



भारत सरकार
GOVERNMENT OF INDIA



राजेन्द्र कुमार
Rajender Kumar
DOB: 14-04-1986
Gender: Male



2680 3227 1811

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

S/O: अमरजीत सिंह, कतला हेडी
(९१), तिगरी, थानेसर, कुरुक्षेत्र,
हरियाणा, 136135

Address:
S/o: Amarjit Singh, Katlaheri (91),
Tigri, Thanesar, Kurukshetra,
Haryana, 136135



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Bengaluru-560 001



Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

(A unit of DMR Hospitals Pvt. Ltd.)

EYE DEPARTMENT



MR. Kumar RAJENDER

VA $\left\{ \begin{array}{l} 6/12 \\ 6/12 \end{array} \right.$ PH $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

clo
- Blurring of vision
ambly

R $\left\{ \begin{array}{l} -0.50DSph / -0.70DCyl \times 60 \\ -0.50DSph / -0.50DCyl \times 120 \end{array} \right.$ — 6/6

Ay R

EID-LUBREX — \odot
• • • α 5 day
dm



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

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PANEL HOSPITAL : DELHI GOVT., CGHS, ECHS, MTNL, DJB, DTC, NDPL, MCD, NAFED, HUDCO, TRADE FAIR AUTHORITY OF INDIA, DDA, NDMC, PAWAN HANS HELICOPTER, IFFCO, METRO BHEL, MOTHER DAIRY, GAIL, VSNL, TCIL, IGL, TISCO, NPCC, NBCC, NTC, PEC, IREDA, IRCON, SCI, DU, SPG, MES, ESI, CERC, CRT, UGC, DERC, IGNOU, JNU, DTL, CPCB, FCI, NPC, ICAR, IARI, BSNL, BSES, DELHI POLICE, ALL MAJOR TPA'S (MEDICLAIM CASHLESS HOSPITALISATION) ETC.



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MEDICINE OPD



MZ. RAJENDER

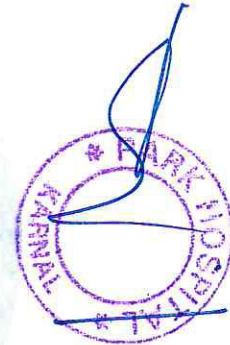
AGE - 37 YEAR

Δ Dyslipidemia

Rx
1)

Tab. Atorvas 20 mg hs x 15 days

Review in medicine OPD after 15 days



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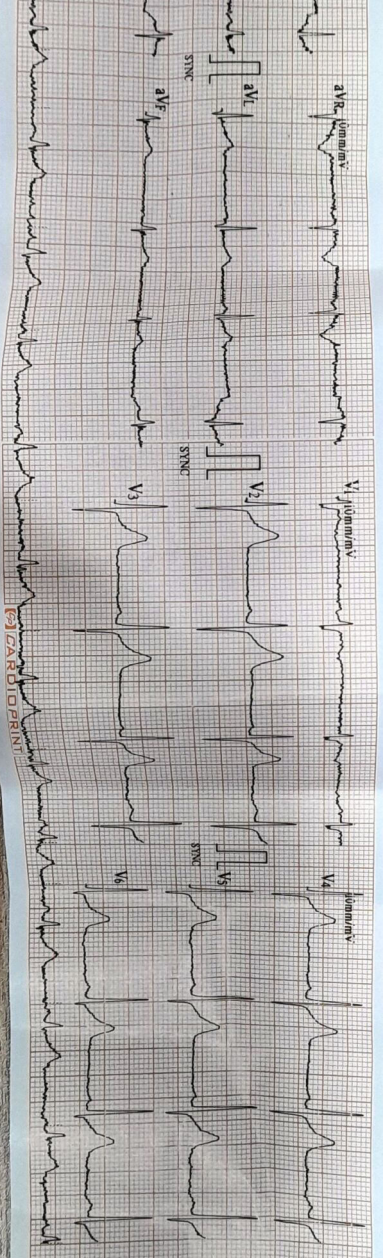
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25mm/s 0.5mV - SE2
 I 10mm/mV
 II 10mm/mV
 III 10mm/mV
 aVR 10mm/mV
 aVL 10mm/mV
 aVF 10mm/mV
 V1 10mm/mV
 V2 10mm/mV
 V3 10mm/mV
 V4 10mm/mV
 V5 10mm/mV
 V6 10mm/mV



