

यूनियन बैंक

औद्योगिक



Union Bank  
of India



नाम : विपिन कुमार

Name : Vipin Kumar

Designation : Senior Manager



कर्मचारी क्र. Employee No. : 652814

जन्म तिथि Birth of Date : 04.11.1980

क.प्र. तिथि DOJ : 12.01.2009

रक्त समूह Blood Group : B+

Mobile No. : 9215604006

हस्ताक्षर/ Signature

जारी करने का स्थान/क्षेत्रीय कार्यालय करनाल  
Place of Issue: Regional Office Karnal

जारी करने का तारीख

Date of Issue:

जारीकर्ता प्राधिकारी Issuing Authority



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार  
Unique Identification Authority of India  
Government of India

नामांकन क्रम / Enrollment No.: 2019/21302/05028

To  
विपिन कुमार  
Vipin Kumar  
S/O: Karnail Singh  
1504/5  
Jyoti Nagar  
Thanesar  
Kurukshetra  
Thanesar Kurukshetra  
Haryana 136118

28/04/2013  
10261137



MN102611379FT



आपका आधार क्रमांक / Your Aadhaar No. :

**5660 9207 2893**

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India

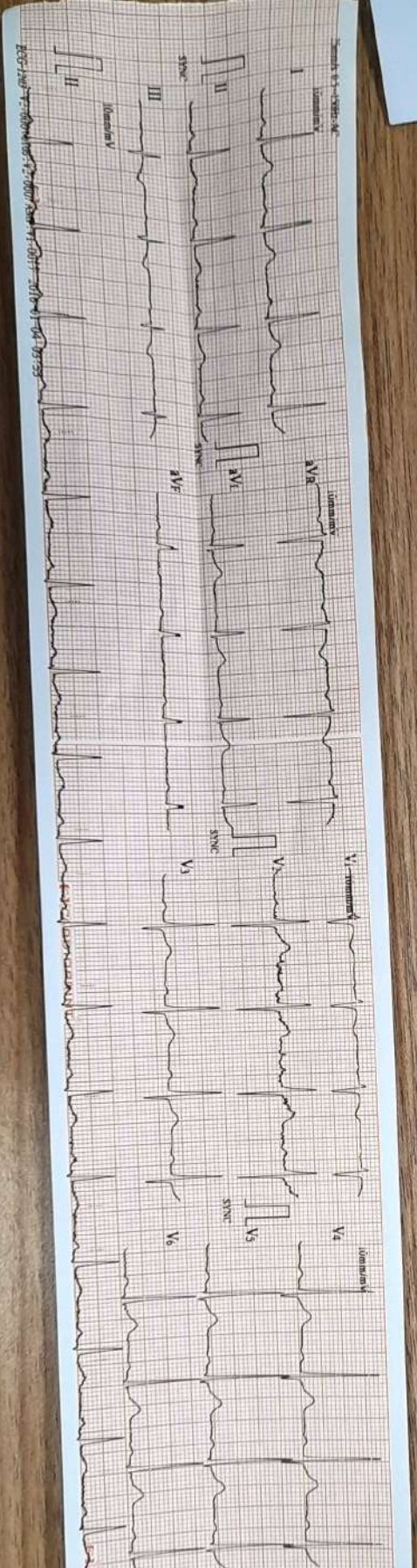


विपिन कुमार  
Vipin Kumar  
जन्म वर्ष / Year of Birth : 1980  
पुरुष / Male



**5660 9207 2893**

आधार - आम आदमी का अधिकार



ID: 3508  
 Name: *Uppin Kumar*  
 Sex: *Male*  
 Age: *48 yrs*

| HR | PR  | QT/QTc | QT/QTc | QT/QTc |
|----|-----|--------|--------|--------|
| 40 | 145 | 0.10   | 0.10   | 0.10   |
| 40 | 145 | 0.10   | 0.10   | 0.10   |
| 40 | 145 | 0.10   | 0.10   | 0.10   |

Incontinent report verified by: \_\_\_\_\_  
 Date: \_\_\_\_\_



**ECHOCARDIOGRAPHY REPORT**

|                        |                     |              |
|------------------------|---------------------|--------------|
| MR. VIPIN KUMAR        | AGE:- 43Y/M         | OPD NO:-0000 |
| CONSULTANT:-DR. PREETI | DATE:- 02- 04 -2024 | MR NO:-      |

**ECHO**

- Mitral valve .....**Normal**.....
- Pulmonary valve.....**Normal**.....
- Pulmonary artery.....**Normal**.....
- Aortic valve..... **Normal** .....
- Tricuspid valve ..... **Normal** .....

**2D RWMA**

- **No RWMA** (Regional wall motion abnormality at rest).

