

Issue Date: 20/08/2014

3279 6192 2237
 VID : 9192 8398 4583 8768

ਮੇਰਾ ਮਿਤਾਕਾ ਮੇਰੀ ਪਛਾਣ

ਮਿਸ ਸਿੰਘ
 Pippal Singh
 ਮਰਮ ਮਿਤੀ/DOB: 01/01/1986
 ਲਿੰਗ: MALE

Download Date: 20/11/2014

ਭਾਰਤੀ ਵਿਸ਼ੇਸ਼ ਅਧਿਕਾਰਤੀ
 Specialized Authority of India

ਸੰਪਰਕ:
 S/O: ਸ਼ਿੰਗਾਰਾ ਸਿੰਘ, ਗੰਧੂ ਕਿਚਾ ਉੱਤਰ, ਗੰਧੂ ਕਿਚਾ
 ਫੇਰੋਜ਼ਪੁਰ, ਪੰਜਾਬ - 152003

Address:
 S/O: Shingara Singh, Gandhu Kicha Uttar,
 Gandhu Kicha Uttar, Ferozepur,
 Punjab - 152003

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1947 | help@vidal.gov.in | www.vidal.gov.in

Pippal Singh

HTZ
KAPIL HOSPITAL
 Near New Courts,
 Civil Lines, Jalandhar

[Signature]

