

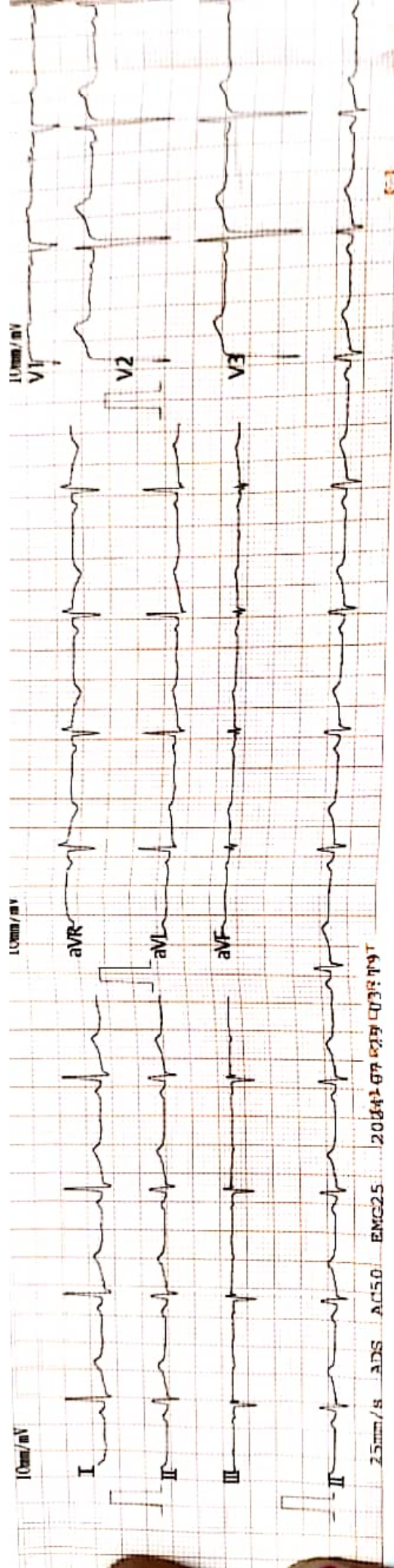
HR(BPM) : 77
 P_R(ms) : 114
 QRS(ms) : 96
 Axis(Deg) : -5
 P_T(ms) : 77 / 161
 QT/QTc(ms) : 371 / 421
 RV1/SV5(mV) : 0.01 / 0.01
 RV5/SV1(mV) : 0.01 / 0.01

==Analysis Report==
 800 Normal Sinus Rhythm
 401 Short P-R Interval
 611 T Abnormality(Plat T)
 121 Clockwise Rotation
 *** Undefined Abnormal ECG ***
 NOTE: Report needs clinician review.

PatId : Admesh
 PatName : Khandali
 Sex/Age : -/-
 Nation : _____

ExmDate : 2024-07-29 03:19
 Med.Card : _____
 Clinician : _____
 Version : V3.1.2

ECGIDPRINT



भारत सरकार
GOVERNMENT OF INDIA

रमेश खण्डूरी
Ramesh Khanduri
जन्म तिथि/DOB: 04/07/1978
पुरुष / MALE

2360 0652 1748

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
ब्लॉक डी, सरस्वती विहार,
अजबपुर खुर्द, अजबपुर खुर्द,
देहरादून,
उत्तराखण्ड - 248121

Address:
BLOCK D, SARASWATI VIHAR,
AJBPUR KHURD, Ajabpur Khurd,
Dehradun,
Uttarakhand - 248121

2360 0652 1748

आधार-आम Admi ka Adhikar

PRAKASHDEEP HOSPITAL
(A Unit of Rajvin Medico Pvt. Ltd.)
A Multi Speciality Hospital & Trauma Centre
Saharanpur Road, Niranjapur, Majra, Dehradun-248001

