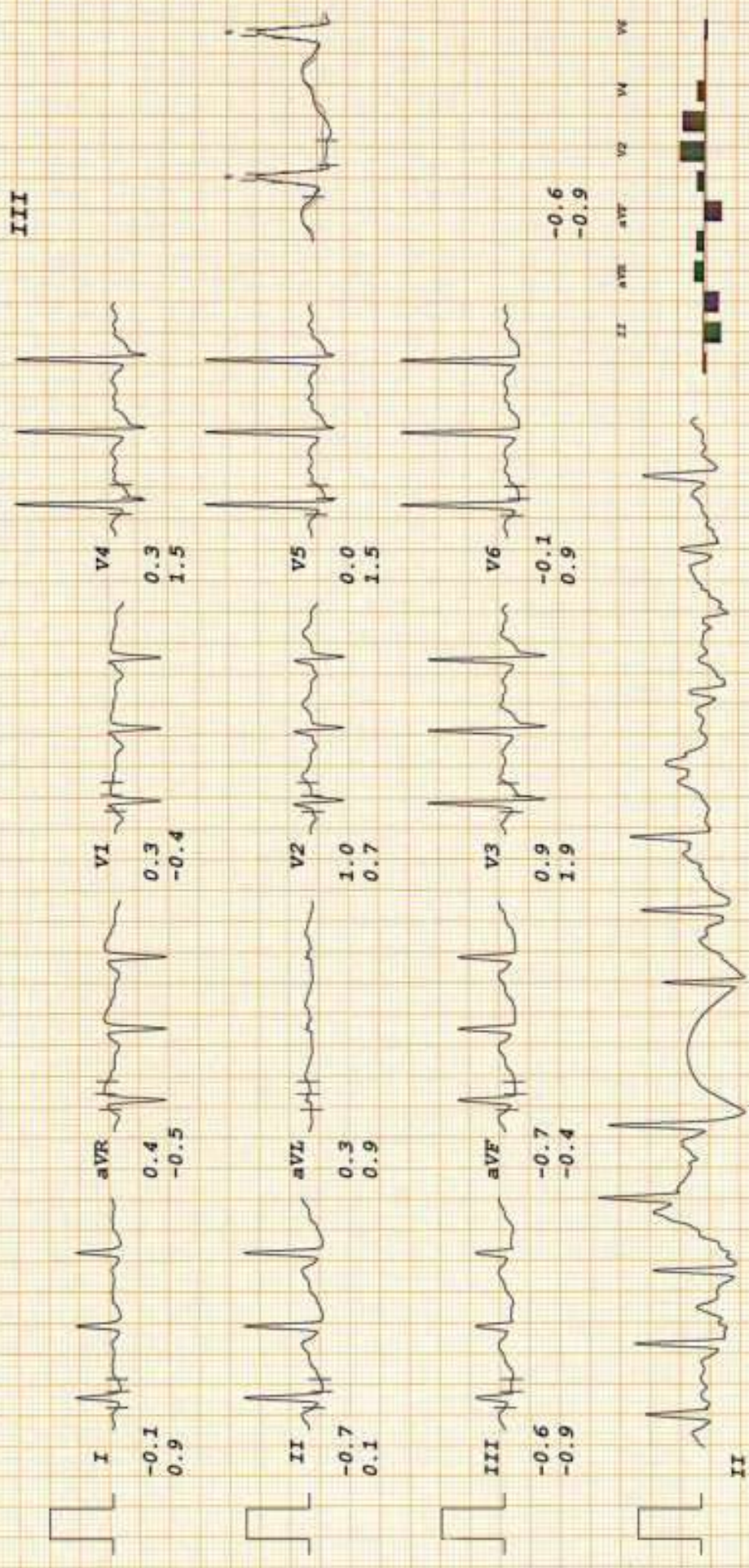
RATE 130bpm
 B.P. 150/80

Bruce
 Stage 2
 TOTAL TIME 5:55
 PHASE TIME 2:55

ST @ 10mm/mV
 80ms PostJ
 Speed 4 km/hr
 SLOPE 12 %

LINKED MEDIAN

Mag. X 2



II aVR aVL V2 V3 V4 V5

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RANBIR SINGH JAKHAR

I.D. 67522

Age 58/M

Date 28-09-2024

RATE 142bpm

B.P. 160/80

Bruce

Stage 3

TOTAL TIME 6:45

PHASE TIME 0:45

