

MEDWHEEL

आधार-आम आरती का अधिकार

5694 8752 0749



आशुतोष कुमार सिंह
ASHUTOSH KUMAR SINGH
जन्म तिथि/DOB: 24/04/1976
पुरुष / MALE



भारत सरकार
GOVERNMENT OF INDIA



भारत सरकार
Government of India



अमिता सिंह
AMITA SINGH
जन्म तिथि/DOB: 01/03/1979
महिला / FEMALE



5051 7927 2461

मेरा आधार, मेरी पहचान



बैंक ऑफ़ बड़ौदा
Bank of Baroda
India's International Bank



नाम
Name: Mr. Ashutosh Kumar Singh

कर्मचारी कूट नं.
E.C No. 111735

जारीकर्ता प्राधिकारी
Issuing Authority

AK Singh
धारक के हस्ताक्षर
Signature of Holder

TENDER PALM HOSPITAL

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Ref No.

DIAGNOSTICS REPORT

Date.

Patient Name	: Mrs. AMITA SINGH	Order Date	: 09/09/2022 08:58
Age/Sex	: 43 Year(s)/Female	Report Date	: 09/09/2022 13:30
UHID	: TPSH.5380	IP No	:
Ref. Doctor	: Self	Facility	: Tender Palm Superspeciality Hospital

ULTRASOUND WHOLE ABDOMEN

LIVER: Normal in size and mildly enhanced echogenicity. Parenchymal echoes are normal. Intra Hepatic biliary radicals are not dilated. No focal SOL is seen. Hepatic veins & I. V. C are normal.

GALL BLADDER: Normally distended. Wall is not thickened. Few calculi are seen at gall bladder lumen largest measuring 12 mm.

PORTA: Portal vein normal in caliber. CBD is not dilated.

SPLEEN: Normal in position & size. Echoes are normal. Splenic vein is not dilated.

PANCREAS: Normal in contour. Echoes are normal. Pancreatic Duct is not dilated. No focal SOL is seen.

Right KIDNEY: - Normal in size. Parenchymal echoes are normal. Cortico-medullary differentiation is maintained. No calculus or hydronephrosis is seen.

LEFT KIDNEY: - Normal in size. Parenchymal echoes are normal. Cortico-medullary differentiation is maintained. No calculus or hydronephrosis is seen.

URINARY BLADDER: Normally distended. Wall not thickened. No echogenic calculus seen.

UTERUS: Normal in size with normal parenchyma echotexture. Endometrial thickness ~9.6 mm


Both adnexa are clear.

No free fluid in abdomen.

IMPRESSION:

GRADE I FATTY LIVER.

CHOLELITHIASIS.


Dr. GARIMA SINGH, MBBS, DNB
(RADIO-DIAGNOSIS)

Radiologist



TENDER PALM HOSPITAL

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W.P. 5514

B.P. = 106/76 mm/s

S.P.O. = 99%

P.R. = 87 b/m

Ref No.

Date.

UHID : TPSH.5380
 Patient Name : Mrs. AMITA SINGH
 Age / Sex : 43 Year(s) / Female
 Mobile : 9278445240
 Bill No./Date time : OPCR348 / 09-09-2022 08:58
 Visit type / Token No. : HealthCheckup Consultation /
 Card validity Date :
 Address : MEDIWIL Lucknow -
 Rate Contract : mediwheel

Doctor : Dr. Anmol Samuel Thacore
 Department : Dental
 Registration No. : 5324
 Qualification : BDS



no. Extraction. 1 yr. back.
 Clo. Palm white. Chewing. in lower. Rt.
 Portion of. Mouth.

O/E

Cavious — + 6 *

Missing 6 |

Filling — +

Stain & Calculus — (+) |

Impacted. 8 | (Horizontal.)

No-Dm.

Below

Ext — 8 |

Filling — + 6.

Sealing.

Rx

Metravie. Plus. $\leftarrow \begin{matrix} M \\ E \end{matrix}$

Ultras + ADS $\leftarrow \begin{matrix} M \\ E \end{matrix}$



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Wt. 55 kg BP = 108/76 mmHg SpO2 95% RR 20 bpm

Ref No. _____ Date: _____

UHID : TPSH.5380
 Patient Name : Mrs. AMITA SINGH
 Age / Sex : 43 Year(s) / Female
 Mobile : 9278445240
 Bill No/Date time : OPCR348 / 09-09-2022 08:58
 Visit type / Token No. : HealthCheckup Consultation /
 Card validity Date :
 Address : MEDIWIL Lucknow -
 Rate Contract : mediwheel

Doctor : Dr. Gazal
 Department : Ophthalmology
 Registration No. :
 Qualification : MBBS,MD



Vn < 6/6
6/6

For medical fitness
/ Health checkup

Near Vn - N-6 c presbyopia glasses.