1
37 Years
Male

08/07/2023 09:06:44
KAPIL HOSPITAL JALANDHAR

Rate 72

PR 141
QRSD 77
QT 368
QTc 403

Prison: Nitin Mehl Singh

Hip

--AXIS--
P 71
QRS 73
T 39

12 Lead: Standard Placement

I avR

V1

V4

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II avL

V2

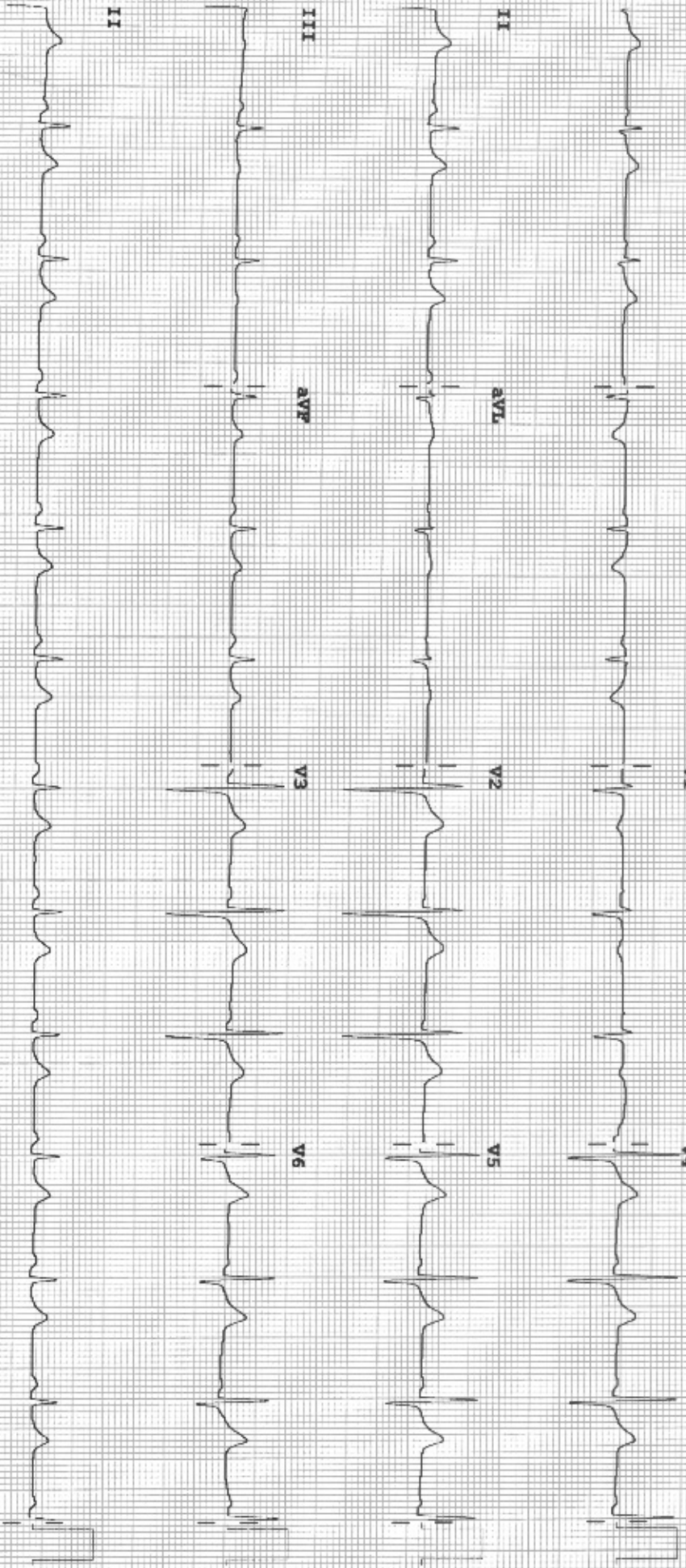
V5

III avF

V3

V6

II



[Handwritten signature]

Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV P 60-0.50-40 Hz W PR10 CL P2



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Phone : (H) 0181-2230822, 2235822 (R) 2456833 | Website : www.kapilhospitaljalandhar.com | E-mail : guptakapil.12@gmail.com

Physical Exam

First Name: Pipal Singh

Last Name:

Gender: Male

Diagnosis:

Sample Type: Venous blood

Department:

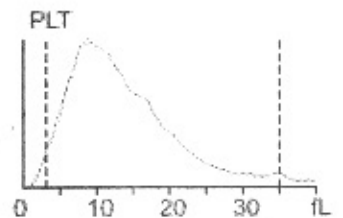
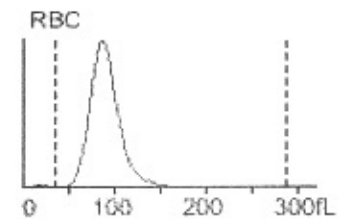
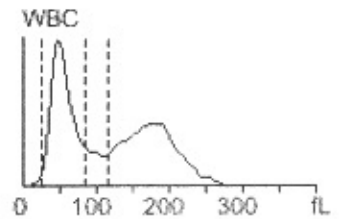
Med Rec. No.:

Sample ID: 1342

Run Time: 2023/07/08 09:41

Age: 37 Year

Parameter	Result	Ref. Range	Unit
1 WBC	6.83	3.50-9.50	10 ³ /uL
2 Lym%	41.6	20.0-50.0	%
3 Gran%	49.8 ↓	50.0-70.0	%
4 Mid%	8.6	3.0-9.0	%
5 Lym#	2.84	1.10-3.20	10 ³ /uL
6 Gran#	3.40	2.00-7.00	10 ³ /uL
7 Mid#	0.59	0.10-0.90	10 ³ /uL
8 RBC	5.13	4.30-5.80	10 ⁶ /uL
9 HGB	15.0	13.0-17.5	g/dL
10 HCT	46.4	40.0-50.0	%
11 MCV	90.3	82.0-100.0	fL
12 MCH	29.3	27.0-34.0	pg
13 MCHC	32.4	31.6-35.4	g/dL
14 RDW-CV	15.2 ↑	11.5-14.5	%
15 RDW-SD	55.6	35.0-56.0	fL
16 PLT	317	125-350	10 ³ /uL
17 MPV	10.0	7.0-11.0	fL
18 PDW-SD	12.2	9.0-17.0	fL
19 PDW-CV	14.6	10.0-17.9	%
20 PCT	0.318 ↑	0.108-0.282	%
21 P-LCR	27.8	11.0-45.0	%
22 P-LCC	88	30-90	10 ³ /uL



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Patient Name:- Mr.Pipal Singh	Age/Sex:- 37 Yrs/Male
Date:- 07/08/2023	Incharge:- Dr.Kapil Gupta MD
Proposal No:- PKG10000244	Sample ID:- 1342

Investigation	Result	Normal Range
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Hematological Test

E.S.R (ERYTHROCYTE SEDIMENTATION RATE)	12.0 mm 1 st hrs	0.0--20 mm1 st hrs
--	-----------------------------	-------------------------------

An erythrocyte sedimentation rate (ESR) is a type of blood test that measures how quickly erythrocytes (red blood cells) settle at the bottom of a test tube that contains a blood sample. Normally, red blood cells settle relatively slowly. A faster-than-normal rate may indicate inflammation in the body. Inflammation is part of your immune response system. It can be a reaction to an infection or injury. Inflammation may also be a sign of a chronic disease, an immune disorder, or other medical condition.