ST @ 10mm/mV

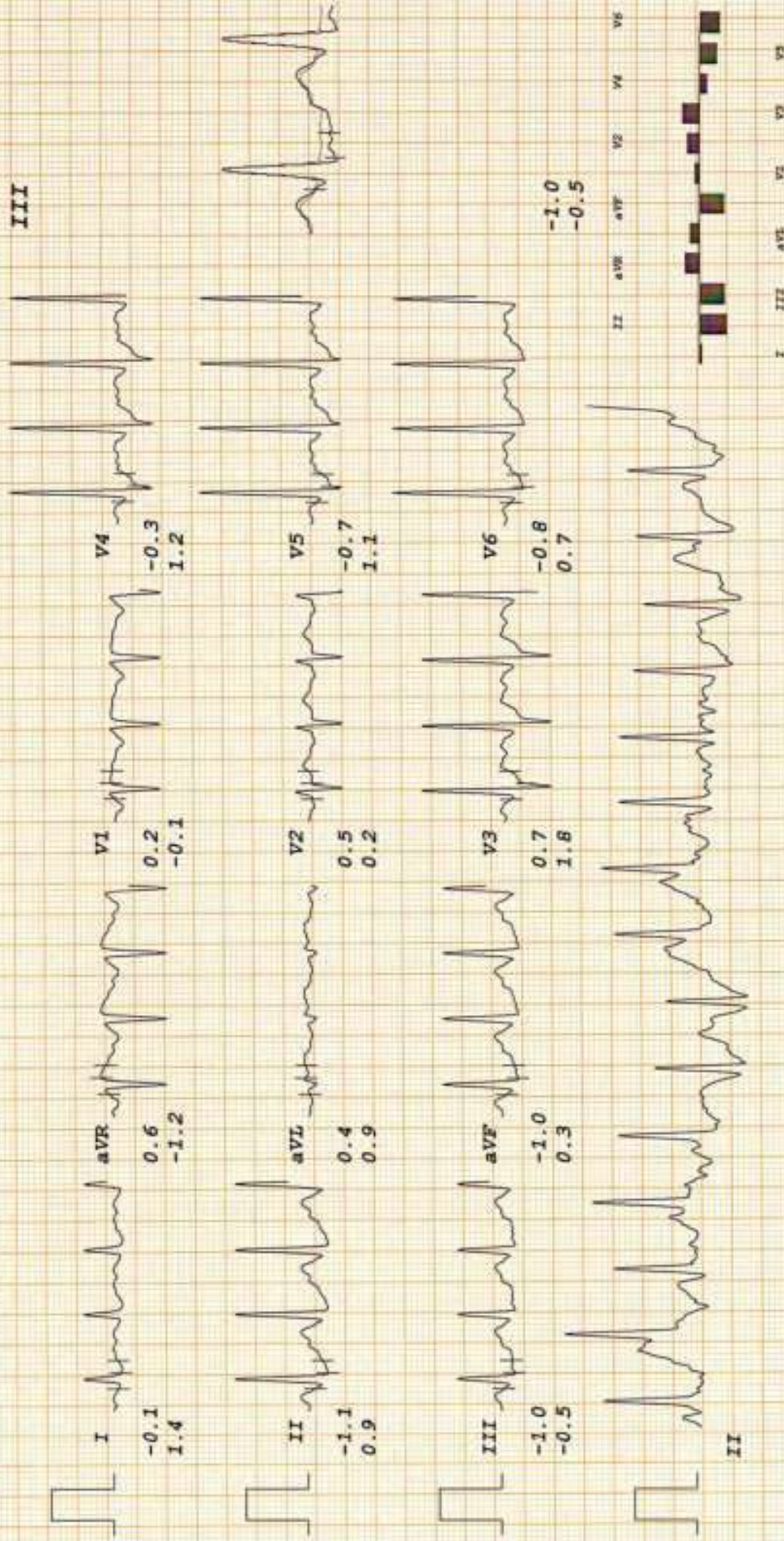
80ms PostJ

Speed 5.4 km/hr

SLOPE 14 %

LINKED MEDIAN

Mag. X 2



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RANBIR SINGH JAKHAR

I.D. 67522

Age 58/M

Date 28-09-2024

RATE 145bpm

B.P. 160/80

Bruce

PK-EXERCISE

TOTAL TIME 6:56

PHASE TIME 0:56

ST @ 10mm/mV

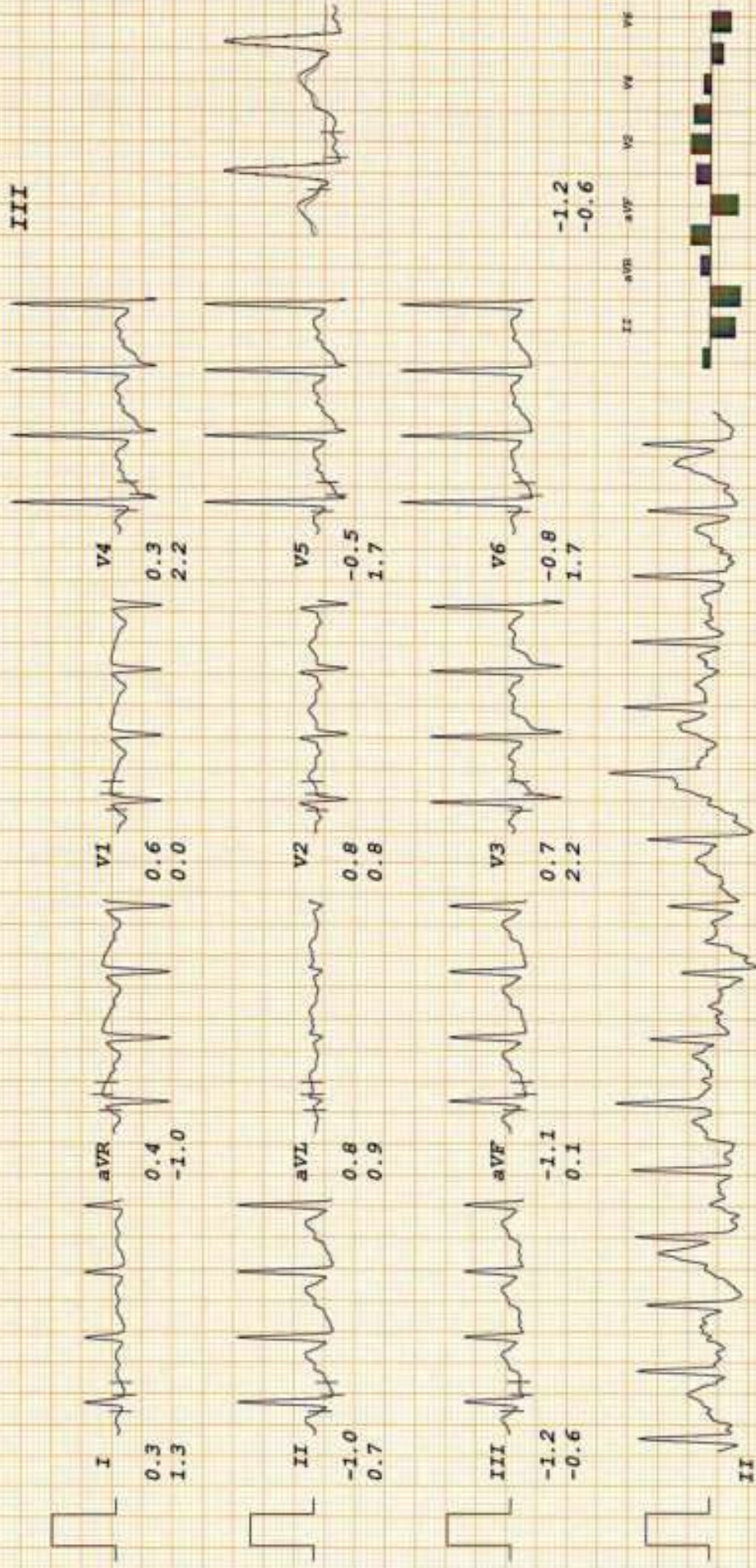
80ms PostJ

Speed 5.4 km/hr

SLOPE 14 †

LINKED MEDIAN

