



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

Rajesh Pilot Chowk, Garhi Bolni Road, Rewari-123401 (Haryana), India

Phone No +91-1274-263300, 260021

E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

COMPLETE EYE CHECK UP

Employee name. ANAND KUMAR

Age/ Sex: 39 male

Employee ID: _____

Date: 23/03/2024

COMPLETE EYE EXAMINATION

External Examination: Normal Squint: Absent Nystagmus: Absent

Colour Vision: (Normal / Defective) Individual Colour Identification: (Normal / Defective)

Distance Vision (without Glasses): Right: 6/6

Left: 6/6

(With Glasses): Right: -

Left: -

Near Vision (without Glasses): Right: N6

Left: N6

(With Glasses): Right: -

Left: -

Power of Glass (Recommended): Right - Left -

Final Remarks: Normal vision.

Signature/Stamp





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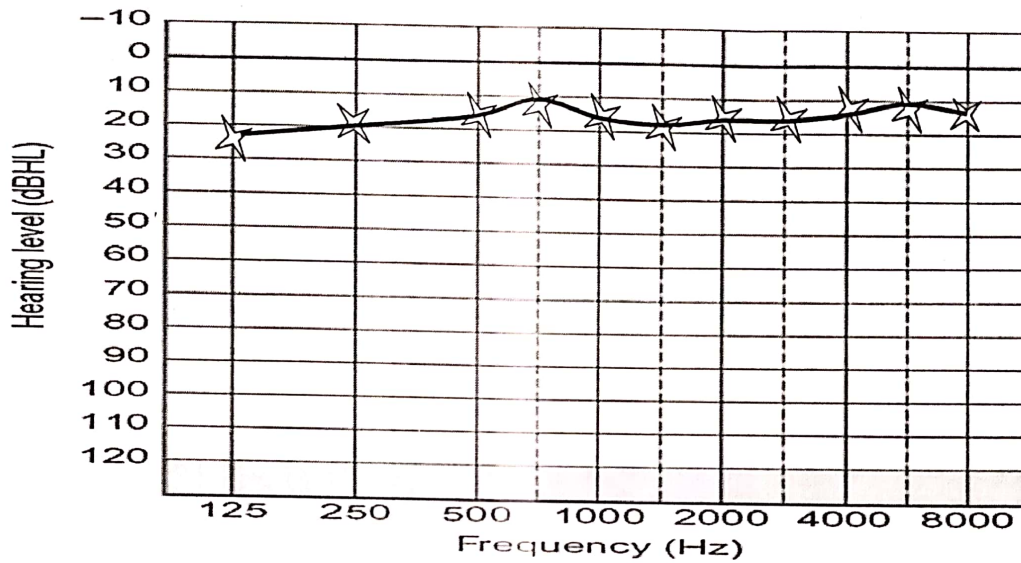
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AUDIOMETRY TEST REPORT

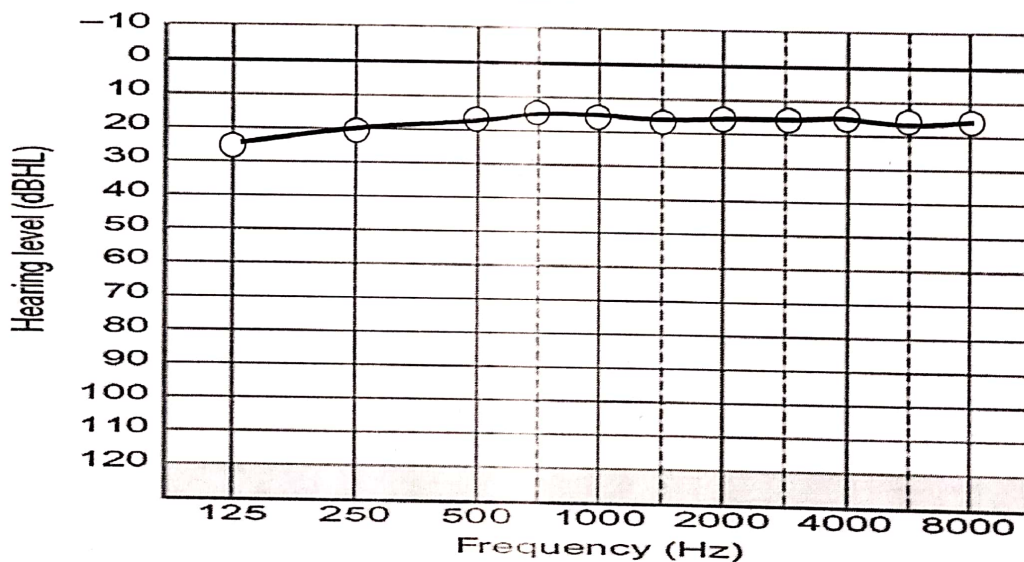
Name of Candidate: Ashish Kumar Age/ Sex: 39/M Years