Blood Group	'B' Positive
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Biochemistry Test

Glucose Fasting HEXOKINASE	89.0 mg/dl	70--110 mg/dl
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Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 110 mg/dL is considered normal.
- A fasting plasma glucose level between 100-126 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level of above 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

S. Uric Acid Uricase Colorimetric	6.4 mg/dl	2.6--7.0 mg/dl
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Have you ever seen a person walking down a hallway who has ankles that have swollen to the size of your thighs? This is often not due to the person overeating or missing time on the exercise bike for months on end. Many individuals have a condition known as **gout** due to an excess in the levels of uric acid circulating throughout their bodies on a fairly regular basis. We'll talk more about gout in another lesson. The important piece of information here is the key factor involved behind the condition, which is an excess of uric acid in your blood.

Uric acid is a product produced by the body after the purines in many foods undergo the digestive process and are broken down inside the body. After this breakdown process, the uric acid travels through the bloodstream into your kidneys and most is actually eliminated through the urinary tract via urination. However, there are instances where you may have an excess of uric acid and are unable to excrete the bulk of this substance through urination. This is the beginning of a significant problem and is where gout comes into play. You may have an increased amount of uric acid in your body because of two ultimate reasons: either your body produces too much of the substance during the digestive breakdown or your kidneys are unable to filter all of the uric acid out of your body properly.

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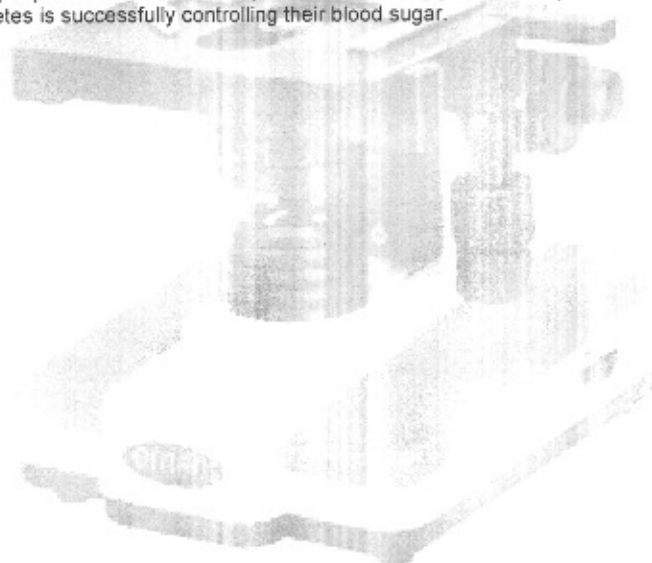
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Date:- 07/08/2023	Incharge:- Dr.Kapil Gupta MD
Proposal No:- PKG10000244	Sample ID:- 1342

Investigation	Result	Normal Range
Biochemistry Test		
Post Prandial Blood Sugar	115 mg/dl	70--140 mg/dl

A **postprandial glucose test** is a **blood glucose test** that determines the amount of a type of sugar, called **glucose**, in the blood after a meal. Glucose is mainly made from **carbohydrate** foods. It is the main source of energy used by the body.

Normally, blood glucose levels increase slightly after eating. This increase causes the **pancreas** to release **insulin**, which assists the body in removing glucose from the blood and storing it for energy. People with **diabetes** may not produce or respond properly to insulin, which causes their blood glucose to remain elevated. Blood glucose levels that remain high over time can damage the eyes, kidneys, nerves, and blood vessels.

A 2-hour **postprandial** blood glucose test ("2 hour p.c. blood glucose test", etc.) measures blood glucose exactly 2 hours after eating a meal.^[1] timed from the start of the meal.^[2] By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes. Thus, it serves as a test of whether a person may have diabetes, or of whether a person who has diabetes is successfully controlling their blood sugar.