**COLOUR DOPPLER**

- .....**No**.....Significant valvular stenosis/regurgitation.

**COMMENTS AND SUMMARY**

- All cardiac chambers of .....**Normal**.....Size and shape ..**Mild Concentric LVH**.. Dilation or hypertrophy.
- **No RWMA** (Regional wall motion abnormality at rest).
- .....**No**..... clot/ vegetation/ pericardial effusion.
- LV..... **LVEF 60%**..... systolic function.
- .....**No**.....Significant valvular stenosis/ regurgitation.

**FINAL IMPRESSION**

- EF AT REST.....**60%**.....

**Dr. PREETI**  
**DM (Cardiology)**  
**Reg. No. HN23089**  
**Park Hospital Karnal**

**DR. PREETI**

**SENIOR CONSULTANT**

**MD (MED), DM CARDIOLOGY**

(This is only professional opinion and not the diagnosis, Please correlate clinically)

CHD City, Sector-45, G.T. Road, Karnal, Haryana - 132116 Ph.: 0184-7110000, 9643000000, 8222008811,22

**PARK GROUP OF HOSPITALS : West Delhi • South Delhi • Gurgaon • Karnal • Panipat • Hodal • Ambala • Behror**



|                    |                          |                |                    |
|--------------------|--------------------------|----------------|--------------------|
| Diagnostics S. No. | : LSHHI352094            | MR No.         | : MR/24/001218     |
| Patient NAME       | : <b>Mr. VIPIN KUMAR</b> | Doctor         | : Dr. PANKAJ GOYAL |
| Age/Sex            | : 43 YRS Sex : Male      | Reporting DATE | : 01-Apr-2024      |
| Visit DATE         | : 01-Apr-2024            | IPD NO         | :                  |
| OPD/IPD            | : OPD                    |                |                    |

**ULTRASOUND**

**Liver is normal in size ~15.3 cm and show raised echotexture.** There is no focal hepatic lesion present. CBD is normal in course & caliber at porta hepatis. There is no calculus defined in the CBD. Intra hepatic biliary radicals are normal.

**Gallbladder is partially distended. No calculus seen in lumen.**

Pancreas is normal in size & echopattern.

Spleen is normal in morphology and echotexture.

Both kidneys are normal in shape size contour & show normal echotexture with well maintained CMD. There is no hydronephrosis defined. Both ureters are obscured by bowel gas.

**Bladder is partially distended.**

No mass is defined in bladder.

Prostate is normal.

There is no free fluid present in the abdomen.

**Impression: Imaging features are suggestive of-**

*Grade 1 fatty liver*

Dr. Pooja Thakur  
Reg No. HN 20933  
Park Hospital



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ITDOSE INFOSYSTEMS PVT. LTD.

|                                       |                                 |
|---------------------------------------|---------------------------------|
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| Age/Sex : 43 YRS Sex : Male           | Date : 01-Apr-2024              |
| OPD/IPD : OPD                         | Sample Collection : 01-Apr-2024 |
| IPDNo :                               | Reporting Date : 01-Apr-2024    |
|                                       | ReferDoctor :                   |

### HAEMATOTOLOGY

| Test Name                                | Status | Result       | Biological Reference Interval | Unit         |
|--|--------|--------------|-------------------------------|--------------|
| <b><u>BLOOD GROUP And RH TYPE</u></b>    |        |              |                               |              |
| BLOOD GROUP ABO & Rh                     |        | "B" POSITIVE | -                             |              |
| <b><u>BLOOD SUGAR FASTING</u></b>        |        |              |                               |              |
| BLOOD SUGAR FASTING                      | H      | <b>173</b>   | 70-110                        | mg/dl        |
| <b><u>CBC (COMPLETE BLOOD COUNT)</u></b> |        |              |                               |              |
| HAEMOGLOBIN                              |        | 15.2         | 13.0-17.0                     | gm/dl        |
| TLC (Total Leucocyte Count)              |        | 7190         | 4000-11000                    | /cumm        |
| NEUTROPHILS                              |        | 50           | 45-75                         | %            |
| LYMPHOCYTES                              |        | 33           | 20-45                         | %            |
| EOSINOPHILS                              | H      | <b>09</b>    | 0-06                          | %            |
| MONOCYTES                                |        | 08           | 02-10                         | %            |
| BASOPHILS                                |        | 00           | 0-2                           | %            |
| RBC                                      | H      | <b>6.06</b>  | 3.8-5.5                       | Millions/cmm |
| PCV/HAEMATOCRIT                          | H      | <b>49.8</b>  | 35-45                         | %            |
| MCV                                      |        | 82.2         | 76-96                         | fl           |
| MCH                                      | L      | <b>25.1</b>  | 27-31                         | Picogram     |
| MCHC                                     |        | 30.5         | 30-35                         | gm/dl        |
| RDW                                      | H      | <b>15.3</b>  | 11.5-14.5                     | %            |