Date:

LEFT EAR



RIGHT EAR



Remarks:

X Left Ear : WNL NAD

O Right Ear: WNL NAD

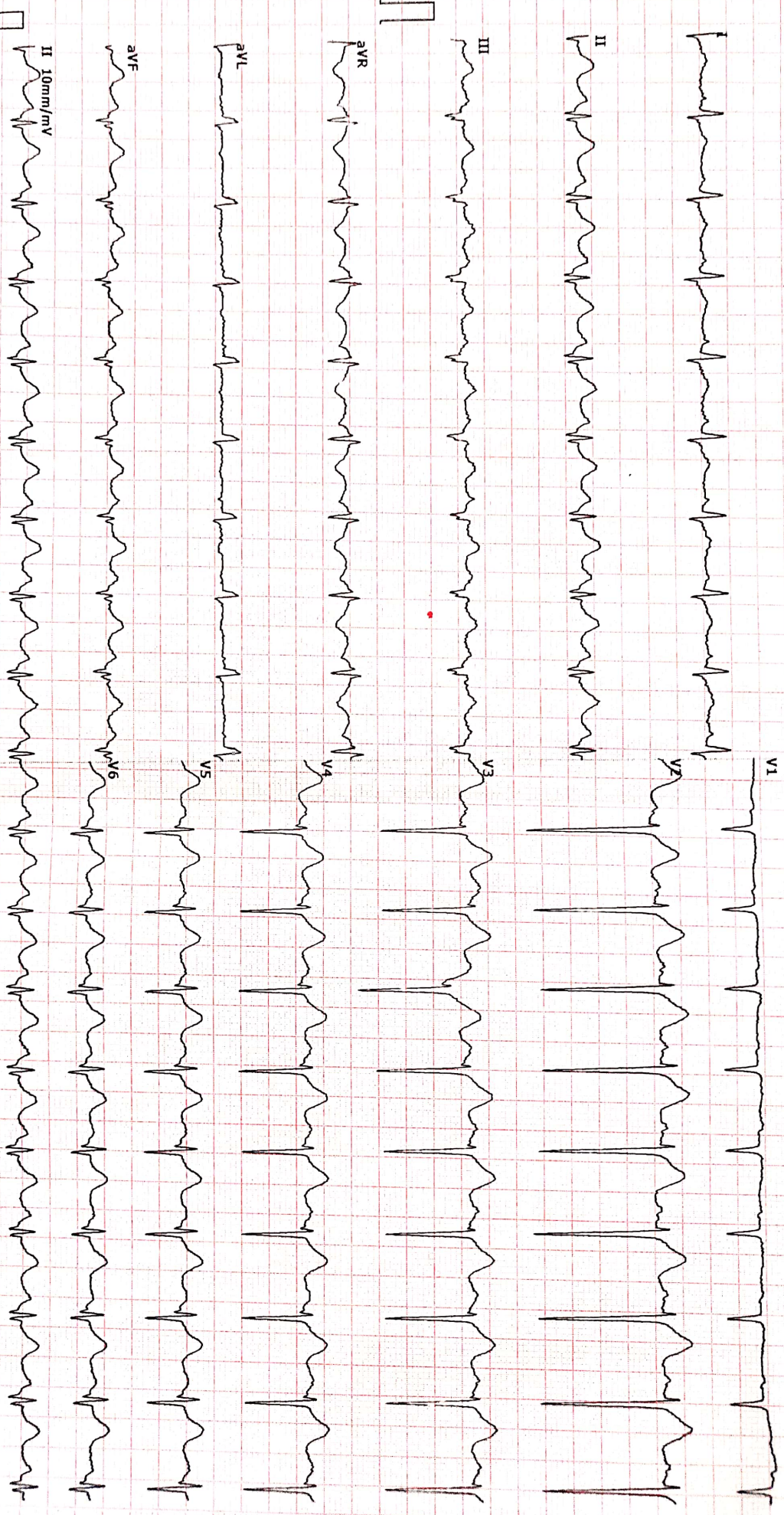


Name: AANAND KUMAR Gender: Male
Age: 39 Height(cm): _____
Weight(Kg): _____ BP(mmHg): 1

Q-R-S.....ms 103
QT/QTc.....ms 323/436
P/QRS/T AXES.....deg 65/-18/65
RV5/SV1.....mV 0.30/0.57
RV5+SV1.....mV 0.87

*The result must be confirmed by doctor!