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Patient Name:- Mr.Pipal Singh	Age/Sex:- 37 Yrs/Male
Date:- 07/08/2023	Incharge:- Dr.Kapil Gupta MD
Proposal No:- PKG10000244	Sample ID:- 1342

Investigation	Result	Normal Range
Renal Function Test		
Blood Urea Urease Colorimetric	28.0 mg/dl	15--45 mg/dl
S. Creatinine Jaffe Kinetic	0.9 mg/dl	0.4--1.4 mg/dl
Bun	13.0 mg/dl	10--20 mg/dl
BUN/Creatinine Ratio	14.4 mg/dl	10-20 range

Interpretation:- Kidney blood tests, or Kidney function tests, are used to detect and diagnose disease of the Kidney. The higher the blood levels of urea and creatinine, the less well the kidneys are working. The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value. Dehydration can also be a come for increases in urea level. Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage

Liver Function Test

Bilirubin Total Diazotized Sulfanilic	0.8 mg/dL	0.2--1.0 mg/dL
Bilirubin Direct Diazotized Sulfanilic	0.4 mg/dL	0.0--0.4 mg/dL
Bilirubin Indirect Diazotized Sulfanilic	0.4 mg/dL	0.3--1.0 mg/dL
SGOT (AST) IFCC without pyridoxal phosphate	37 IU/L	5.0--40.0 IU/L
SGPT (ALT) IFCC without pyridoxal phosphate	21 IU/L	5.0--40.0 IU/L
Alkaline Phosphatase (ALP) IFCC	198 IU/L	43--240 IU/L
Protein Total Biuret	6.6 g/dL	6.0--8.0 g/dL
Albumin Bromo Cresol Green (BCG)	3.4 g/dL	3.2--5.0 g/dL
Globulin Calculated	3.2 g/dL	2.5--3.5 g/dL
A/G Ratio	1.0	1.5--2.5
S.G.G.T	50 IU/L	17--70 IU/L
The AST/ALT ratio	1.7	<2.0 IU/L

Interpretation:- Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels. Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

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Patient Name:- Mr.Pipal Singh	Age/Sex:- 37 Yrs/Male
Date:- 07/08/2023	Incharge:- Dr.Kapil Gupta MD
Proposal No:- PKG1000244	Sample ID:- 1342

Test	Result	Normal Value
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Lipid Profile Test

Total Cholesterol	160 mg/dL	150--200 mg/dL Desirable <200 Borderline 200--239 High Risk >240
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A complete TC. test (also called a lipid profile) measures the amount of "good" and "bad" cholesterol and the level of triglycerides in the blood. Cholesterol is a fat-like substance that the body needs to function properly. However, too much cholesterol can lead to heart disease, stroke and atherosclerosis (a clogging or hardening of your arteries). It is important to have your cholesterol levels (lipid profile or panel) checked routinely. High cholesterol by itself usually has no signs or symptoms. Hence the importance of screening test. The body makes most of the cholesterol in the liver. For this reason, cholesterol levels are largely determined by genetics. Eating food high in cholesterol, saturated fats, trans fats and high fat in the diet may also affect the cholesterol level. Most of the cholesterol in the diet comes from animal products like meats, dairy fats and egg yolks.

Triglycerides	110 mg/dL	35--160 mg/dL
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Triglycerides are blood lipids by esterification of glycerol and free fatty acids and are carried by the serum lipoproteins. The intestine processes the Triglycerides from dietary fatty acid and they are transported in the blood stream as chylomicrons. A function of Triglycerides is to provide energy to heart and skeletal muscles. Triglycerides are major contributors to arterial diseases. As the concentration of Triglycerides increases, so will the VLDL increases. A peak concentration of chylomicron associated Triglycerides occurs within 3-6 hrs after ingestion of fat rich meal. Alcohol intake also causes transient increase of serum TG level. If TG is more than 400 mg/dL, VLDL can not be calculated. Conditions associated with increased TG levels: Hyperlipoproteinemia, stress, high intake of carbohydrates or fatty diet, Acute MI, Hypertension, Cerebral thrombosis, hypothyroidism, uncontrolled diabetes, hypothyroidism, Pancreatitis, Pregnancy etc. Conditions associated with decreased TG levels: Hyperparathyroidism, Lipoproteinemia, Protein malnutrition, exercise etc. People with increased levels are advised to undergo lipid profile at regular intervals:

HDL Cholesterol	45 mg/dL	40--67 mg/dL (< 40)
LDL Cholesterol	93 mg/dL	50--140 mg/dL (Friedewald Formula)

LDL Cholesterol, or low-density Lipoprotein, is also known as "bad" Cholesterol due to the proven relationship between high LDL levels and heart disease. The main goal of any Cholesterol treatment program is to lower the LDL Cholesterol.

