



# दिव्यमान हॉस्पिटल प्राइवेट लिमिटेड



• ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • मो० : 7525969999, 8173006932

Name: ANIL KUMAR	Age / Sex: 56 YEAR / Male	Contact: 8447782076
OPD No: 2595	Token No: 1	UHID: UHID1902
Guardian: LATE MAHARAJ DEEN	Address: RAPTI NAGAR GORAKHPUR	Under Dr: DR ASHOK KUMAR SRIVASTAVA
Ref By: SELF	Registration No: 0	Room No: 02 -[OPD]
Dr Qulaification: MBBS MD	Date: 22. 06. 2024	Department: GENERAL MEDICINE

BP - 140/80 mmHg  
wt - 75 kg  
HT - 196 cm

Dr. Ashok Kumar  
NABH  
Signature

Hb 12.0 g/dl  
RBS 99.8 mg/dl  
Lipid Profile 196.3 mg/dl  
KFT (M)  
LFT (M)  
Hb A1c 5.6 %

Dr. Ashok Kumar  
Tab Bandey Plus NS

: Tab Ambelex NS (x 7 days)

Signature

ECG (M)  
X-ray chest (M)  
Sound group (+ve)  
T3 M sm (M)

**:- अन्य विभाग :-**

- ▶ प्रसूति एवं स्त्री रोग
- ▶ मेडिसिन एवं आर्इ.सी.यू.
- ▶ न्यूरोलॉजी
- ▶ जनरल व लैप्रोस्कोपिक सर्जरी
- ▶ शिशु, बाल रोग एवं एन.आई.सी.यू.
- ▶ ऑर्थोपेडिक सर्जरी
- ▶ यूरोलॉजी
- ▶ न्यूरोसर्जरी
- ▶ डायलिसिस
- ▶ कार्डियोलॉजी
- ▶ नाक, कान, गला रोग
- ▶ छाती रोग
- ▶ फिजियोथेरेपी एवं रिहैबिलिटेशन
- ▶ प्राकृतिक उपचार
- ▶ रेडियोलॉजी एवं पैथोलॉजी
- ▶ माइग्रलर औ.टी., सी.आर्म

**इमरजेन्सी 24 घण्टे**

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003  
रजि. आफिस : 731-एच, शारदा शिवालय, आनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003



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## प्राइवेट लिमिटेड



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22/6/24

Mr. Anil Kumar

Age- 56Y/M

वमन  
69  
69

Inse (BE)  
रफ़े

Feet

(BE) Plum 69  
+ 250 DSpH. M



-: अन्य विभाग :-

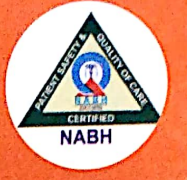
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- ▶ माइक्रल







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I.D. NO	X/22/06/	June 22, 2024
PATIENT NAME	MR. ANIL KUMAR	AGE/SEX 56 Y/M
REF. BY	DIVYAMAN HOSPITAL	

## X-RAY CHEST (PA VIEW)

No active pulmonary parenchymal lesion is seen.

B/L c/p angle is clear.

Hilar shadows are normal.

Cardiac shadow is normal.


Trachea and mediastinum are normal in position.

Bones and soft tissues are normal

## IMPRESSION:

➤ NORMAL SCAN.

ADV - CLINICAL CORRELATION.

  
DR. RAHUL NAYAK  
MBBS(MLN),MD(Dr. RMLIMS)  
RADIODIAGNOSIS

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# DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

PATIENT NAME	Mr. ANIL KUMAR	SAMPLE COLLECTED ON	22-06-2024
AGE / SEX	56 Y / Male	REPORT RELEASED ON	22/06/2024
COLLECTED AT	Inside	REPORTING TIME	1:59:13PM
RECEIPT No.	20,021	PATIENT ID	20052
REFERRED BY Dr.	DMH		

INVESTIGATION Blood Sugar PP,,

Tests	Results	Biological Reference Range	Unit
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## BIOCHEMISTRY

Blood sugar PP **148.3** High (70 - 140) mg/dl

Reference Value :

Fasting ( Diabetes 110.0 Mg% Or More ) ( Impaired Glucose Tolerance 110-126 Mg% )

After 2hrs. Of 75 Gm Glucose (oral) ( 70-140 Mg% ) ( Impaired Glucose Tolerance 140-200 Mg% )

Random/casual (diabetes 200 Mg% Or More, With Presenting Symptoms.)

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

THANKS FOR REFERENCE

Consultant Pathologist  
S. SRIVASTAVA M.D (PATH)

TECHNICIAN  
20052

Consultant Pathologist  
DR. VASUNDHARA SINGH M.D (PATH)

Page 1 of 1

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For Home Collection Dial : 9076655547

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Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



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Pathology Division



पैथोलॉजी संकाय



Pathological Examination Report



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AGE / SEX	56 Y / Male	REPORT RELEASED ON	22/06/2024
COLLECTED AT	Inside	REPORTING TIME	9:28:27AM
RECEIPT No.	20,014	PATIENT ID	20045
REFERRED BY Dr.	DMH		

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Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

## HAEMATOLOGY

### COMPLETE BLOOD COUNT

Haemoglobin	12.8	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	8400	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count (DLC)			
Polymorph	64	(40-80) %	%
Lymphocyte	32	(20-40) %	%
Eosinophil	04	(01-6) %	%
Monocyte	00	Low (02-08) %	%
Basophil	00	(<1) %	%
R. B. C.	4.08	Low (4.2 - 5.5) million/cmm	million/ /Litre
P. C. V. (hemotocrite)	36.9	(36-50) Litre/Litre	/Litre
M. C. V.	90.4	(82-98) fl	fl
M. C. H.	31.5	(27Pg - 32Pg)	Pg
M. C. H. C.	34.8	(21g/dl - 36g/dl)	g/dl
Platelete Count	2.05	(1.5-4.0 lacs/cumm)	/cumm
<b>ESR Wintrobe</b>			
Observed	20	20mm fall at the end of first hr.	mm.