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the **health** care providers

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| IPDNo :                               | Reporting Date : 01-Apr-2024    |
|                                       | ReferDoctor :                   |

|                                 |   |             |           |          |
|---------------------------------|---|-------------|-----------|----------|
| PLATELETS                       | L | <b>1.00</b> | 1.5-4.0   | Lacs     |
| <b>BIO-CHEMISTRY</b>            |   |             |           |          |
| <b>CREATININE SERUM</b>         |   |             |           |          |
| CREATININE                      |   | 1.4         | 0.6-1.4   | mg/dl    |
| <b>HAEMATOLOGY</b>              |   |             |           |          |
| <b>ESR</b>                      |   |             |           |          |
| ESR                             |   | 12          | 0-20      | mm/1sthr |
| <b>BIO-CHEMISTRY</b>            |   |             |           |          |
| <b>LFT(LIVER FUNCTION TEST)</b> |   |             |           |          |
| BILIRUBIN (TOTAL)               |   | 0.69        | 0.1-1.2   | mg/dl    |
| BILIRUBIN DIRECT                |   | 0.20        | 0.0-0.3   | mg/dl    |
| BILIRUBIN INDIRECT              |   | 0.49        | 0.1-0.9   | mg/dl    |
| SGOT (AST)                      | H | <b>54</b>   | 0-40      | IU/L     |
| SGPT (ALT)                      | H | <b>108</b>  | 0-40.0    | IU/L     |
| ALK.PHOSPHATASE                 |   | 85          | 42.0-119  | IU/L     |
| TOTAL PROTEIN                   |   | 6.8         | 6.0-8.0   | gm/dl    |
| ALBUMIN                         |   | 4.2         | 3.20-5.0  | gm/dl    |
| GLOBULIN                        |   | 2.6         | 2.30-3.80 | gm/dl    |
| A/G Ratio                       |   | 1.6         | 1.0-1.60  |          |
| <b>LIPID PROFILE</b>            |   |             |           |          |
| TOTAL CHOLESTEROL               |   | 140         | 0-250     | mg/dL    |
| TRIGLYCERIDE                    |   | 103         | 0-161     | mg/dL    |
| HDL-CHOLESTEROL                 |   | 40.8        | 30.0-60.0 | mg/dL    |
| LDL CHOLESTEROL                 |   | 78.6        | 0-130     | mg/dL    |



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| IPDNo              | :                        | Reporting Date    | : 01-Apr-2024      |
|                    |                          | ReferDoctor :     |                    |

|                         |      |           |       |
|-------------------------|------|-----------|-------|
| VLDL                    | 20.6 | 0-40      | mg/dL |
| LDL / HDL RATIO         | 1.9  | 0.0-3.55  |       |
| <b>UREA</b>             |      |           |       |
| BLOOD UREA              | 32   | 13.0-45.0 | mg/dl |
| <b>URIC ACID, SERUM</b> |      |           |       |
| URIC ACID               | 4.0  | 3.0-7.2   | mg/dl |

### CLINICAL PATHOLOGY

#### URINE ROUTINE EXAMINATION

|                  |             |             |      |
|------------------|-------------|-------------|------|
| VOLUME           | 40          | -           | ml   |
| COLOUR           | PALE YELLOW | -           |      |
| APPEARANCE       | CLEAR       | -           |      |
| URINE pH         | 5.5         | 5.5-8.5     |      |
| SPECIFIC GRAVITY | 1.025       | 1.005-1.030 |      |
| KETONE           | NEG         | -           |      |
| URINE PROTEIN    | NEG         | -           |      |
| URINE SUGAR      | +++         | -           |      |
| PUS CELLS        | 3-4         | 1-2         | /HPF |
| RBC CELLS        | NIL         | -           | /HPF |
| EPITHELIAL CELLS | 1-2         | 2-3         | /HPF |
| CRYSTALS         | NIL         | -           |      |
| CASTS            | NIL         | -           |      |
| OTHERS           | NIL         | -           |      |



Dr. NIDHI KAUSHIK  
MBBS, MD, DNB  
(PATHOLOGY)

LAB  
TECHNICIAN

Dr. NISHTHA KHERA  
MBBS, MD (PATHOLOGY)

Dr. PARDIP KUMAR  
CONSULTANT(MICROBIOLOGY)