LDL Cholesterol Levels (mg/dL)

- 70 or below: lowest risk
- 100 or below: lower risk
- 101 to 129: moderate risk
- 130 or above: high risk

V.L.D.L.	22 mg/dL	5.0--23 mg/dL	Calculated
Cholesterol/HDL Ratio	3.5 Ratio	Low Risk <4.0 Ratio	Calculated
		Average Risk 4.4-7.1	
		Moderate Risk 7.1-11.0	
		High Risk >11.0	

LDL/HDL Ratio	2.0 mg/dL	0.1--3.0 mg/dL	Calculated
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ALERT: 10-12 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

Notes: Lipid profile is initial screening tool for abnormalities in lipid. The results of this test can identify certain genetic disease & can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, hypertriglyceridemia in indicative of insulin resistance when present with low HDL & elevated LDL, while elevated TG is risk factor for coronary artery disease, especially when low HDL is present. TG of 500mg/dL or more can be concerning for development of pancreatitis.

Remarks:- Measurement in the same patient can show physiological & analytical variations. 3 serial samples 1 week apart are recommended for total cholesterol, TG, HDL & LDL cholesterol. AS per NCEP guidelines all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease of those with at least one parent with high total cholesterol is recommended. NCEP identifies elevated Triglycerides as an independent risk factor for coronary heart disease (CHD).

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Date:- 07/08/2023	Incharge:- Dr.Kapil Gupta MD
Proposal No:- PKG10000244	Sample ID:- 1342

Investigation	Result	Normal Range
Glycosylated Hemoglobin (HbA1c) Test		

HBA1C	NORMAL RANGE	
5.5%	Non Diabetic	4.0% - 6.0%
	Good Control	6.1% - 8.0%
	Poor Control	8.1% - 9.0%
	Unsatisfactory	>9%

Note:-

- 1. A three monthly monitoring is recommended in diabetics.
- 2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6-10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics. The results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Clinical Use:-

- Clinical management of diabetes mellitus through routine monitoring.
- Assess compliance with therapeutic regimen.

Report Completed:-

Test Requested:-

- **GLYCOSYLATED HEMOGLOBIN/HbA1c**
- **Done On FA 50 Quantitative Immunoassay Analyzer.**

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Date:- 07/08/2023	Incharge:- Dr.Kapil Gupta MD
Proposal No:- PKG10000244	Sample ID:- 1342

Investigation	Result	Normal Range
THYROID CAPSULE		
Total Triiodothyronine (T3)	162.41 ng/dl	Adults 20-50 yr : 70-204 ng/dl 50-90 yr : 40-181 ng/dl Pregnancy 1st trimester : 81-190 ng/dl 2 nd & 3 rd trimester: 100-362 ng/dl Pediatric Ranges: Cord blood : 30-70ng/dl Newborn : 75-260 ng/dl
Total Thyroxine (T4)	8.59 µg/dl	Adults Range :- 3.2- 12.6 µg/dl
Thyroid Stimulating Hormone(TSH)	3.20 µIU/ml	Adults Range :- 0.3-4.2µIU/ml Decadal Range :- 21week-20yr:0.7-5.0 µIU/ml 21yr-54yr: 0.4-4.2 µIU/ml 55yr – 87yr: 0.5-8.9 µIU/ml Pregnancy: 1 st trimester 0.3-4.5 µIU/ml 2nd trimester 0.5-4.6 µIU/ml 3 rd trimester 0.8-5. µIU/ml

Method – Chemiluminescence

➤ Done On FA 50 Quantitative Immunoassay Analyzer.