Mag. X 2



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RANBIR SINGH JAKHAR

I.D. 67522

Age 58/M

Date 28-09-2024

RATE 120bpm

B.P. 150/80

Bruce

RECOVERY

TOTAL TIME 8:06

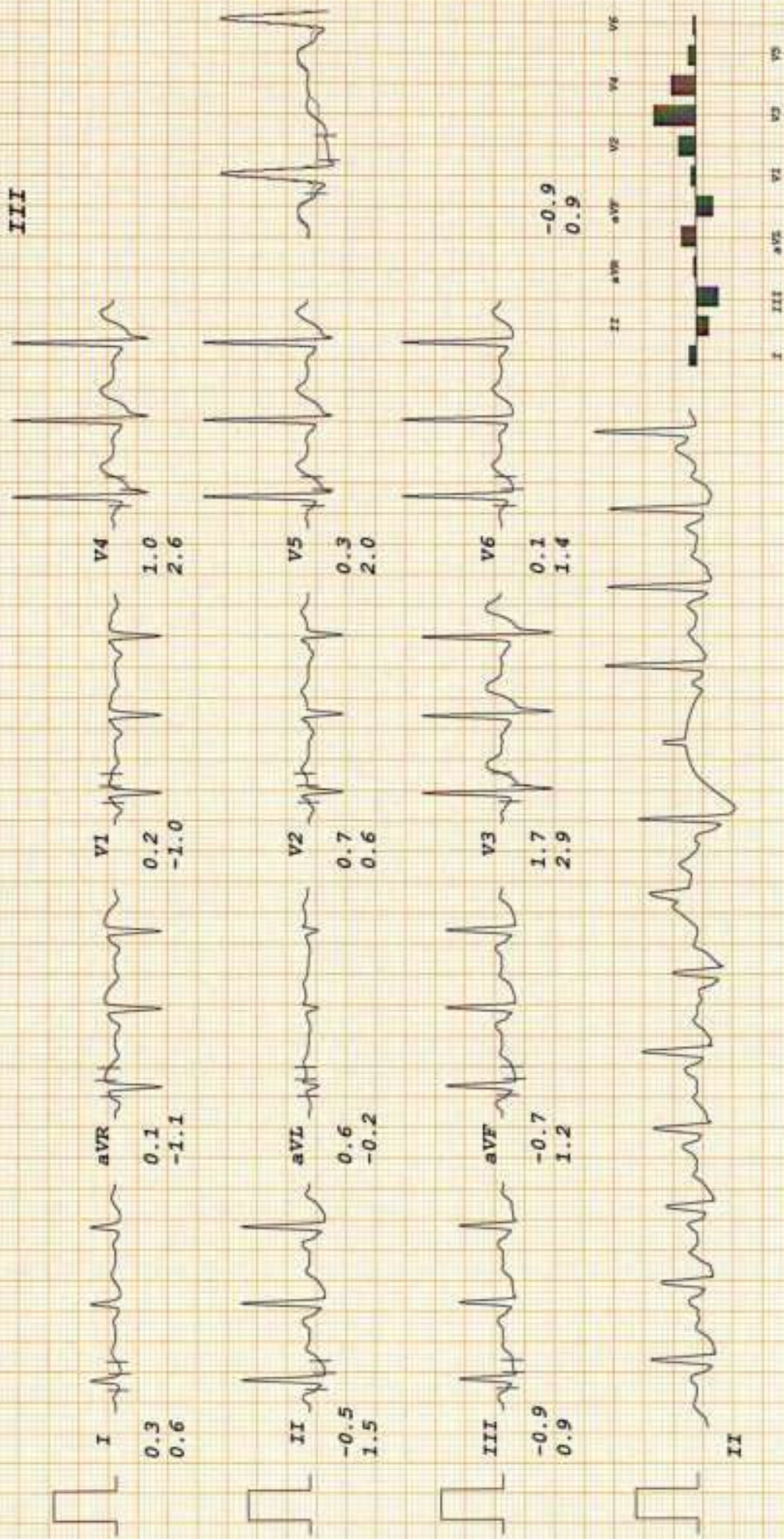
PHASE TIME 0:55

ST @ 10mm/mV

80ms Post-J

LINKED MEDIAN

Mag. X 2



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RANBIR SINGH JAKHAR
 I.D. 67522
 Age 58/M
 Date 28-09-2024