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|                    |                 |                   |             |                    |                     |
|--------------------|-----------------|-------------------|-------------|--------------------|---------------------|
| <b>Lab No.</b>     | 012404020100    | <b>Age/Gender</b> | 43 YRS/MALE | <b>Coll. On</b>    | 02/Apr/2024 08:15AM |
| <b>Name</b>        | Mr. VIPIN KUMAR |                   |             | <b>Reg. On</b>     | 02/Apr/2024         |
| <b>Ref. Dr.</b>    |                 |                   |             | <b>Approved On</b> | 02/Apr/2024 10:29AM |
| <b>Rpt. Centre</b> | Self,undefined  |                   |             | <b>Printed On</b>  | 02/Apr/2024 11:37AM |

| Test Name | Value | Unit | Biological Reference Interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

|   |               |       |          |
|---|---------------|-------|----------|
| <b>HbA1c (Glycosylated haemoglobin), EDTA whole blood</b> | <b>7.80</b>   | %     | < 5.7    |
| <i>Method : HPLC</i>                                      |               |       |          |
| <b>Estimated average plasma Glucose</b>                   | <b>177.16</b> | mg/dL | 65 - 136 |
| <i>Method : Calculated</i>                                |               |       |          |

The test is approved by NGSP for patient sample testing.

**Interpretation:**

|                               |   |           |
|-------------------------------|---|-----------|
| Metabolically normal patients | % | < 5.7     |
| Pre-diabetic                  | % | 5.7 - 6.4 |
| Diabetic                      | % | > 6.4     |

Glycosylated hemoglobin or HbA1c is a reliable indicator of mean plasma glucose levels for a period of 8-12 weeks preceding the date on which the test is performed and is a more reliable indicator of overall blood sugar control in known diabetic patients than blood sugar levels. A value of less than 5.7 % is usually seen in metabolically normal patients, however diabetics with very good control can also yield similar values. The HbA1c test, thus can not be used to differentiate between diabetic patients with very good control over the plasma glucose levels from metabolically normal, non-diabetic subjects as both groups may reveal very similar values in the assay.

\*Disclaimer: This is an electronically validated report. If any discrepancy is found, it should be confirmed by the user.  
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**Dr. Smita Sadwani**  
MD(Biochemistry)  
Technical Director

**Dr. Mayank Gupta**  
MD, DNB Pathology  
Consultant Pathologist

*Sadwani*  
**Dr. Deepak Sadwani**  
MD(Pathology)  
Lab Director

**Dr. Moushmi Mukherjee**  
MBBS,MD (Pathology)  
Consultant Pathologist



|                    |                 |                   |             |                    |                     |
|--------------------|-----------------|-------------------|-------------|--------------------|---------------------|
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| <b>Ref. Dr.</b>    |                 |                   |             | <b>Approved On</b> | 02/Apr/2024 09:54AM |
| <b>Rpt. Centre</b> | Self,undefined  |                   |             | <b>Printed On</b>  | 02/Apr/2024 11:37AM |

| Test Name | Value | Unit | Biological Reference Interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

**TSH (Thyroid Stimulating Hormone), serum** 2.41 uIU/ml 0.27 - 4.2  
 Method : ECLIA

**Interpretation:**

1. Primary hyperthyroidism is accompanied by elevated serum FT3 and FT4 values alongwith depressed TSH levels.
2. Primary hypothyroidism is accompanied by depressed serum FT3 and FT4 values and elevated serum TSH levels.
3. High FT3 levels accompanied by normal FT4 levels and depressed TSH levels may be seen in T3 toxicosis.
4. Central hypothyroidism occurs due to pituitary or thalamic malfunction (secondary and tertiary hypothyroidism respectively). This relatively rare but important condition is indicated by presence of low serum FT3 and FT4 levels, in conjunction with TSH levels that are paradoxically either low/normal or are not elevated to levels that are expected.

The following ranges are recommended for pregnant females:

|                  |        |           |
|------------------|--------|-----------|
| First trimester  | uIU/ml | 0.1 - 2.5 |
| Second trimester | uIU/ml | 0.2 - 3.0 |
| Third trimester  | uIU/ml | 0.3 - 3.0 |

**PSA Total, serum** 0.86 ng/mL 0 - 2.0  
 Method : ECLIA

**Interpretation:**

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

In patients with previously diagnosed prostate cancer, PSA testing is advocated as an early indicator of tumor recurrence and as an indicator of response to therapy. The test is also useful for initial screening for prostate cancer:

Total PSA levels < 2 ng/ml almost rule out the possibility of prostatic malignancy.

Total PSA levels between 2 and 10 ng/ml lie in the grey zone. Such values may be obtained in prostatitis, benign hyperplasia and malignancy. Further testing including a free PSA/PSA ratio and prostate biopsy is recommended for these patients for confirmation of the diagnosis.

Total PSA values >10 ng/ml are highly suspicious for prostate cancer but further testing, such as prostate biopsy, is needed to diagnose the exact pathology.

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\*\*\* End Of Report \*\*\*



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