\*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

\*elevated In Acute And Chronic Infections And Malignancies.

\*extremely High ESR Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, SLE, Pulmonary Infarction.

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Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

## BIOCHEMISTRY

Blood Sugar Fasting	99.8	(70 - 110)mg/dl	
Referance Value :			
Fasting ( Diabeties 110.0 Mg% Or More ) ( Impaired Glucose Tolerance 110-126 Mg% )			
After 2hrs. Of 75 Gm Glucose (oral) ( 70-140 Mg% ) ( Impaired Glucose Tolerance 140-200 Mg% )			
Random/casual (diabeties 200 Mg% Or More, With Presenting Symptoms.)			
<b>Lipid Profile.</b>			
Total Cholestrol	165.7	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	41.2	(30-70 mg%)	mg%
Triglyceride	190.3 ✓	High (60-165mg/dL)	mg/dL
V L D L	38.06	(5-40mg%)	mg%
L D L Cholestrol	86.44		mg/dl
		50 Optimal	
		50-100 Near/Above Optimal	
TC/HDL	4.0	(3.0-5.0)	
LDL/HDL	2.2	(1.5-3.5)	

### Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholestral ,triglycerides,hdl& Ldl Cholestrol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholestrol.
3. Friedewald Equation To Calculate Ldl Cholestrol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.

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Tests	Results	Biological Reference Range	Unit
<b>LIVER FUNCTION TEST</b>			
Bilirubin (Total)	0.9	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.4	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.5	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	25.6	0-40	IU/L
SGPT (ALT)	31.9	0.0-42.0	IU/L
Serum Alkaline Phosphatase	110.9	80.0-290.0	IU/L
Serum Total Protein	6.7	6.0-7.8	gm/dl
Serum Albumin	3.8	3.5-5.0	gm/dl
Serum Globulin	2.9	2.3-3.5	gm/dl
A/G Ratio	1.31	High	

Comments/interpretation:

-liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.  
-the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.  
-lft Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

## KIDNEY FUNCTION TEST

Blood Urea	31.6	15.0-45.0	mg/dl
Blood Urea Nitrogen (BUN)	14.4	06-21	mg%
Serum Creatinine	0.8	0.7-1.4	mg/dl
Serum Uric Acid	5.2	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	139.6	136.0-149.0	mmol/L
Serum Potassium	4.2	3.5-5.5	mmol/L
Serum Calcium	8.6	8.0-10.5	mg/dl

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Tests	Results	Biological Reference Range	Unit
<b>Glycosylated Haemoglobin</b>			
HBA1c	5.6	(4.3-6.4)	%

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin is proportional to mean plasma glucose level during previous 6-12 weeks. For people without diabetes, the normal range for the hemoglobin A1c level is between 4% and 5.6%. Hemoglobin A1c levels between 5.7% and 6.4% mean you have a higher chance of getting diabetes. Levels of 6.5% or higher mean you have diabetes. recommended goal of HbA1c is <7%. The higher the hemoglobin A1c, the higher your risk of having complications related to diabetes. A combination of diet, exercise, and medication can bring levels down. People with diabetes should have an A1c test every 3 months to make sure their blood sugar is in their target range. If your diabetes is under good control, you may be able to wait longer between blood tests. But experts recommend checking at least two times a year. People with diseases affecting hemoglobin, such as anemia, may get misleading results with this test. Other things that can affect the results of the hemoglobin A1c include supplements such as vitamins C and E and high cholesterol levels. Kidney disease and liver disease may also affect the test. People with diseases affecting hemoglobin, such as anemia, may get misleading results with this test. Other things that can affect the results of the hemoglobin A1c include supplements such as vitamins C and E and high cholesterol levels. Kidney disease and liver disease may also affect the test.

## SEROLOGY

### Blood Group (ABO)

A.B.O. "B"  
Rh(D) POSITIVE

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Tests	Results	Biological Reference Range	Unit
<b>IMMUNOLOGY</b>			
T3 Triiodo Thyroid	1.23	(0.69 - 2.15)	ng/ml
T4 Thyroxine	113.6	(52 - 127) ng/ml	ng/ml
TSH	1.27	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

1. Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
2. A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
3. Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
4. A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
5. Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
6. Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
7. A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
8. Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पेटर्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



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# DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. ANIL KUMAR	SAMPLE COLLECTED ON	22-06-2024
AGE / SEX	56 Y / Male	REPORT RELEASED ON	22/06/2024
COLLECTED AT	Inside	REPORTING TIME	9:28:27AM
RECEIPT No.	20,014	PATIENT ID	20045
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Glycosylated Haemoglobin, Urine Examination Report, Blood Group (ABO), Blood Sugar Fasting, T3 Triiodo Thyroid, T4 Thyroxine, TSH, ESR Wintrobe,,

Tests	Results	Biological Reference Range	Unit
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## CLINICAL PATHOLOGY

### Urine Examination Report

#### PHYSICAL

Volume	25		ml
Colour	LIGHT YELLOW		
Appearance	CLEAR		

#### CHEMICAL

Reaction PH	6.5	(4.5-8.0)	
Specific Gravity	1.015	(1.01-1.025)	
Proteins	NIL	NIL	
Sugar	NIL	NIL	
Blood	NIL	NIL	
Phosphates/urates	NIL	NIL	
Ketone Bodies	NIL	NIL	
Chyle	NIL	NIL	
Bile Pigment (Bilirubin)	NIL	NIL	
Bile Salt	NIL	NIL	
Urobilinogen	Normal		