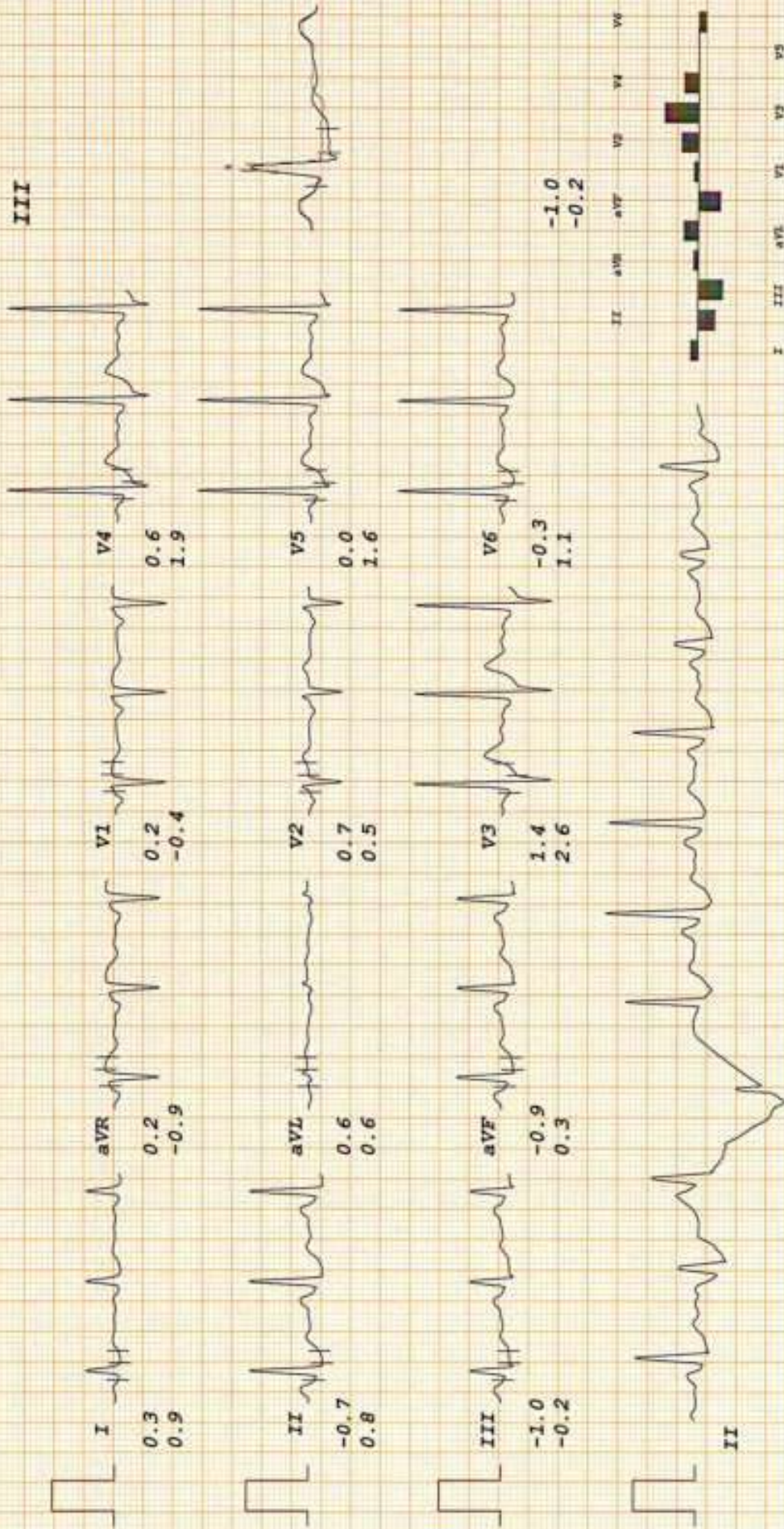
RATE 103bpm
 B.P. 140/80

Bruce
 RECOVERY
 TOTAL TIME 9:06
 PHASE TIME 1:55

ST @ 10mm/mV
 80ms PostJ

LINKED MEDIAN

Mag. X 2



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RANBIR SINGH JAKHAR

I.D. 67522

Age 58/M

Date 28-09-2024

RATE 98bpm

B.P. 130/80

Bruce

RECOVERY

TOTAL TIME 10:06

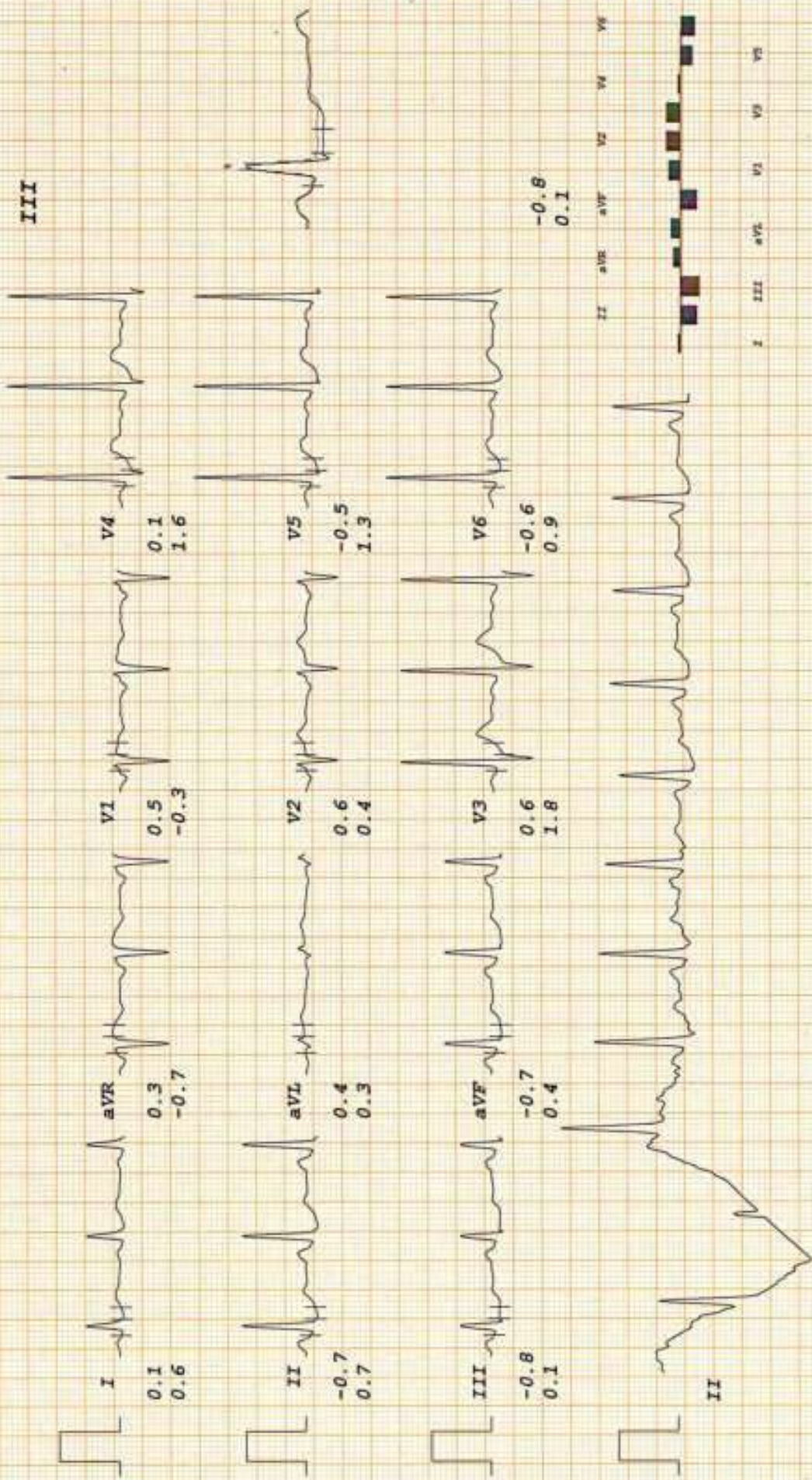
PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