Colour

Vn < WNL Both eyes.

Slit lamp

Anterior segment - WNL both eyes

Received original
 Report & Due. Prescri.
 Ar. Singh
 09/09/2022

Ref No.

DIAGNOSTICS REPORT

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GRADE I FATTY LIVER.

CHOLELITHIASIS.



Dr. GARIMA SINGH, MBBS, DNB
(RADIO-DIAGNOSIS)


Radiologist



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Department of Pathology & Microbiology Test Report

Patient ID	: NDB00818 /OPD	Regn/Sample Date	: 09-Sep-2022 10.52 AM
Patient Name	: MR. AMITA SINGH	Report Date	: 09-Sep-2022 11.22 AM
Age / Sex	: 43 Years / Male	Sample Type	: SERUM
Referred Dr	: TENDER PALM HOSPITAL	Contact No	:
		Barcode	

LIPID PROFILE


Investigation	Value	Unit	Blo. Ref. Range
Lipid Profile			
Nature Of Sample	Fasting		
Serum Cholesterol -Total	180	mg/dL	Desirable - Upto 200 Borderline High - 200-239 High - Above 240
Serum Triglycerides	122	mg/dL	Normal: Below 161 High : 161-199 Hyper : 200-499 Very High : >499
<i>(Method : Glycerol Phosphate Oxidase)</i>			
HDL Cholesterol	48.3	mg/dL	35.3-79.5
<i>(Method: Direct)</i>			
LDL Cholesterol	107	mg/dL	Optimal: < 100 Near Optimal/Above Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
<i>(Method: Direct)</i>			
VLDL Cholesterol	24	mg/dL	6-38
CHOL/HDL RATIO	3.73		0-4.5

Note: Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.
VLDL, CHOL/HDL RATIO, LDL Cholesterol, serum, are calculated parameters

Checked By
Page 1 of 1

Dr. Nishant sharma
M.D.(Path.)

Dr. Molay Banerjee
M.D.(Micro.)


Dr. U. P. Kushwaha
M.D.(Path.)

Shaheed Path, Lucknow-226002, UP ☎+91-7307458428, 7521001912
Complaint & Support : 8810729369 In Association With Narayana Diagnostics, Lucknow

Scanned with CamScanner



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Department of Pathology & Microbiology

Test Report

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. AMITA SINGH	Age/Sex : 43 Year(s)/Female
UHID : TPSH.5380	Order Date : 09/09/2022 08:58
Episode : OP	
Ref. Doctor : Self	
Address : MEDIWIL , ,Lucknow,Uttar Pradesh ,0	Facility : Tender Palm Superspeciality Hospital

Urine Protein (Albumin)	Not Detected	Not Detected
Urine Glucose (Sugar)	Not Detected	Not Detected
Urine Ketones (Acetone)	Not Detected	Not Detected
Bilirubin	Not Detected	Not Detected
Bile Pigments	Absent	Absent
Bile Salt	Negative	Absent
Urobilinogen	Normal	Normal
Nitrite	Not Detected	Not Detected

Microscopic Examination

Red blood cells	1-2	/HPF	Not Detected
Pus Cells (WBCs)	2-4	/HPF	0 - 5
Epithelial Cells	1-2	/HPF	0 - 5
Crystals	Not Detected	/HPF	Not Detected
Cast	Not Detected		Absent
Bacteria	Not Detected	/HPF	Not Detected

End of Report

Dr.U.P Kushwaha
M.D.(PATH.)

TENDER PALM HOSPITAL

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Department of Pathology & Microbiology Test Report

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. AMITA SINGH	Age/Sex : 43 Year(s)/Female
UHID : TPSH.5380	Order Date : 09/09/2022 08:58
Episode : OP	
Ref. Doctor : Self	
Address : MEDIWIL , ,Lucknow,Uttar Pradesh ,0	Facility : Tender Palm Superspeciality Hospital

<i>Calculated</i>			
PCT	0.17 ▼	%	0.2 - 0.5
<i>Calculated</i>			
MPV	0.5	fL	0.2 - 0.5
<i>Calculated</i>			
Total Leucocytes Count	3.9 ▼	x10 ³ /ul	4 - 10.5
<i>Electrical Impedance</i>			
Differential Count			
Neutrophils	59	%	44 - 76
Lymphocytes	34	%	20 - 40
Monocytes	05	%	2 - 10
Eosinophils	02	%	1 - 6
Basophils	00	%	0 - 2