#### MICROSCOPICAL

R B C	Absent	0-2 /hpf	/hpf
Pus Cells	1-2	0-5 /hpf	/hpf
Epithelial Cells	2-3		/hpf
Crystals	Nil		
Yeast Cells	Absent		
Casts	Absent		
BACTERIA	Absent		

THANKS FOR REFERENCE

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

Consultant Pathologist  
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN  
20045

Consultant Pathologist  
DR.VASUNDHARA SINGH M.D (PATH)

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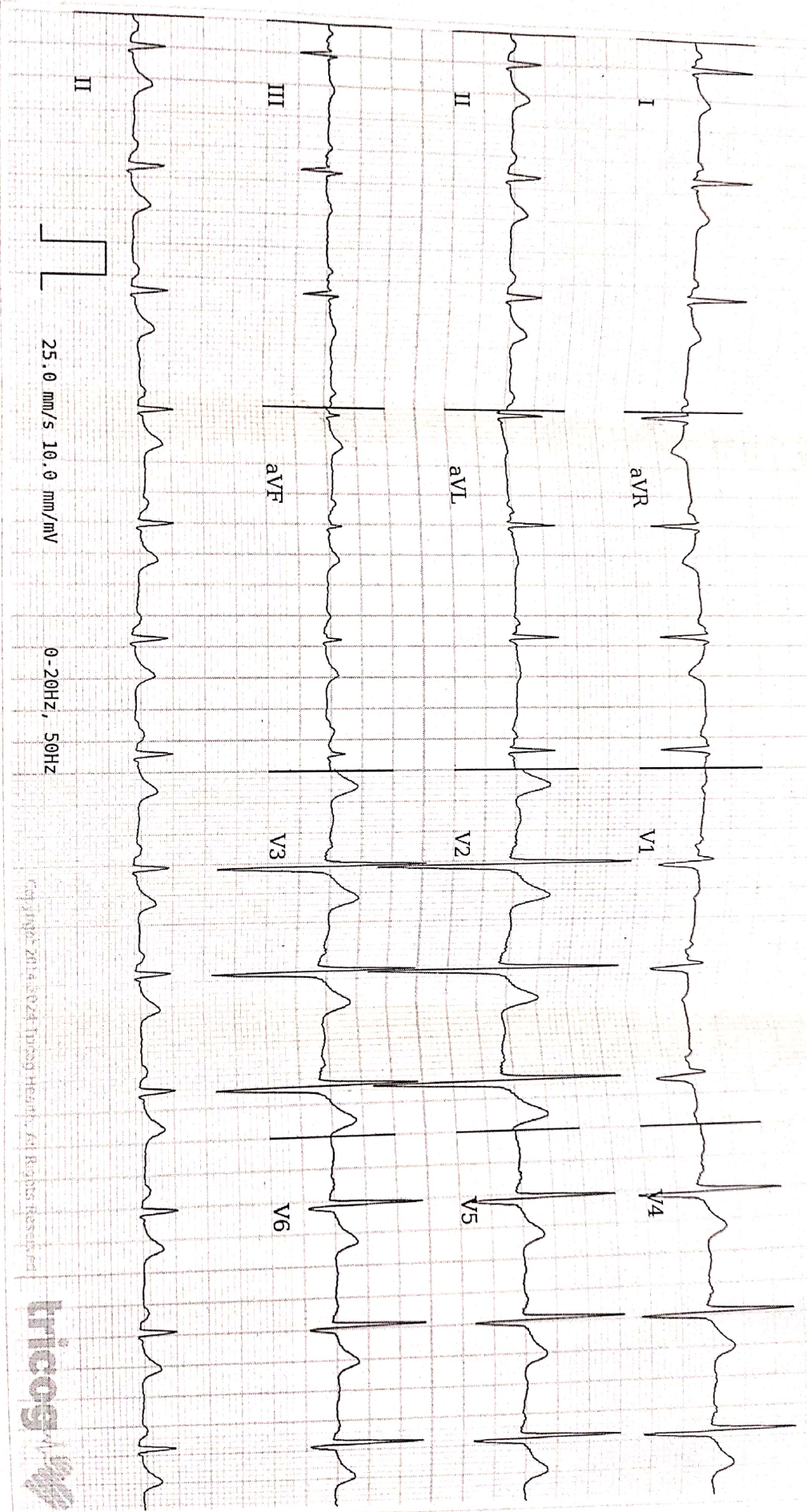
सुविधाएँ : • सभी प्रकार की पैथोलॉजिकल जांचें • बायोप्सी • एफ.एन.ए.सी. • पैप स्मैर • हॉर्मोन्स (प्रतिदिन रिपोर्ट) • सायटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट (24 घंटे)

For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

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AR: 80bpm    VR: 80bpm    QRSD: 98ms    QT: 362ms    QTcB: 417ms    PRI: 132ms    P-R-T: 50° 10° 47°

Sinus Rhythm, Left Ventricular Hypertrophy. Please correlate clinically.