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RANBIR SINGH JAKHAR

I.D. 67522

Age 58/M

Date 28-09-2024

Rate 92bpm

B.P. 130/80

Bruce

RECOVERY

TOTAL TIME 10:45

PHASE TIME 3:34

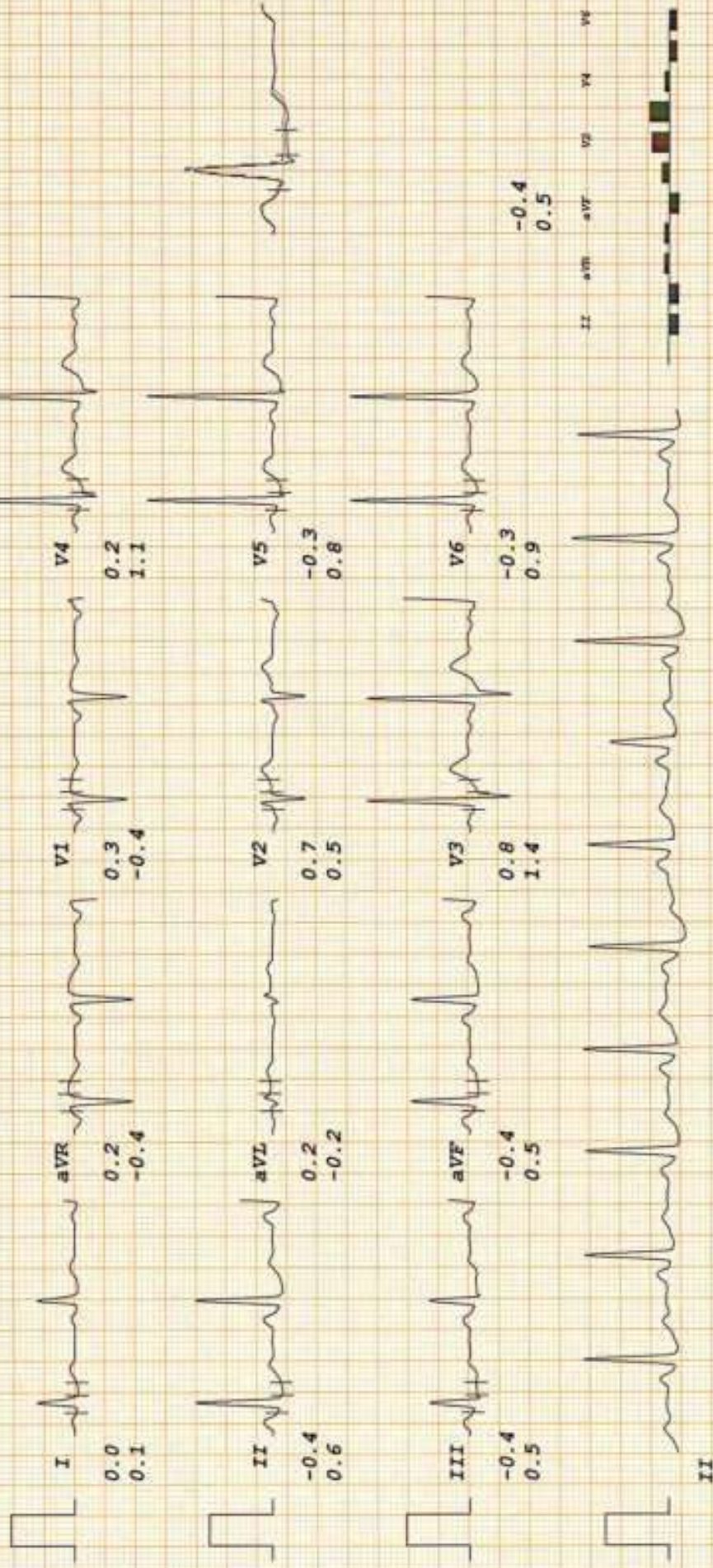
ST @ 10mm/mV

80ms PostJ


LINKED MEDIAN

Mag. X 2

III



II III aVR aVL aVF V1 V2 V3 V4 V5 V6

Patient Name : Mr. RANBIR SINGH JAKHAR	Reg No. : 4320/UHID24DL	Lab ID. : 4431/OPDPB24DL
Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
Mobile No. : 9911899958	Manual No.	Collected : 28-Sep-2024 12.06
Refd. By : Dr. INSURANCE		Received : 28-Sep-2024 12.06
Sample Type : Serum	Sample ID : 246588	Report : 28-Sep-2024 17.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

PSA TOTAL 1.14 ng/ml 0-4.1

< 4.1
 0-40 yrs : < 1.4
 41-50 yrs : < 2.0
 51-60 yrs : < 3.1
 61-70 yrs : < 4.1
 71-100 yrs : < 4.4

COMMENTS: PSA levels can be also increased by prostate infection, irritation, benign prostatic hyperplasia (BPH) and recent ejaculation, producing a false positive result. Digital rectal examination (DRE) has been shown in several studies to produce an increase in PSA.

However, the effect is clinically insignificant, since DRE causes the Most substantial increase in patients with PSA levels already elevated over 4.0 ng/mL . Most PSA in the blood is bound to serum proteins. A small amount is not protein bound and is called free PSA. In men with prostate cancer the ratio of free (unbound) PSA to total PSA is decreased. The risk of cancer increases if the free to total ratio is less than 25%. The lower the ratio the greater the probability of prostate cancer. Measuring the Ratio of free to total PSA appears to be particularly promising promising for eliminating unnecessary biopsies in men with PSA levels between 4 and 10 ng/mL. However , both and free PSA increase immediately after ejaculation, returning slowly to baseline levels within 24 Hours.

-----End of Report-----




Dr. Sangeeta B
 DCP, DNB, PATHOLOGY,
 DMC/25252
 Lab Technidan : chand



BOOK APPOINTMENT



Patient Name : Mr. RANBIR SINGH JAKHAR	Reg No. : 4320/UHID24DL	Lab ID. : 4431/OPDPB24DL
Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
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HORMONES

THYROID PROFILE

T3 1.15 ng/dl CLIA

All values

Adults (euthyroid) 0.50-2.00

Newborns 0.73-2.88

6d - 3 mth 0.80-2.75