Pre Employment H

CBC, ESR, Urine routine,
Blood group

FBS, PPBS

BUN, Creatinine

Bilirubin, SGPT

ECG

Chest - X Ray

Eye checkup with Colour
blindness

General health checkup form
& fitness certificate from
Physician doctor

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MC-6296



BO22390 290724

LAB ID : BO22390 **Sample Collection** : 29/07/2024 11:55 AM
Name : MR. RAMESH **Age/Sex** : 46 Yrs. / M **Report Released** : 29/07/2024 12:50 PM
Ref. By. : SELF **UH ID** : B24056638 **Printed** : 29/07/2024 03:05 PM
Sent By : PRAKASHDEEP HOSPITAL

CREATININE

Test	Result	Unit	Biological Ref. Range
Creatinine	: 0.7	mg/dl	0.5-1.3 mg/dl

Specimen: Serum | Method:- Enzymatic

BILIRUBIN TOTAL

Test	Result	Unit	Biological Ref. Range
BILIRUBIN	: 0.74	mg/dl	0.0-1.5 mg/dl

BIOCHEMISTRY REPORT

Test	Result	Unit	Biological Ref. Range
SGPT	: 44	U/L	0-45 U/L

Method: IFCC, Without Pyridoxal Phosphate
Specimen: Serum

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Dr. (Maj) Yashika Bhatia
MBBS MD (Pathology)



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COMPLETE BLOOD COUNT (5 PART)

Test	Result	Unit	Biological Ref. Range
Haemoglobin	: 14.4	gm/dl	13.8-17.2 gm/dl
Total W.B.C. Count	: 3870.00	/cumm	4000-11000 /cumm

DIFFERENTIAL COUNT

Neutrophils	: 64	%	40-75 %
Lymphocytes	: 27	%	20-45 %
Eosinophils	: 05	%	1-6 %
Monocytes	: 04	%	2-10 %
Basophils	: 00	%	0-1 %
ABSOLUTE NEUTROPHILS COUNT	: 2476.80	/micro liter	2000-7000 /micro liter
ABSOLUTE LYMPHOCYTES	: 1044.90		1000 - 3000
ABSOLUTE EOSINOPHILS	: 193.50		50 - 500
ABSOLUTE MONOCYTES	: 154.80		150- 1000
ABSOLUTE BASOPHILS	: 0.00		00 - 100
Total R.B.C. Count	: 4.55	mill/cmm	4.7-6.1 mill/cmm
NRBC	: 0.00	%	
NRBC %	: 0.00		
Haematocrit (PCV/HCT)	: 44.60	%	40-50 %
Mean Corpuscular Volume (M.C.V.)	: 97.80	fl	80-100 fl
Mean Corpuscular Hb (M.C.H.)	: 31.60	Pg	27-31 Pg
Mean Corpuscular Hb Conc (M.C.H.C.)	: 32.30	g/dl	31-37 g/dl
Platelet Count Impedance	: 158000	/cumm	150000-450000 /cumm
Red cell Distribution Width (R.D.W.-CV)	: 15.4	%	12-15 %
RDW-SD	: 5.55	fL	3.9-4.6 fL
PDW	: 16.20	fL	10-14 fL
MPV	: 13.40	fL	7.0-10.0 fL
P-LCR	: 49.00	%	15-45 %
PCT	: 0.21	%	0.20-0.36 %

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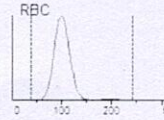


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Specimen: EDTA Whole Blood

Test	Method
HB	Cyanide Free Reagent
Total WBC	SF Cube Method (S: Scatter, F: Fluorescence: Cube: 3D analysis)
Diff count	SF Cube Method (S: Scatter, F: Fluorescence: Cube: 3D analysis)
RBC	Dc Impedance
HCT, MCV, MCH, MCHC	Calculated
Platelets	Dc Impedance
RDW-CV, RDW-SD, PDW, MPV, P-LCR, PCT	Calculated

The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making. This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.