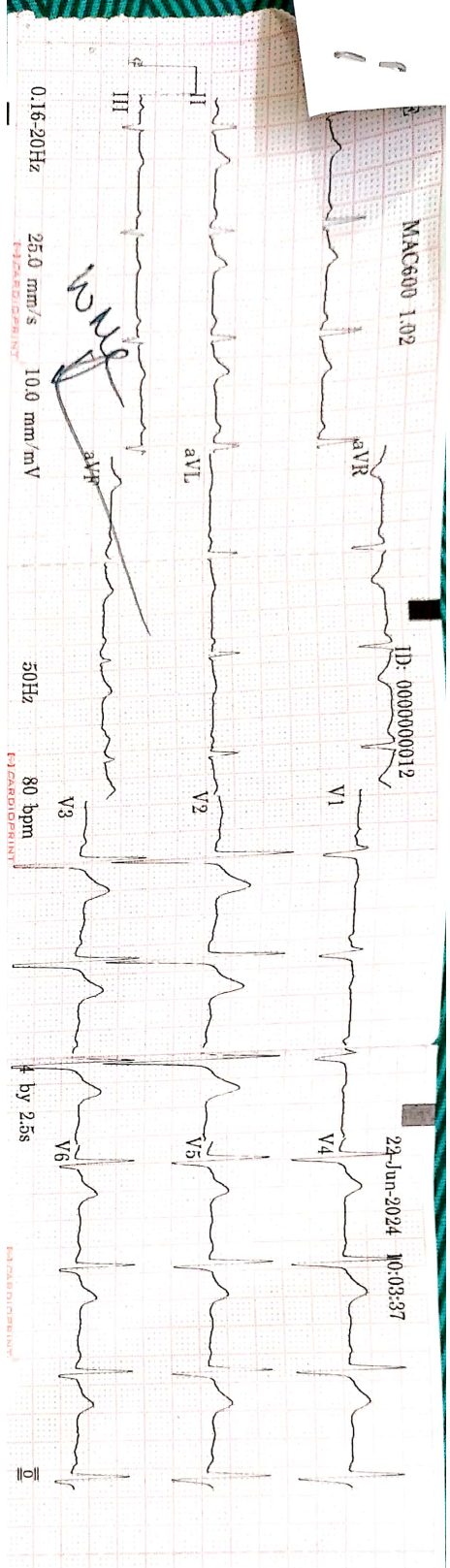
REPORTED BY

Dr. Arundhati Murgoli



Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.





MAC600 1.02

ID: 0000000012

24-Jun-2024 10:03:37

0.16-20Hz  
25.0 mm/s  
10.0 mm/mV

50Hz  
80 bpm

4 by 2.5s

ID: 0000000012

56years Male

*Anil Kumar*

Vent. rate 80 bpm  
QRS duration 98 ms  
QT/QTc 362/47 ms  
PR interval 132 ms  
P duration 108 ms  
RR interval 750 ms  
P-R-T axes 50 10 47

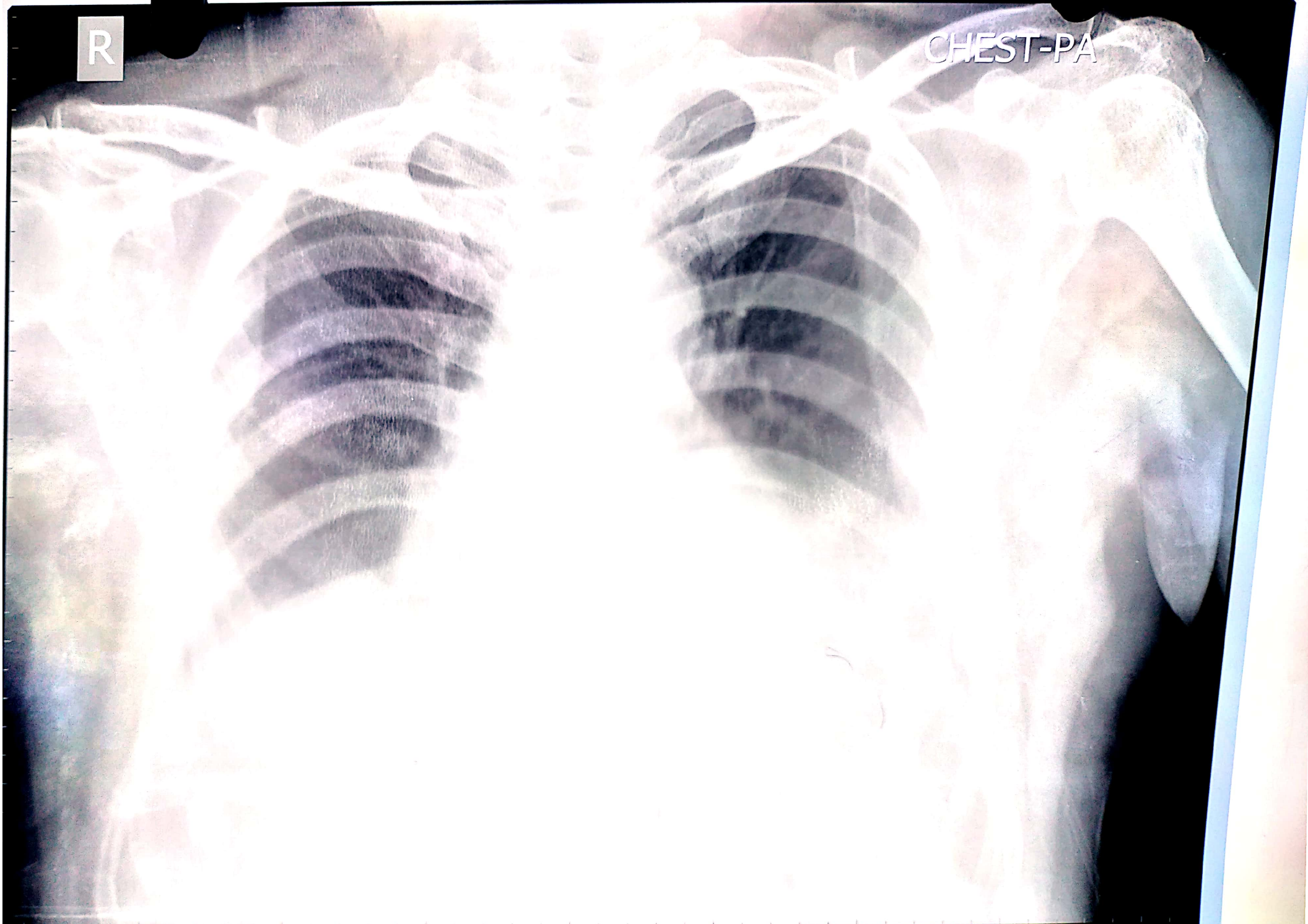
MAC600 1.02 12SL™ V239





R

CHEST-PA







# दिव्यमान हॉस्पिटल

## प्राइवेट लिमिटेड



ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • नं० : 7525969999, 8173006932