ID : 3218 HR : 68
 Name: **Rajendra** RR : 874
 Sex : M Age : 32/m P/QRS/T : 355/390
 RW/SVL : 1.37/0.01/37.0 mV
 RV5/SVL : 1.740 mV
 Status: **Not in**
 Barcode/Line: **Normal** ECG
 Lincoln Hospital Verified by:

PARUL HOSPITAL KAROLLOPRINI

DCC-7205 V2.000 (EUIDS: V2.000/ANP-T1.001) 2024-01-13 11:36



नाम : RAJENDER KUMAR

कर्मचारी कूट.क्र.
E. C. No. : 168119



[Signature]

जादीबारा प्रधिकारी, उ.के.प्र., से.का., कर्नाल
Issuing Authority DRM, RO, Karnal



[Signature]

धारक के हस्ताक्षर
Signature of Holder



Diagnostics S. No. : LSHHI343633	MR No. : MR/24/000133
Patient Name : Mr. RAJENDER KUMAR	Doctor : Dr. PANKAJ GOYAL
Age/Sex : 37.9 YRS Sex : Male	Date : 13-Jan-2024
OPD/IPD : OPD	Sample Collection : 13-Jan-2024
IPDNo :	Reporting Date : 13-Jan-2024
	ReferDoctor :

BIO-CHEMISTRY

Test Name	Status	Result	Biological Reference Interval	Unit
<u>BLOOD GLUCOSE FASTING</u>				
BLOOD SUGAR FASTING		92	70-110	mg/dl
<u>BLOOD GLUCOSE PP</u>				
BLOOD SUGAR PP		105	80-140	mg/dl

HAEMATOLOGY

<u>BLOOD GROUP And RH TYPE</u>				
BLOOD GROUP ABO & Rh		"B" POSITIVE	-	
<u>CBC (COMPLETE BLOOD COUNT)</u>				
HAEMOGLOBIN		15.3	13.0-17.0	gm/dl
TLC (Total Leucocyte Count)		5200	4000-11000	/cumm
NEUTROPHILS		55	45-75	%
LYMPHOCYTES		32	20-45	%
EOSINOPHILS		04	0-06	%
MONOCYTES		09	02-10	%
BASOPHILS		00	0-2	%
RBC		5.28	3.8-5.5	Millions/cmm
PCV/HAEMATOCRIT	H	48.0	35-45	%
MCV		90.9	76-96	fl
MCH		29	27-31	Picogram
MCHC		31.9	30-35	gm/dl



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

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RDW	12.6	11.5-14.5	%
PLATELETS	2.01	1.5-4.0	Lacs

BIO-CHEMISTRY

CREATININE SERUM

CREATININE	1.2	0.6-1.4	mg/dl
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HAEMATOLOGY

ESR

ESR	08	0-20	mm/1sthr
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BIO-CHEMISTRY

LFT(LIVER FUNCTION TEST)

BILIRUBIN (TOTAL)	0.65	0.1-1.2	mg/dl
BILIRUBIN DIRECT	0.23	0.0-0.3	mg/dl
BILIRUBIN INDIRECT	0.42	0.1-0.9	mg/dl
SGOT (AST)	19	0-40	IU/L
SGPT (ALT)	22	0-40.0	IU/L
ALK.PHOSPHATASE	92	42.0-119	IU/L
TOTAL PROTEIN	7.8	6.0-8.0	gm/dl
ALBUMIN	4.9	3.20-5.0	gm/dl
GLOBULIN	2.9	2.30-3.80	gm/dl
A/G Ratio	1.6	1.0-1.60	