The Mentzer index is used to differentiate iron deficiency anaemia beta thalassaemia trait. If a CBC indicates microcytic anaemia, these are two of the most likely causes, making it necessary to distinguish between them. If the quotient of the mean corpuscular volume divided by the red blood cell count is then 13, thalassaemia is more likely. If the result is greater than 13, then iron deficiency anaemia is more likely.

ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis. An elevated ESR occurs as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ESR values.

An increased ESR in subjects who are HIV seropositive seems to be an early predictive marker of progression toward acquired immune deficiency syndrome (AIDS).

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0-1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells.

In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia)

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URINE ROUTINE EXAMINATION

Test	Result	Biological Ref. Range
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PHYSICAL EXAMINATION

Quantity	: 20 ml	
Color	: Yellow	Pale Yellow
Appearance	: Clear	
pH	: 6.50	5.0 - 8.5
Method : Strip : Methyl red (1.3 g) and bromthymol blue (9 g)		
Specimen : Urine		
Specific Gravity	: 1.013	1.005 - 1.030
Method : Strip : Bromthymol (18 g)		
Specimen : Urine		

CHEMICAL EXAMINATION

Protein	: Negative	Negative
Method : Strip : Tetrabromphenol blue (2 g)		
Specimen : Urine		
Sugar	: Negative	Negative
Method : Strip : Glucose oxidase (1.1 unit), peroxidase (0.13 unit), and potassium iodine (0.3 g)		
Specimen : Urine		
Ketones	: Negative	Negative
Method : Strip : Sodium nitroprusside (0.19 mg)		
Specimen : Urine		
Blood	: Negative	Negative
Method : Tetramethylbenzidine (12g) and cumene hydroperoxide (5g)		
Specimen : Urine		
Bilirubin	: Negative	Negative
Method : Strip (Sodium Nitrite (13 g) and 99% Methanol)		
Specimen : Urine		
Nitrites	: Negative	Negative
Method : Strip (Arsanilic acid (56 g)		
Specimen : Urine		
Leukocytes Esterase	: Negative	Negative
Method : Strip : Derivarized phenylpyrrode (9 g) and Diazonium salt (7 g)		
Specimen : Urine		
Urobilinogen	: 0	0 - 17

MICROSCOPIC EXAMINATION

Pus Cells	: 0-1	/hpf	0 - 5 /hpf
Method : Microscopic Examination			
Specimen : Urine			
RBC	: 00	/hpf	0 - 3 /hpf
Method : Microscopic Examination			

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Age/Sex : 46 Yrs. / M
UH ID : B24056638

Sample Collection : 29/07/2024 11:55 AM
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Specimen : Urine

Squamous Epithelial Cell : 0-1 /hpf 0 - 5 /hpf

Method : Microscopic Examination

Specimen : Urine

Casts : Absent /hpf 0 - 1 /hpf

Method : Microscopic Examination

Specimen : Urine

Crystals : Absent /hpf 0 - 1 /hpf

Method : Microscopic Examination

Specimen : Urine

Bacteria : Absent /hpf 0 - 0 /hpf

Method : Microscopic Examination

Specimen : Urine

PUS CELL CLUSTER : 0 /hpf 0 - 2 /hpf

Non-Squamous Epithelial Cell : 0 /hpf 0 - 1 /hpf

Hyaline Casts : 0 /hpf 0 - 1 /hpf

Pathological Cast : 0 /hpf 0 - 1 /hpf

Yeast : 0 /hpf 0 - 0 /hpf

Mucous Strands : 0 /hpf 0 - 5 /hpf

Unclassified Crystal : 0 /hpf 0 - 5 /hpf

Specimen : Urine Reaction PH - Strip : Methyl red (1.3 g) and bromthymol blue (9 g) | Specimen Gravity - Strip: Bromthymol (18 g) | Protein - Strip : Tetrabromphenol blue (2 g) | Sugar - Strip : Glucose oxidase (1.1 unit), peroxidase (0.13 unit), and potassium iodine (0.3 g) | Ketone Bodies - Strip : Sodium nitroprusside (0.19 mg) | Blood - Strip : Tetramethylbenzidine (12g) and cumene hydroperoxide (3g) | Bilirubin - Strip : Sodium Nitrite (13 g) and 99% Methanol | Nitrites - Strip: Arsanilic acid (56 g) | Leukocytes - Strip : Derivarized phenylpyrrode (9 g) and Diazonium salt (7 g) | Urobilinogen - Strip : 4-Dihyaminobenzaldehyde (26 g) | Pus Cell, RBC, Epithelial Cell, Cast, Crystals, Bacteria - Microscopic Examination |