4 - 12 mth 0.86-2.65

1 - 6 yr 0.92-2.48

7 - 11 yr 0.93-2.31

12- 20 yr 0.91-2.18

Pregnancy

First trimester 0.05 - 3.70

Second trimester 1.7 - 4.3

Third trimester 0.4 - 3.9

T4 7.2 µg/dl CLIA

Adults - M - 4.4-10.8 µg/dl

F- 4.8 - 11.6 µg/dl

1st Trimester 7.3-15.00 µg/dl

2nd Trimester 8.92-17.38

3rd Trimester 7.98-17.70




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DMC/25252
Lab Technician : chand



BOOK APPOINTMENT



Patient Name : Mr. RANBIR SINGH JAKHAR	Reg No. : 4320/UHID24DL	Lab ID. : 4431/OPDPB24DL
Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
Mobile No. : 9911899958	Manual No.	Collected :28-Sep-2024 12.06
Refd. By : Dr. INSURANCE		Received :28-Sep-2024 12.06
Sample Type : Serum	Sample ID : 246588	Report :28-Sep-2024 17.26

TSH 2.47 μ U/ml CLIA

Adults

21-100 yrs 0.42 - 5.45

Pediatric

0-12 Months 0.98-5.63

1-5 years 0.64-5.76

6-10 Years 0.51-4.82

11-14 Years 0.53-5.27

15-20 years 0.43-4.20

Pregnancy

First trimester 0.1 - 2.5*

Second trimester 0.2 - 3*

Third trimester 0.3 - 3*

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

Adults 21-100 yrs 0.35 - 5.50

Pediatric 0-12 Months 0.98-5.63

1-5 years 0.64-5.76

6-10 Years 0.51-4.82

11-14 Years 0.53-5.27

15-20 years 0.43-4.20

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy




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BOOK APPOINTMENT





Patient Name : Mr. RANBIR SINGH JAKHAR	Reg No. : 4320/UHID24DL	Lab ID. : 4431/OPDPB24DL
Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
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-----End of Report-----

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BOOK APPOINTMENT



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Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
Mobile No. : 9911899958	Manual No.	Collected : 28-Sep-2024 12.06
Refd. By : Dr. INSURANCE		Received : 28-Sep-2024 12.06
Sample Type : Plasma(Sodium fluoride)	Sample ID : 246588	Report : 28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

BLOOD SUGAR FASTING	104.0	mg/dl	74-100	GOD-POD
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INTERPRETATION:

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

2-hr plasma glucose >200 mg/dl after glucose load or

HbA1c >= 6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose >=100mg/dl but <126 mg/dl