121 Clockwise Rotation
** SUSPECTED ABNORMAL ECG **
Report Confirmed by: ANJALI



10mm/mV
m/s
AUTO
AC:ON 0.05-35HZ

EMR

10mm/mV

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2D ECHOCARDIOGRAPHY REPORT

.....
Patient Name: AANADN KUMAR

Age/Sex : 39 Yrs /M

UHID OPD : 146240

Ref By : Dr. Sonu Yadav

Report Date: 23/03/2024

StudyBy :Dr. Shivam Uppal
.....

MITRAL VALVE

Morphology : AML – **Normal** / Thickening/ Calcification/ Flutter/ Vegetation/ Prolapse/ SAM/ Dominant

PML - **Normal** / Thickening/Calcification/ Mild Prolaps Paradoxical motion/ fixed .

Subvalvular deformity Present/ **Absent**

Score: Doppler **Normal** /Abnormal, E – m/sec, A- m/sec , E>A

Mitral Stenosis : **Present**/ Absent

RR interval m/sec EDG mmHg MDG mmHg

Mitral Regurgitation : **Absent**/ Trace/ Mild/ Moderate/ Severe

TRICUSPID VALVE

Morphology – **Normal** / Thickening/ Calcification/ Prolapse/ Vegetation/ Doming

Normal/ Abnormal

Tricuspid Stenosis : Present/ **Absent**

RR interval EDG mmHg MDG mmHg

Tricuspid Regurgitation: : **Absent**/ Trace/ Mild/ Moderate/ Severe

Velocity: 1.3 m/sec



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PULMONARY VALVE

Morphology **Normal**/ Atresia/ Thickening/ Doming/ Vegetation
Doppler **Normal**/ Abnormal

Pulmonary Stenosis : Absent

Level Valvular and Subvalvular PSG mmHg Pulmonary annulus mm

Pulmonary Regurgitation

Early diastolic gradient mmHg. End Diastolic Gradient

AORTIC VALVE

Morphology **Normal**/ Thickening/ Calcification/ Restricted Opening/ Flutter vegetation
No. of cusps .1/2/3/4

Doppler **Normal**/ Abnormal
Aortic Stenosis : Present/ Absent

Level PSG mmHg Aortic Annulus mm

Aortic Regurgitation: Absent/ Trivial/ Mild/ Moderate/ Severe

Velocity- 1.0 m/sec



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<u>Measurement</u>	<u>Normal Values</u>	<u>Measurement</u>	<u>Normal Values</u>
Aorta 2.9cm	(2.0-3.7cm)	LA es 2.8cm	(1.9-4.0cm)
LV es 2.9cm	(2.2-4.0cm)	LV ed 4.0cm	(3.7-5.6cm)
IVS ed 1.5cm	(0.6-1.1cm)	PW(ed) 1.3cm	(0.6-1.1cm)
RV ed cm	(0.7-2.6cm)	RV anterior wall	(up to 5mm)
LVVD (ml)		IVS motion	Normal /Jerky
EF - 55%	(54%-76%)		/paradoxical

CHAMBERS:-

LV	Normal / Enlarged/ Clear/Thrombus/Hypertrophy Contraction Normal /Reduced
LA	Normal /Enlarged/Clear/Thrombus
RA	Normal /Enlarged/Clear/Thrombus
RV	Normal /Enlarged/Clear/Thrombus
Pericardium	Normal /Thickening/Calcification/Effusions

COMMENTS AND SUMMARY

- Concentric LVH
- No regional wall motion abnormality with LVEF- 55%
- All cardiac chambers dimension normal
- No MR/TR/AR/PR
- Normal diastolic function
- Inter atrial septum & inter ventricular septum intact.
- No Intra cardiac clot /vegetation /Pericardial effusion

See page

Dr.Shivam.Uppal
MD, DM CARDIOLOGY



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Name1 :MrAANAND KUMAR .	Reg. No. :UHID146240	IPD/OPD Status :OPD
Relative :S/O.	Accession No. :20240323031	Category :mediwheel
Age/Sex :39 Y/Male	Consultant Dr. SONU YADAV	Location/Bed.No .,

Collected at:23/03/2024 8:35:00 AM

Report Gen at: 23/03/2024 10:26:26 AM



Accession No

Registration No

BIOCHEMISTRY

SAMPLE TYPE : EDTA BLOOD

BIOCHEMISTRY			
Investigations	Result	Unit	Biological Reference Interval
HbA1C (GLYCOSYLATED Hb)	7.1	%	-

INTERPRITATION:

Non-diabetic: < 5.7

Pre-diabetics: 5.7 - 6.4

Diabetics: > or = 6.5

ADA Target: 7.0

Action suggested: > 8.0

PLEASE CORRELATE CLINICALLY.