Name: SUMAN LATA	Age / Sex: 56 YEAR / Female	Contact: 8447782076
OPD No: 2596	Token No: 2	UHID: UHID1903
Guardian: ANIL KUMAR	Address: RAPTI NAGAR GORAKHPUR	Under Dr: DR ASHOK KUMAR SRIVASTAVA
Ref By: SELF	Registration No: 0	Room No: 02 -[OPD]
Dr Qulaification: MBBS MD	Date: 22. 06. 2024	Department: GENERAL MEDICINE

BP - 135/77 mmHg

wt - 75 kg

CVS (normal)

R21 0/0

P11 0/0

Hb 10.1 gm

HBS 95.6 g/dl

Left Huple - TPT  
1d 2 0/0

dFT (normal)

kFT (normal)

Hb A2c 5.7%

Blood group (Ave)

T3/T4 (normal)

Urea - 11.4

Any chd & Ave (normal)

Rec - RBBB

K1c HTM

take 0.5 ml 40c

Rx - tab Bandy Plus 15

d. Cap 0.5 mg RT → Calatide

2 1000 tabs skeletal sw →

• Omega 3 - 60K → Omega a wal

d. tab. Omega - 3 Mellevalle → FM

- tab 0.5 ml 40c →

*Signature*  
22/6/2024

**-: अन्य विभाग :-**

- ▶ प्रसूति एवं स्त्री रोग
- ▶ दवा, बाल रोग एवं एन.आई.सी.यू.
- ▶ डायलिसिस
- ▶ फिजियोथेरेपी एवं रिहैबिलिटेशन
- ▶ मेडिसिन एवं आई.सी.यू.
- ▶ ऑर्थोपेडिक सर्जरी
- ▶ कार्डियोलॉजी
- ▶ प्राकृतिक उपचार
- ▶ न्यूरोलॉजी
- ▶ यूरोलॉजी
- ▶ नाक, कान, गला रोग
- ▶ रेडियोलॉजी एवं पैथोलॉजी
- ▶ जनरल व लैप्रोस्कोपिक सर्जरी
- ▶ न्यूरोसर्जरी
- ▶ छाती रोग
- ▶ माइग्रलर औ.टी., सी.आर्म

इमरजेन्सी 24 घण्टे

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003  
 रजि. आफिस : 731-एच, शारदा शिवालय, आनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003



# DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

PATIENT NAME	Mrs. SUMAN LATA	SAMPLE COLLECTED ON	22-06-2024
AGE / SEX	56 Y / Female	REPORT RELEASED ON	22/06/2024
COLLECTED AT	Inside	REPORTING TIME	2:12:29PM
RECEIPT No.	20,022	PATIENT ID	20053
REFERRED BY Dr.	DMH		
INVESTIGATION	Blood Sugar PP,,		

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

## BIOCHEMISTRY

Blood sugar PP 122.4 (70 - 140) mg/dl

Referance Value :  
Fasting ( Diabetics 110.0 Mg% Or More ) ( Impaired Glucose Tolerance 110-126 Mg% )  
After 2hrs. Of 75 Gm Glucose (oral) ( 70-140 Mg% ) ( Impaired Glucose Tolerance 140-200 Mg% )  
Random/casual (diabetics 200 Mg% Or More, With Presenting Symptoms.)

THANKS FOR REFERENCE

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

Consultant Pathologist  
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN  
20053

Consultant Pathologist  
DR.VASUNDHARA SINGH M.D (PATH)

Page 1 of 1

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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

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# DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division



पैथोलॉजी संकाय

Pathological Examination Report

PATIENT NAME	Mrs. SUMAN LATA	SAMPLE COLLECTED ON	22-06-2024
AGE / SEX	56 Y / Female	REPORT RELEASED ON	22/06/2024
COLLECTED AT	Inside	REPORTING TIME	10:52:16AM
RECEIPT No.	20,015	PATIENT ID	20046
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting, ESR Wintrobe, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile., Urine Examination Report, Glycosylated Haemoglobin, T3 Triiodo Thyroid, T4 Thyroxine, TSH.,

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

## COMPLETE BLOOD COUNT

## HAEMATOLOGY

Haemoglobin	<b>10.1</b>	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	9100	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count.(DLC)			
Polymorph	83	High (40-80)%	%
Lymphocyte	14	Low (20-40)%	%
Eosinophil	03	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	3.23	Low (4.2 - 5.5) million/cmm	million/
P. C. V. (hemotocrite)	29.9	Low (36-50) Litre/Litre	/Litre
M. C. V.	87.1	(82-98) fl	fl
M. C. H.	30.4	(27Pg - 32Pg)	Pg
M. C. H. C.	34.6	(21g/dl - 36g/dl)	g/dl
Platelete Count	2.22	(1.5-4.0 lacs/cumm)	/cumm
<b>ESR Wintrobe</b>			
Observed	25	High 20mm fall at the end of first hr.	mm

\*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

\*elevated In Acute And Chronic Infections And Malignancies.

\*extremely High Esr Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, Sle, Pulmonary Infarction.