Urinalysis

Test Name	Result	Unit	Biological Ref Range
Sample No : 07H0005348			Report Date : 09/09/22 13:37

URINE EXAMINATION, ROUTINE, URINE, R/E

Sample- Urine

Nature of specimen	Random	
Colour	Pale Yellow	Pale Yellow
<i>Visual</i>		
Transparency (Appearance)	Clear	Clear
<i>Visual</i>		
Reaction (pH)	6.0	4.6 - 8
<i>Double Indicator</i>		
Specific Gravity	1.005	1.003 - 1.035
<i>Pta Change</i>		

Chemical Examination

Page 5 of 6

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Department of Pathology & Microbiology Test Report

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. AMITA SINGH Age/Sex : 43 Year(s)/Female
UHID : TPSH.5380 Order Date : 09/09/2022 08:58
Episode : OP
Ref. Doctor : Self
Address : MEDIWIL , ,Lucknow,Uttar Pradesh ,0 Facility : Tender Palm Superspeciality Hospital

Comment:

Liver function tests, or LFTs, include tests that are routinely measured in all clinical laboratories. LFTs include bilirubin, a compound formed by the breakdown of hemoglobin; ammonia, a breakdown product of protein that is normally converted into urea by the liver before being excreted by the kidneys; proteins that are made by the liver including total protein, albumin, prothrombin, and fibrinogen; cholesterol and triglycerides, which are made and excreted via the liver; and the enzymes alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP), gamma-glutamyl transferase (GGT), and lactate dehydrogenase (LDH). Other liver function tests include serological tests (to demonstrate antibodies) and DNA tests for hepatitis and other viruses; and tests for antimitochondrial and smooth muscle antibodies, transthyretin (prealbumin), protein electrophoresis, bile acids, alpha-fetoprotein, and a constellation of other enzymes that help differentiate necrotic (characterized by death of tissues) versus obstructive liver disease.

Hematology

Test Name	Result	Unit	Biological Ref Range
Sample No : 07H0005348			Report Date : 09/09/22 10:31

COMPLETE BLOOD COUNT (CBC)

Sample- EDTA			
Haemoglobin (Spectrophotometry/Colorimetry)	10.6 ▼	gm/dl	13.5 - 18
RBC Electrical Impedance	4.23	$\times 10^6/\mu\text{l}$	4.2 - 5.4
PCV Calculated	31.2 ▼	%	37 - 47
MCV Calculated	73.8 ▼	fl	78 - 100
MCH Calculated	25.1 ▼	pg	27 - 31
MCHC Calculated	34.0	g/dl	32 - 36
RDW Calculated	15.4 ▲	%	11.5 - 14
Platelet Count Electrical Impedance	199	$\times 10^3/\mu\text{l}$	150 - 450
PDW	17.6 ▲	%	9 - 17

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Department of Pathology & Microbiology Test Report

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. AMITA SINGH	Age/Sex	: 43 Year(s)/Female
UHID	: TPSH.5380	Order Date	: 09/09/2022 08:58
Episode	: OP		
Ref. Doctor	: Self		
Address	: MEDIWIL , ,Lucknow,Uttar Pradesh ,0	Facility	: Tender Palm Superspeciality Hospital

COMMENTS :

An electrolyte test can help determine whether there's an electrolyte imbalance in the body. Electrolytes are salts and minerals, such as sodium, potassium, chloride and bicarbonate, which are found in the blood. An electrolyte test can also be used to monitor the effectiveness of treatment for an imbalance that affects the functioning of an organ. The test is sometimes carried out during a routine physical examination, or it may be used as part of a more comprehensive set of tests. As part of routine blood testing, or when your doctor suspects that you have an imbalance of one of the electrolytes (usually sodium or potassium), or if your doctor suspects an acid-base imbalance. Electrolytes may also be checked if you are prescribed certain drugs, particularly diuretics or ACE inhibitors. In specific disorders, one or more electrolytes may be abnormal. Your healthcare professional will look at the overall balance but is likely to be especially concerned with your sodium and potassium concentration. People whose kidneys are not functioning properly, for example, may retain excess fluid in the body, diluting the sodium and chloride so that they fall below normal concentrations. Those who experience severe fluid loss may show an increase in potassium, sodium, and chloride concentration (chloride tends to mirror the sodium concentration). Some forms of heart disease, muscle and nerve problems, and diabetes may also have one or more abnormal electrolytes. Electrolyte abnormalities may also be a consequence of drug treatment.