LIPID PROFILE

TOTAL CHOLESTEROL	223	0-250	mg/dL
TRIGLYCERIDE	94	0-161	mg/dL
HDL-CHOLESTEROL	49	30.0-60.0	mg/dL



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LDL CHOLESTEROL	H	155.2	0-130	mg/dL
VLDL		18.8	0-40	mg/dL
LDL / HDL RATIO		3.16	0.0-3.55	
UREA				
BLOOD UREA		26	13.0-45.0	mg/dl
URIC ACID, SERUM				
URIC ACID		5.0	3.0-7.2	mg/dl

CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

VOLUME	35	-	ml
COLOUR	P.YELLOW	-	
APPEARANCE	CLEAR	-	
URINE pH	6.5	5.5-8.5	
SPECIFIC GRAVITY	1.015	1.005-1.030	
KETONE	NEG	-	
URINE PROTEIN	NEG	-	
URINE SUGAR	NEG	-	
PUS CELLS	1-2	1-2	/HPF
RBC CELLS	NIL	-	/HPF
EPITHELIAL CELLS	NIL	2-3	/HPF
CRYSTALS	NIL	-	
CASTS	NIL	-	

LAB
TECHNICIAN

Dr. VISHAL SALHOTRA

MD (PATHOLOGY)

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

Dr. NISHTHA KHERA

MBBS, MD (PATHOLOGY)

Dr. PARDIP KUMAR

CONSULTANT(MICROBIOLOGY)

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Lab No.	012401140116	Age/Gender	37 YRS/MALE	Coll. On	14/Jan/2024 09:19AM
Name	Mr. RAJENDER KUMAR			Reg. On	14/Jan/2024
Ref. Dr.				Approved On	14/Jan/2024 10:38AM
Rpt. Centre	Self			Printed On	15/Jan/2024 01:48PM

Test Name	Value	Unit	Biological Reference Interval
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HbA1c (Glycosylated haemoglobin), EDTA whole blood Method : HPLC	4.8	%	< 5.7
Estimated average plasma Glucose Method : Calculated	91.06	mg/dL	65 - 136

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.

This test was performed at Prognosis Laboratories, 515-516, Sector-19, Dwarka, Behind Gupta Properties

***Disclaimer: This is an electronically validated report, if any discrepancy is found it should be confirmed by the user.**



Dr. Smita Sachwani
MD(Biochemistry)
Technical Director

Dr. Mayank Gupta
MD, DNB Pathology
Consultant Pathologist



Dr. Deepak Sachwani
MD(Pathology)
Lab Director

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

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Ref. Dr.				Approved On	14/Jan/2024 10:13AM
Rpt. Centre	Self			Printed On	15/Jan/2024 01:48PM

Test Name	Value	Unit	Biological Reference Interval
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TSH (Thyroid Stimulating Hormone), serum Method : ECLIA	1.03	uIU/ml	0.27 - 4.2
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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

This test was performed at Prognosis Laboratories, 515-516, Sector-19, Dwarka, Behind Gupta Properties

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*** End Of Report ***



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Age/Sex	: 37 YRS Sex : Male	Reporting DATE	: 13-Jan-2024
Visit DATE	: 13-Jan-2024		
OPD/IPD	: OPD	IPD NO	:

ULTRASOUND

Liver is normal in size and shows normal echo pattern. There is no focal hepatic lesion present. CBD is normal in course & calibre & measures 3 mm at porta hepatis. There is no calculus defined in the CBD. Intra hepatic biliary radicals are normal.

Gallbladder is normal in distension & contains no calculi,

Pancreas is normal in size & echopattern.

Spleen is normal in size & echopattern.

Both kidneys are normal in shape size contour & echo pattern. There is no hydronephrosis defined on either side.

Both ureters are obscured by bowel gas.

Bladder is normal in distension & contains no calculi. No mass is defined in bladder.

Note is made of a lipomatous swelling of size 2.5x2.2cm in subcutaneous plane of epigastric region

There is no free fluid present in abdomen.