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पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

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PATIENT NAME	Mrs. SUMAN LATA	SAMPLE COLLECTED ON	22-06-2024
AGE / SEX	56 Y / Female	REPORT RELEASED ON	22/06/2024
COLLECTED AT	Inside	REPORTING TIME	10:52:16AM
RECEIPT No.	20,015	PATIENT ID	20046
REFERRED BY Dr.	DMH		

INVESTIGATION - COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting, ESR Wintrobe, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile., Urine Examination Report, Glycosylated Haemoglobin, T3 Triiodo Thyroid, T4 Thyroxine, TSH.,

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

## BIOCHEMISTRY

Blood Sugar Fasting 95.6 (70 - 110)mg/dl

Reference Value :

Fasting ( Diabetes 110.0 Mg% Or More ) ( Impaired Glucose Tolerance 110-126 Mg% )

After 2hrs. Of 75 Gm Glucose (oral) ( 70-140 Mg% ) ( Impaired Glucose Tolerance 140-200 Mg% )

Random/casual (diabetics 200 Mg% Or More, With Presenting Symptoms.)

### Lipid Profile.

Total Cholestrol	172.6	125-200mg/dl Normal Value	mg/dl
H D L Cholestrol	43.1	(30-70 mg%)	mg%
Triglyceride	182.5	High (60-165mg/dL)	mg/dl
V L D L	36.5	(5-40mg%)	mg%
L D L Cholestrol	93		mg/dl
		50 Optimal	
		50-100 Near/Above Optimal	
TC/HDL	4.0	(3.0-5.0)	
LDL/HDL	2.2	(1.5-3.5)	

### Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipid The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholesterol, triglycerides, hdl & Ldl Cholesterol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholesterol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.



# DIVYAMAN HOSPITAL Pvt. Ltd.

Pathology Division



पैथोलॉजी संकाय

Pathological Examination Report

PATIENT NAME	Mrs. SUMAN LATA	SAMPLE COLLECTED ON	22-06-2024
AGE / SEX	56 Y / Female	REPORT RELEASED ON	22/06/2024
COLLECTED AT	Inside	REPORTING TIME	10:52:16AM
RECEIPT No.	20,015	PATIENT ID	20046
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Tests	Results	Biological Reference Range	Unit
<b>LIVER FUNCTION TEST</b>			
Bilirubin (Total)	1.1	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct )	0.4	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.7	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	33.4	0-40	IU/L
SGPT (ALT)	39.7	0.0-42.0	IU/L
Serum Alkaline Phosphatase	152.9	80.0-290.0	U/L
Serum Total Protein	6.6	6.0-7.8	gm/dl
Serum Albumin	4.0	3.5-5.0	gm/dl
Serum Globulin	2.6	2.3-3.5	gm/dl
A/G Ratio	1.54	High	

**Comments/interpretation:**

-liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.  
 -the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.  
 -It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

**KIDNEY FUNCTION TEST**

Blood Urea	28.5	15.0-45.0	mg/dl
Blood Urea Nitrogen (BUN)	13.1	06-21	mg%
Serum Creatinine	0.7	0.7-1.4	mg/dl
Serum Uric Acid	5.7	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	141.3	136.0-149.0	mmol/L
Serum Potassium	4.2	3.5-5.5	mmol/L
Serum Calcium	8.7	8.0-10.5	mg/dl

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For Home Collection Dial : 9076655547

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# DIYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

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AGE / SEX	56 Y / Female	REPORT RELEASED ON	22/06/2024
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Tests	Results	Biological Reference Range	Unit
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### Glycosylated Haemoglobin

HBA1c	5.2	(4.3-6.4)	%
-------	-----	-----------	---

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

### SEROLOGY

#### Blood Group (ABO)

A.B.O.	"A"
Rh(D)	POSITIVE

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# YAMAN HOSPITAL Pvt. Ltd.

Pathology Division



पैथोलॉजी संकाय

Pathological Examination Report

PATIENT NAME	Mrs. SUMAN LATA	SAMPLE COLLECTED ON	22-06-2024
AGE / SEX	56 Y / Female	REPORT RELEASED ON	22/06/2024
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Tests	Results	Biological Reference Range	Unit
<b>IMMUNOLOGY</b>			
T3 Triiodo Thyroid	1.06	(0.69 - 2.15)	ng/ml
T4 Thyroxine	108.2	(52 - 127) ng/ml	ng/ml
TSH	1.93	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

- Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
- A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
- A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
- Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

Page 5 of 6

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सर्व : सभी प्रकार की पैथोलॉजिकल जाँचें • बायोप्सी • एफ.एन.ए.सी. • पैप Smear • हॉर्मोन्स ( प्रतिदिन रिपोर्ट ) • साइटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट

For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



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# YAMAN HOSPITAL Pvt. Ltd.

Pathology Division



पैथोलॉजी संकाय

Pathological Examination Report

PATIENT NAME	Mrs. SUMAN LATA	SAMPLE COLLECTED ON	22-06-2024
AGE / SEX	56 Y / Female	REPORT RELEASED ON	22/06/2024
COLLECTED AT	Inside	REPORTING TIME	10:52:16AM
RECEIPT No.	20,015	PATIENT ID	20046
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting, ESR Wintrobe, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile., Urine Examination Report, Glycosylated Haemoglobin, T3 Triiodo Thyroid, T4 Thyroxine, TSH,,

Tests	Results	Biological Reference Range	Unit
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## CLINICAL PATHOLOGY