-----End of Report-----




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BOOK APPOINTMENT



Patient Name : Mr. RANBIR SINGH JAKHAR	Reg No. : 4320/UHID24DL	Lab ID. : 4431/OPDPB24DL
Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
Mobile No. : 9911899958	Manual No.	Collected :28-Sep-2024 14.14
Refd. By : Dr. INSURANCE		Received :28-Sep-2024 14.14
Sample Type : Plasma(Sodium fluoride)	Sample ID : 246588	Report :28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

Blood Sugar PP	109.8	mg/dl	70-150	GOD-POD
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INTERPRETATION:

American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Mellitus Diagnosis:

Fasting plasma glucose >126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours) or

2-hr plasma glucose >200 mg/dl after glucose load or

HbA1c >= 6.5% or

Random Plasma glucose >200 mg/dl

Impaired Fasting Glucose

Fasting glucose >=100mg/dl but <126 mg/dl

-----End of Report-----




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DMC/25252
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Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
Mobile No. : 9911899958	Manual No.	Collected : 28-Sep-2024 12.06
Refd. By : Dr. INSURANCE		Received : 28-Sep-2024 12.06
Sample Type : EDTA whole blood	Sample ID : 246588	Report : 28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
HEAMOTOLOGY				
COMPLETE BLOOD COUNT				
HEMOGLOBIN	15.2	g/dl	13.0 - 17.0	Colorimetric
TOTAL LEUCOCYTE COUNT	6.4	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	71	%	40-75	Electrical impedance
Lymphocyte	23	%	20-45	Electrical impedance
Eosinophil	02	%	01-06	Microscopy
Monocyte	04	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10	mm/1sthr	0-20	Westergren's
RBC COUNT	4.95	mili/cmm	4.50 - 5.50	Electrical impedance
PCV	44	%	40 - 50	Calculated
MCV	88.20	Fl	83.00 - 101.00	Calculated
MCH	30.8	Picogram	27.0 - 32.0	Calculated
MCHC	34.90	gm/dl	31.50 - 34.50	Calculated
PLATELET COUNT	250	10 ³ /uL	150 - 410	Electrical impedance
-----End of Report-----				




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DMC/25252
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BOOK APPOINTMENT



Patient Name : Mr. RANBIR SINGH JAKHAR	Reg No. : 4320/UHID24DL	Lab ID. : 4431/OPDPB24DL
Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
Mobile No. : 9911899958	Manual No.	Collected : 28-Sep-2024 12.08
Refd. By : Dr. INSURANCE		Received : 28-Sep-2024 12.08
Sample Type : EDTA whole blood	Sample ID : 246588	Report : 28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

HBA1C (GLYCOSYLATED HB)	5.7	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %

Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Estimated Average Glucose mg/dl = (HbA1c x 35.6) - 77.3 Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

-----End of Report-----




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DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : chand



BOOK APPOINTMENT



Patient Name : Mr. RANBIR SINGH JAKHAR	Reg No. : 4320/UHID24DL	Lab ID. : 4431/OPDPB24DL
Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
Mobile No. : 9911899958	Manual No.	Collected :28-Sep-2024 12.06
Refd. By : Dr. INSURANCE		Received :28-Sep-2024 12.06
Sample Type : Serum	Sample ID : 246588	Report :28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
KIDNEY FUNCTION TEST				
Blood Urea	18.3	mg/dl	15.0-45.0	urease-GLDH
Serum Creatinine	1.1	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	5.00	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	7.00	g/dl	6.4-8.3	Biuret
ALBUMIN	3.9	g/dl	3.4-4.8	Bcg
GLOBULIN	3.10	g/dl	2.3-3.5	
A/G RATIO	1.26			
Calcium	9.1	mg/dl	8.6-10.2	Arsenazo
Sodium	140.0	mmol/L	136.0-149.0	ISE Indirect
Potassium	4.0	mmol/L	3.5-5.5	ISE Indirect
Chloride	102.3	mmol/L	98.0-109.0	ISE Indirect
-----End of Report-----				




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DMC/25252
Lab Technician :chand



BOOK APPOINTMENT



Patient Name : Mr. RANBIR SINGH JAKHAR	Reg No. : 4320/UHID24DL	Lab ID. : 4431/OPDPB24DL
Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
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Refd. By : Dr. INSURANCE		Received : 28-Sep-2024 12.06
Sample Type : Serum	Sample ID : 246588	Report : 28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIPID PROFILE

Total Cholesterol	147.00	mg/dl	123-199	CHOD-PAP
Triglycerides	89.1	mg/dl	40-160	Gpo
HDL Cholesterol Direct	33.2	mg/dl	35.3-79.5	Direct
Vldl	18	mg/dl	4.7-22.1	
LDL Cholesterol Direct	96.0	mg/dl	63-129	
Total Cholesterol/HDL Ratio	4.4		0.0-4.97	
LDL/HDL Ratio	2.9		0.0-3.55	

INTERPRETATION:-

	Total cholesterol	LDL cholesterol	Triglycerides
Acceptable/Low Risk	< 200 mg/dl	<130 mg/dl	<150 mg/dl
Borderline High Risk	200-239 mg/dl	130-159 mg/dl	150-199 mg/dl
High Risk	> 240 mg /dl	> 160 mg/dl	200-499 mg/dl
Very High			>500 mg/dl