Impression: Imaging features are suggestive of-

Lipoma in epigastric region as detailed above

Adv: Clinical correlation

Dr. Deepanshu Sharma
Dr. Deepanshu Sharma

MD RADIODIAGNOSIS

Reg No. HMC 22292

Park Hospital

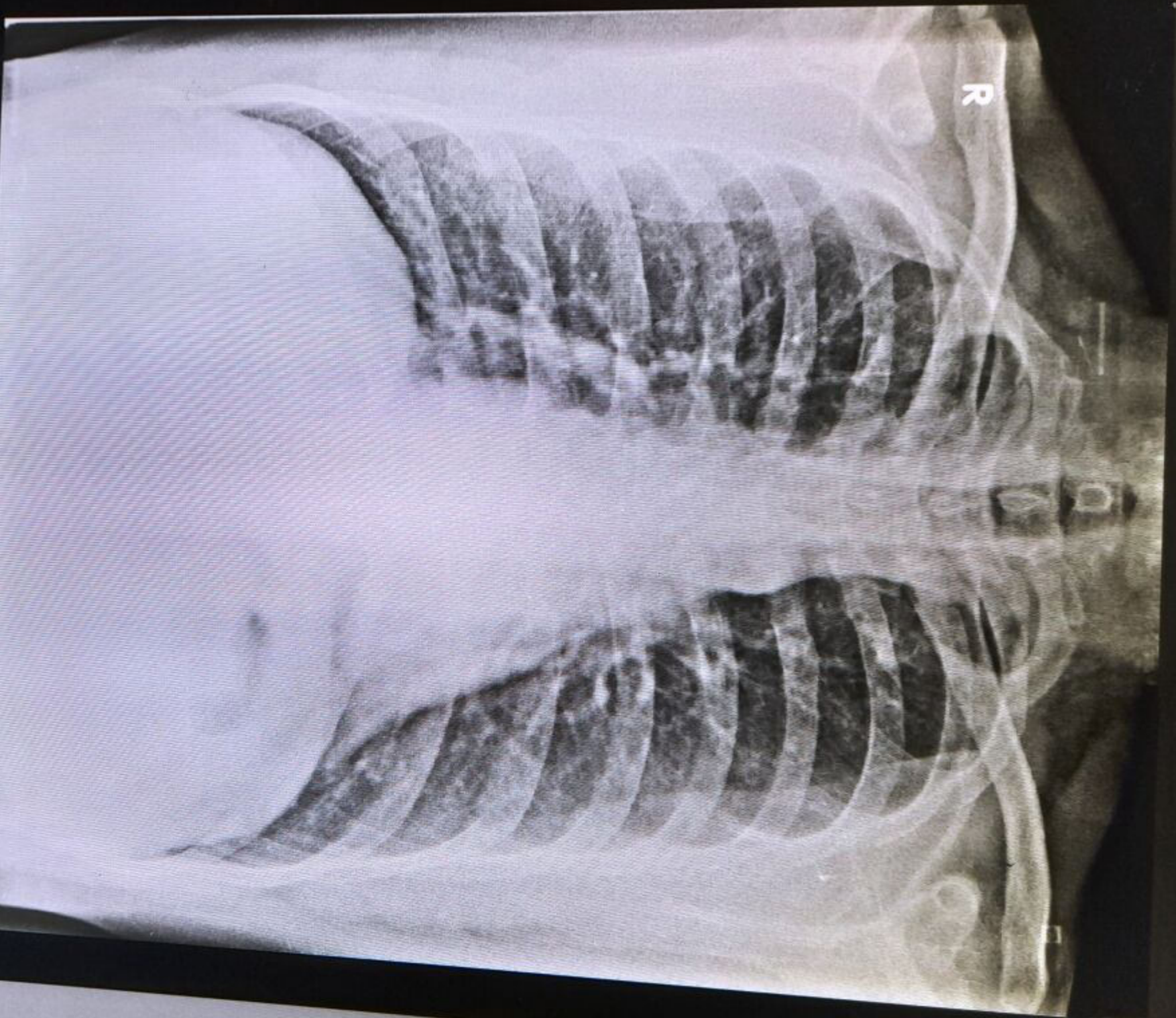


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RAJINDER KUMAR 37YRS 11175 M CHEST PA 13-Jan-24
PARK HOSPITAL, CHD PARK, NH-1, KARNAL