LIVER FUNCTION TEST (LFT)

Sample- Serum		mg/dl	0 - 1
Total Bilirubin	0.39		
Serum, Jendrassik_Method		mg/dl	0 - 0.2
Direct Bilirubin	0.19		
Indirect Bilirubin	0.20	mg/dl	0.1 - 1
Calculated			
SGOT/ AST (Serum)	31	U/L	0 - 31
Serum, IFCC			
SGPT/ ALT (Serum)	27	U/L	0 - 34
Serum, IFCC			
Alkaline Phosphatase	80	U/L	35 - 104
Serum, AMPI/IFCC			
Total Protein	6.77	g/dl	6.4 - 8.3
Buret			
Serum Albumin	5.03	g/dl	3.5 - 5.2
Globulin	1.74 ▼	g/dl	1.8 - 3.6
Calculated			
A/G Ratio	2.89 ▲	Ratio	1.1 - 2.2
Calculated			

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Department of Pathology & Microbiology Test Report

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. AMITA SINGH
UHID : TPSH.5380
Episode : OP
Ref. Doctor : Self
Address : MEDIWIL , Lucknow,Uttar Pradesh ,0
Age/Sex : 43 Year(s)/Female
Order Date : 09/09/2022 08:58
Facility : Tender Palm Superspeciality Hospital

Note:

1. The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical

KIDNEY FUNCTION TEST (KFT)

Sample- Serum		mg/dl	19 - 45
Blood Urea	26.2		
Serum, GLDH Kinetic		mg/dl	8.4 - 25.7
BUN-Blood Urea Nitrogen	12.2		
Serum, Urease		mg/dl	0.5 - 1.1
Creatinine	0.84		
Fixed Time		Ratio	10 - 20
Bun/Creatinine Ratio	14.5		
In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be con		mg/dl	2.5 - 6.2
Uric Acid	4.36		
Serum, Uricase Peroxidase			
Electrolyte		mmol/L	135 - 145
Sodium	140		
Serum, ISE		mEq/L	3.5 - 5.1
Potassium	4.3		
Serum, ISE		g/dl	6.4 - 8.3
Total Protein	6.77		
Biuret		g/dl	3.5 - 5.2
Serum Albumin	5.03		
Serum, Bromocresol green		g/dl	1.8 - 3.6
Globulin	1.74 ▼		
Calculated		Ratio	1.1 - 2.2
A:G Ratio	2.89 ▲		
Calculated			



TENDER PALM HOSPITAL

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Med. Div. Vee/D

Department of Pathology & Microbiology Test Report

LABORATORY INVESTIGATION REPORT

Patient Name	1 Mrs. AMITA SINGH	Age/Sex	1 43 Year(s)/Female
UHID	1 TPSH.5300	Order Date	1 09/09/2022 08:58
Episode	1 OP		
Ref. Doctor	1 Self		
Address	1 MEDIWIL , Lucknow,Uttar Pradesh ,0	Facility	1 Tender Palm Superspeciality Hospital

Biochemistry

Test Name	Result	Unit	Biological Ref Range
Sample No : 07H0005340			Report Date : 09/09/22 11:39

FASTING BLOOD SUGAR

Sample- Fluoride Plasma

Glucose,Fasting	111 ▲	mg/dl	74 - 100
<i>Plasma-F,GOD-POD</i>			

Note:

1. The diagnosis of Diabetes requires a fasting plasma glucose of \geq or = 126 mg/dl and/or a random / 2 hr post glucose value of \geq or = 200 mg/dl on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels ($>$ 450 mg/dl in adults) may result in Diabetic Ketoacidosis & is considered critical

HbA1C

Sample- EDTA

HbA1C	6.4 ▲	%	Non-diabetic: \leq 5.8 Pre-diabetic: 5.9-6.4 Diabetic: \geq 6.5
Estimated average glucose	137.0 ▲	mg/dl	70 - 130
<i>High Performance Liquid Chromatography (HPLC).</i>			

INTERPRETATION :

- 1) HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2) HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association) guidelines 2012, for diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 6.0% to 6.5% are considered at risk for developing diabetes in the future.
- 3) Trends in HbA1c are a better indicator of diabetes control than a solitary test.
- 4) In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 %.

PP BLOOD SUGAR

Sample- Fluoride Plasma

Glucose,Post Prandial	121	mg/dl	70 - 140
<i>(Method : Plasma F,GOD-POD)</i>			