-----End of Report-----




Dr. Sangeeta B
DCP, DNB, PATHOLOGY,
DMC/25252
Lab Technician : chand



BOOK APPOINTMENT



Patient Name : Mr. RANBIR SINGH JAKHAR	Reg No. : 4320/UHID24DL	Lab ID. : 4431/OPDPB24DL
Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
Mobile No. : 9911899958	Manual No.	Collected : 28-Sep-2024 12.06
Refd. By : Dr. INSURANCE		Received : 28-Sep-2024 12.06
Sample Type : Serum	Sample ID : 246588	Report : 28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin				
Total Bilirubin	0.47	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.13	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.34	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	7.00	g/dl	6.4-8.3	Biuret
ALBUMIN	3.9	g/dl	3.4-4.8	Beg
GLOBULIN	3.10	g/dl	2.3-3.5	
A/G RATIO	1.26			
SGOT	22	U/L	0-35	IFCC
SGPT	24	U/L	0.0-45	IFCC
Gamma GT	56.3	U/L	0-55	Glupa-c
Alkaline Phosphatase	130	U/L	53-128	Amp

-----End of Report-----




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BOOK APPOINTMENT



Patient Name : Mr. RANBIR SINGH JAKHAR	Reg No. : 4320/UHID24DL	Lab ID. : 4431/OPDPB24DL
Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
Mobile No. : 9911899958	Manual No.	Collected :28-Sep-2024 14.14
Refd. By : Dr. INSURANCE		Received :28-Sep-2024 14.14
Sample Type : STOOL	Sample ID : 246588	Report :28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

STOOL R/M		%		
PHYSICAL EXAMINATION				
COLOUR/ APPEARANCE	BROWNISH			
CONSISTENCY	SEMI-FORMED			
PUS	NIL			
MUCUS	NIL			
BLOOD	NIL			
CHEMICAL REACTION				
REACTION	ACIDIC			
MICROSCOPY EXAMINATION				
PUS CELLS	1-2 /HPF			
RBC'S	NIL			
OVA	NIL			
CYST	NIL			
BACTERIA	NIL			
OTHERS	NIL			

-----End of Report-----




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Lab Technician : chand



BOOK APPOINTMENT



Patient Name : Mr. RANBIR SINGH JAKHAR	Reg No. : 4320/UHID24DL	Lab ID. : 4431/OPDPB24DL
Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
Mobile No. : 9911899958	Manual No.	Collected : 28-Sep-2024 14.14
Refd. By : Dr. INSURANCE		Received : 28-Sep-2024 14.14
Sample Type : URINE	Sample ID : 246588	Report : 28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY	25.00	ml	10-30
COLOUR	PALE YELLOW		
TRANSPARENCY	CLEAR		
SPECIFIC GRAVITY	1.015		1.015-1.025
PH	6.0		5.5 - 7

CHEMICAL EXAMINATION

PROTEIN	NIL
SUGAR	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	2-3	/lpf	NIL	MICROSCOPIC
RBC'S	NIL		NIL	
CASTS	NIL			
CRYSTALS	NIL			
EPITHELIAL CELLS	1-2			
BACTERIA	NIL			
OTHERS	NIL			
KETONE	NIL			

-----End of Report-----




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DMC/25252
Lab Technician : chand



BOOK APPOINTMENT



Patient Name : Mr. RANBIR SINGH JAKHAR	Reg No. : 4320/UHID24DL	Lab ID. : 4438/OPDPB24DL
Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
Mobile No. : 9911899958	Manual No.	Collected : 28-Sep-2024 12.08
Refd. By : Dr. INSURANCE		Received : 28-Sep-2024 12.08
Sample Type : EDTA whole blood	Sample ID : 246596	Report : 28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh
FACTOR
BLOOD GROUP ABO
RH TYPING

"O"
"POSITIVE"

Manual
Manual

-----End of Report-----




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DMC/25252
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BOOK APPOINTMENT



Patient Name : Mr. RANBIR SINGH JAKHAR	Reg No. : 4320/UHID24DL	Lab ID. : 4438/OPDPB24DL
Age / Gender : 58Y6M / Male	Date : 28-Sep-2024	
Mobile No. : 9911899958	Manual No.	Collected : 28-Sep-2024 12.08
Refd. By : Dr. INSURANCE		Received : 28-Sep-2024 12.08
Sample Type : Serum	Sample ID : 246596	Report : 28-Sep-2024 14.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
BUN	8.55	mg/dl	6-20	Urease-Gldh
-----End of Report-----				



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DMC/25252
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BOOK APPOINTMENT



Patient Name :	Mr. RANBIR SINGH JAKHAR	Radiology No. :	4431/OPDPB24DL
Referred By :	Dr. INSURANCE	Date :	28-Sep-2024
UHID No. :	4320/UHID24DL	Age/Sex :	58Y6M Male

ULTRASOUND OF WHOLE ABDOMAN

The liver is normal in size contour however is increased in echotexture.

Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

Right kidney is normal in size and position .It shows normal movements with respiration.

Cortical thickness is normal . **Simple cyst of 25mm is seen in the mid pole.**

No calculus, mass or hydronephrotic changes seen.

Right kidney measures- 110 x 54mm.

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration.

Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Left kidney measures- 119 x 47mm.

Renal artery pulsation appear normal.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

Prostate is of normal size for age with regular contours and normal echo-texture.

It measures 28 x 37 x 32mm which is equal to 18gms.

Impression : Fatty liver grade I.



Dr. Harshita Surange

MBBS,DMRD(RADIODIAGNOSIS)

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Reg.No. MCI/16522,DMC/18402



BOOK APPOINTMENT





Patient Name	: Mr. RANBIR SINGH JAKHAR	Radiology No.	: 4431/OPDPB24DL
Referred By	: Dr. INSURANCE	Date	: 28-Sep-2024
UHID No.	: 4320/UJHD24DL	Age/Sex	: 58Y6M Male

X-RAY CHEST

Indication: Routine check-up.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Cardia is elongated.

Diaphragm:- B/L CP angles are blunted s/o thickening.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs is seen.

Impression: Early COPD changes.

Please correlate clinically.



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BOOK APPOINTMENT