### Urine Examination Report

<b>PHYSICAL</b>			
Volume	25	-	ml
Color	STRAW	-	-
Appearance	CLEAR	-	-
<b>CHEMICAL</b>			
Reaction PH	6.5	(4.5-8.0)	-
Specific Gravity	1.010	(1.01-1.025)	-
Leucocytes	NIL	NIL	-
Protein	NIL	NIL	-
Bilirubin	NIL	NIL	-
Glucose	NIL	NIL	-
Urobilinogen	Normal	-	-
<b>SCOPICAL</b>			
Red Cells	Absent	0-2 /hpf	/hpf
White Cells	1-2	0-5 /hpf	/hpf
Epithelial Cells	3-4	-	-
Crystals	Nil	-	-
Other Cells	Absent	-	-
Microorganisms	Absent	-	-
Spores	Absent	-	-

FOR REFERENCE

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

Consultant Pathologist  
**DR. RIVASTAVA M.D(PATH)**

TECHNICIAN  
 20046

Consultant Pathologist  
**DR. VASUNDHARA SINGH M.D (PATH)**

Fully Computerised Lab Equipped with Modern Technologies

सभी प्रकार की पैथोलॉजिकल जाँचें • बायोप्सी • एफ.एन.ए.सी. • पैप स्मैर • हॉर्मोन्स ( प्रतिदिन रिपोर्ट ) • साइटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट  
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 Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.





LP. NO	6/11/16/	Date: 21, 2018
PATIENT NAME	MR. SUBHAN LATA	AGE/SEX: 40 Y/P
REF. BY	DR. [Faded text]	

### X-RAY CHEST (PA VIEW)

No active pulmonary parenchymal lesion is seen

BL. cp angle is clear.

Hilar shadows are normal

Cardiac shadow is normal.

Trachea and mediastinum are normal in position.


Bones and soft tissues are normal

#### IMPRESSION:

→ NORMAL SCAN.



NOTE - CLINICAL CORRELATION

  
**DR. BANGS NAYAR**  
 MBBS(MUN), MD(Dr. EWING)  
 RADIOLOGIST

- |                             |                                   |                     |                         |
|-----------------------------|-----------------------------------|---------------------|-------------------------|
| • उपरि एवं अधो दोष          | • विद्यु. कान दोष एवं एन.आई.सी.ए. | • प्राथमिक          | • विस्तारित एवं विविधित |
| • अतिरिक्त एवं अर्द्ध सी.ए. | • अतिरिक्त कर्ण                   | • अतिरिक्त          | • अर्द्धिक प्रत्यक्ष    |
| • सुशोभित                   | • सुशोभित                         | • कान, कान, कान दोष | • विविधित एवं विस्तृत   |
| • अन्तः व विस्तारित कर्ण    | • सुशोभित                         | • कान दोष           | • मध्यम अ. री. सी. एवं  |





# दिव्यमान हॉस्पिटल प्राइवेट लिमिटेड



• ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • मो० : 7525969999, 8173006932

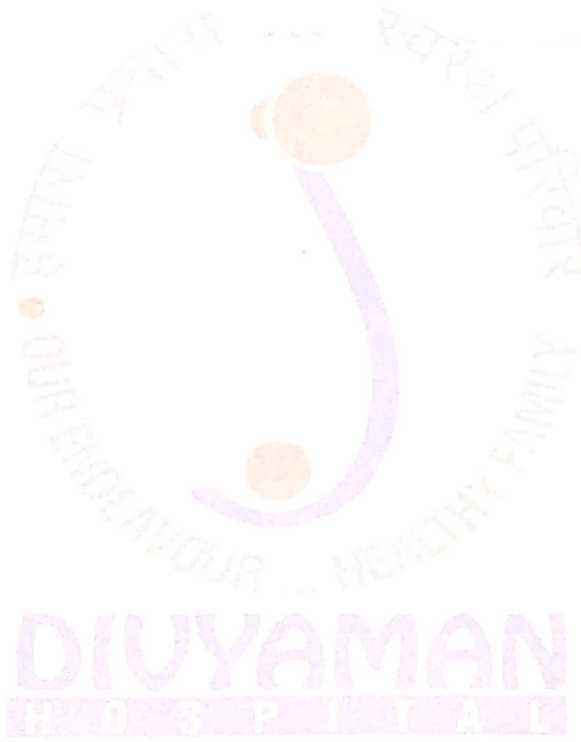
Mrs. Suman Jata

22/6/24

Age - 56 Y/F

रक्त बिरु  
बिरु

Psc (C)



### -: अन्य विभाग :-

- |                        |                                  |                     |                                 |
|------------------------|----------------------------------|---------------------|---------------------------------|
| एवं स्त्री रोग         | ▶ शिशु, बाल रोग एवं एन.आई.सी.यू. | ▶ डायलिसिस          | ▶ फिजियोथेरेपी एवं रिहैबिलिटेशन |
| न एवं आई.सी.यू.        | ▶ आर्थोपेडिक सर्जरी              | ▶ कार्डियोलॉजी      | ▶ प्राकृतिक उपचार               |
| जी                     | ▶ यूरोलॉजी                       | ▶ नाक, कान, गला रोग | ▶ रेडियोलॉजी एवं पैथोजॉजी       |
| व लैप्रोस्कोपिक सर्जरी | ▶ न्यूरोसर्जरी                   | ▶ छाती रोग          | ▶ माइयूलर ओ.टी., सी.आर्म        |