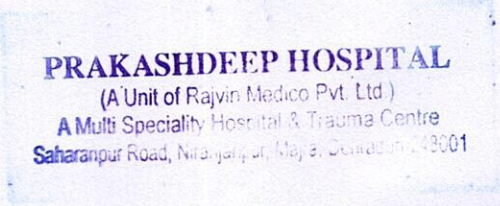
BLOOD GROUP

Test Result
Blood Group : "AB"
Rh : POSITIVE

Remark : Blood Group Done by Slide Method, please reconfirm in Blood Bank.

Specimen: EDTA/Serum

Method: Tube & slide agglutination



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MBBS MD (Pathology)



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ERYTHROCYTE SEDIMENTATION RATE (WESTERGRENS)

Test	Result	Unit	Biological Ref. Range
ESR	: 18		0-20 mm at the end of 1 Hr

----- End Of Report -----

PRAKASHDEEP HOSPITAL
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Saharanpur Road, Niranjanpur, Majra, Dehradun-248001

Yashika Bhatia
Dr. (Maj) Yashika Bhatia
MBBS MD (Pathology)



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Patient Name:	Mr. Ramesh Khanduri	Date:	29-07-024
Age:	46/YEARS	Sex:	Male

DIGITAL RADIOGRAPH CHEST PA VIEW

B/L broncho-vascular markings are prominent.

Both domes of diaphragm and CP angles are normal.

Both hila are normal.

No evidence of mediastinal shift is seen.

Cardiac size is normal.

IMPRESSION:

FINDINGS ARE S/O—BRONCHITIS.

AD:- Kindly Review with clinical findings.

Dr. Rajeev Chawla
M.D. Radiodiagnosis
Reg. No.- 39917

The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes.

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BP - 160/100 mmHg

PR 82 b/min

SPO2 98 %

Temp 95.7 °F

RBS - 156 mg/dl

RBS - 103 mg/dl

OPD No: OPDN4111

Date : 29/07/2024

OPD Checkup ID: OCID4122

UHID No: 3412

Patient Name	MR. RAMESH KHANDURI	Age	46 Year 25 Days
Phone	9319199958	Address	BLOCK D SARASWATI VIHAR AJABPUR KHURD DEHRADUN
Consultant Doctor	Dr. ANIL PRAKASH[MEDICINE]		

Kidney Treat (for 4-5 years)
 (family Azela M F2 forte)
 (Glimepride 2 mg + metformin 1000mg)

Adv
 → HbA1c ✓
 → Lipid profile ✓
 → 2D ECHO ✓
 → RFT ✓

Departments

- MEDICINE →
- GEN. SURGERY →
- OBS. & GYNAE
- ORTHOPAEDICS
- ENT
- OPHTHALMOLOGY
- NEUROSURGERY
- PHYSIOTHERAPY
- DENTIST

Dr. Anil Prakash
 MBBS, MD Medicine
 Regd. No. UKMC-11637

Dr. Anil Prakash
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PATHOLOGY LAB.	DIGITAL X-RAY	ULTRASOUND	CT-SCAN	ICU, NICU	DIALYSIS	EMERGENCY 24X7
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Saharanpur Road, Niranjan Pur,
 Majra, Near Indian Bank,
 Dehradun-248001, Uttarakhand

Contact : 0135-3568401, 7505327188, 9997144108
 E-mail : prakashdeephospitalddn@gmail.com
 Website : www.prakashdeephospital.com