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Investigation	Result	Normal Range
---------------	--------	--------------

Urine Examination Report

Physical Examination

Quantity	: 30 ml	
Color	: Pale Yellow	
Ph	: 6.0	4.7--7.5
Appi.	: Clear	
Sugar	: Nil	
Sugar PP	: Nil	
Albumin	: Nil	
Ketone Bodies	: Negative	
Sp.Gravity	: Q.N.S (1.003 to 1.035)	

Chemical Examination

Bile Salts	: Negative
Bile Pigments	: Negative

Microscopic Examination

Pus Cell's	: 2-4
Ept Cell	: 2-3
Rbc's	: Nil
Any Other	: Nil

Collected Sample Received

**** -Drink More Water- ****

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<i>Clients Name: Mr. Pipal singh</i>	<i>Age/Sex :37Yrs/Male</i>
<i>Date: 08/07/2023</i>	<i>Incharge:Dr.Kapil Gupta MD</i>
<i>Medical</i>	

X-RAY CHEST REPORT

REPORT:

- *Trachea is centrally placed.*
- *Heart size is normal.*
- *Both costo – phrenic and cardio – phrenic angles are clear.*
- *Chest is Emphysematous.*
- *Prominent BV markings at right with changes of bronchiectasis seen at right lower lobe.*
- *Both domes of diaphragms are normal with non delineated cupulae and margins.*
- *Normal sub – diaphragmatic stomach shadow noticed.*
- *Soft tissue shadows and bony structures are normal.*
- *No definitive other pulmonary parenchymal disease.*

OPINION/IMPRESSION:-

* Bronchiectasis Right Side

(Advice: Sputum for AFB & Spirometry)

Kapil
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MD
Medical & Heart Specialist

Please Correlate clinically and with related investigation may be more informative

Disclaimer: In case of any discrepancy due to typing error or machinery error please get it rectified immediately.



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ULTRA SONOGRAPHY REPORT

Patient Name: Mr. Pipal Singh	Age/Sex: 37Yrs/ Male
PART Scanned:- ABDOMEN	Sonography Window :- Good/Bad/Reasonable
Non fasting	08/07/2023

Liver is normal in size, shape, outline and show enhanced echopattern with geographical area of fatty sparing, S/O fatty liver stage-I. No SOL is seen. IHBR are normal. Hepatic & porta is normal.

Gall Bladder is normal in size. Walls are normal. No calculus/sol. seen.

The cleavage line between the liver and gall bladder is maintained. To be repeated on fasting

Common Bile Duct is normal in calibre. No obstruction /mass/calculus could be seen up to the length scanned. To be repeated on fasting

Pancreas is normal in size, shape, outline and echopattern. PD is normal. No sol. seen. P eripancreatic region is normal.

Spleen is normal in size and echopattern. No sol. seen. Splenic vein is normal in size. No collaterals could be seen.

Kidneys: Both kidneys are almost normal in size, shape, outline and parenchymal echopattern. Cortico medullary distinction is well maintained bilaterally. Left kidney shows few concretions/specks in various calyx, no calculus/hydronephrosis. No concretions/ calculi/hydronephrosis seen in right kidney. Peri renal area is normal Rt kidney 10.2x 3.8cm, Lt kidney 10.2 x 3.7cm.

Ureters: seem to be normal upto the parts scanned.

Urinary Bladder is normal. No calculus/mass is seen. UB wall is normal.

Psoasmuscles seem to be normal.

Bowel loops: Right iliac region seem to be grossly normal. No sol. seen.
No free fluid/gross lymphadenopathy noted.

Pleural: spaces are normal.

Prostate: is normal size, capsule intact, no nodules

IMPRESSION: 1. Early Fatty Liver Changes

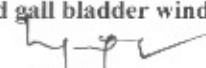
2. Left renal concretions seen

Please correlate clinically and with related investigation which may be more informative

Owing to technical limitations of the procedure, there may be false positive or false negative interpretation. Ultrasound scan is supplement not substitute of clinical assessment.

Kindly repeat on fasting if USS got done on non-fasting status and on full bladder if done on empty bladder. The present study cannot completely confirm (1) absence of any or (2) presence of ureteric or gall bladder calculus due to positioning or non-visualization of ureter and gall bladder window

Date: 08/07/2023


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