### इमरजेन्सी 24 घण्टे

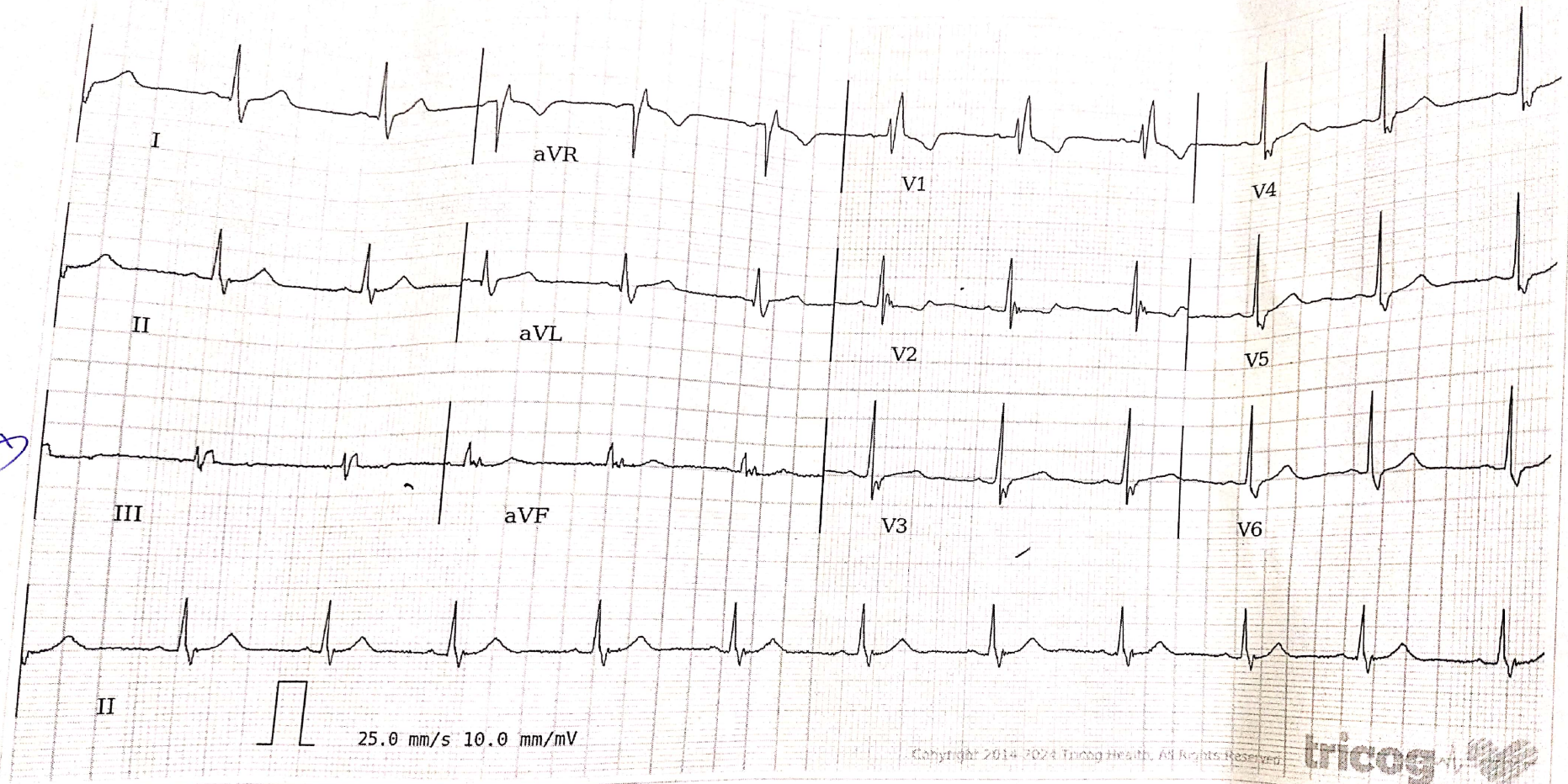
ता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदया बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003  
फ़ोन : 731-एच, शारदा शिवालय, आनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003





Age / Gender: 56/Female  
Patient ID: 0000000033  
Patient Name: SUMAN LATA

Date and Time: 22nd Jun 24 10:11 AM



AR: 70bpm

VR: 70bpm

QRSD: 122ms

QT: 406ms

QTcB: 438ms

PRI: 144ms

P-R-T: 15° 33° 25°

us Rhythm, Complete Right Bundle Branch Block. Please correlate clinically.

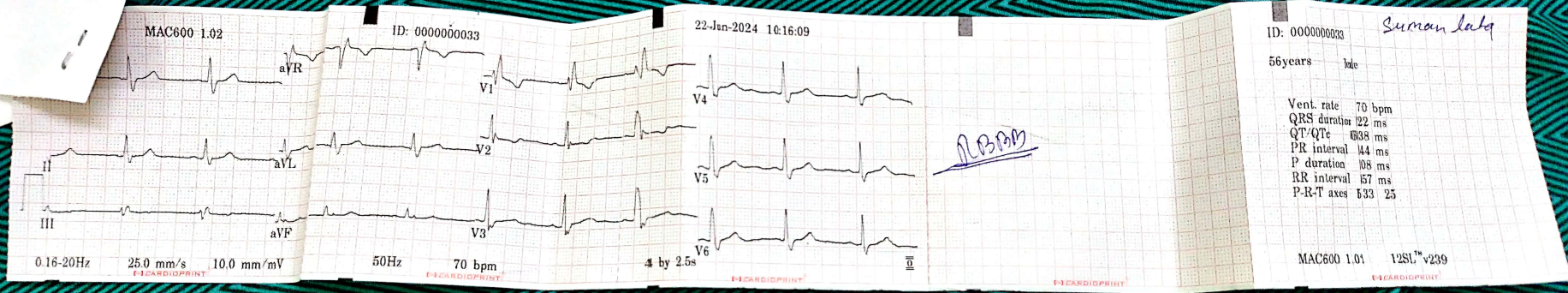
mer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY

*Dhanda*

Dr. Devendra Muralidhar Dhanda







R

CHEST-PA