Interpretation(s)

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks. Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycated hemoglobin values due to a somewhat longer life span of the red cells. Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these

Sonu Yadav

Dr.Sonu Yadav
MBBS,MD(path)
Consultant Pathologist

Medical lab.Technician

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Accession No

BIOCHEMISTRY



Registration No

SAMPLE TYPE : SERUM

BIOCHEMISTRY			
Investigations	Result	Unit	Biological Reference Interval
BLOOD SUGAR (FASTING)	99.27	mg/dl	80-100
BLOOD SUGAR PP	109.02	mg/dl	100-140
KIDNEY FUNCTION TEST			
BLOOD UREA NITROGEN	15	mg/dl	5-25
BLOOD UREA	30.96	mg/dl	10.0-40.0
SERUM CREATININE	0.89	mg/dl	0.6-1.10
SODIUM	136	meq/l	135-155
POTASSIUM	4.1	meq/l	3.5-5.5
URIC ACID	5.99	mg/dl	4.00-7.20
LIVER FUNCTION TEST (LFT)			
Bilirubin Total	0.60	mg/dl	0.30-1.20
Bilirubin Direct	0.21	mg/dl	0.10-0.30
Bilirubin Indirect	0.39	mg/dl	0.20-0.80
SGOT (AST)	26.77	U/L	10-35
SGPT (ALT)	46.3	U/L	0.00-45.0
ALKALINE PHOSPHATASE	105.30	U/L	25.0-140.0
TOTAL PROTEIN	6.68	g/dL	6.3-8.2
ALBUMIN	3.93	g/dl	3.5-5.0
GLOBULIN	2.75	g/dl	2.8-3.2
A/G RATIO	1.43		1.25-1.56:1
LIPID PROFILE			
TOTAL CHOLESTROL	146.29	mg/dl	0.00-200.0
TRIGLYCERIDES	78.31	mg/dl	40-160
HDL CHOLESTROL	34.82	mg/dl	35.3-79.5

Sonu Yadav

Dr.Sonu Yadav

MBBS,MD(path)

Consultant Pathologist

Medical lab,Technician

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LDL CHOLESTROL	95.81	mg/dl	0.0-150
----------------	-------	-------	---------

BLOOD SUGAR (FASTING) Methodology : GOD-POD with Serum / Plasma

BLOOD SUGAR (PP) Methodology : GOD-POD with Serum / Plasma

TOTAL CHOLESTROL

Normal < 200 mg/ dl Desirable

Border Line High 200-239 mg/dl

High > 240 mg / dl

COMMENT:-

*TRIGLYCERIDE: Level > 250 mg/dl is associated with an approximately 2 - fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes mellitus, and pancreatitis.


*CHOLESTEROL:- Its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease.

*HDL - CHOLESTEROL:- LEVEL < 35 mg/dl is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

*LDL - CHOLESTEROL & TOTAL CHOLESTEROL Levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors.

*** End of Report ***

Medical lab. Technician


Dr. Sonu Yadav
MBBS, MD(path)
Consultant Pathologist

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Relative :S/O.	Accession No. :20240323031	Catagory :medi/wheel
Age/Sex :39 Y/Male	Consultant Dr. SONU YADAV	Location/Bed.No :,

Collected at:23/03/2024 8:35:00 AM

Report Gen at: 23/03/2024 10:25:21 AM



Accession No

HAEMATOLOGY REPORT



Registration No

SAMPLE TYPE : EDTA BLOOD

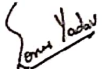
HAEMATOLOGY REPORT

Investigations	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT			
Hemoglobin (Hb%)	13.7	g/dL	12.0-18.0
WBC	6.56	10 ³ /uL	4.0-11.0
Neutrophils	76.9	%	40.0-70.0
Lymphocytes	12.1	%	20.0-40.0
Eosinophils	5.0	%	1.0-6.0
Monocytes	6.0	%	2.0-10.0
Basophils	0.0	%	0.0-1.0
Red Cell Count (TRBC)	5.10	million/cumm	4.5-6.5
Haematocrit(HCT)	42.3	%	36.0-54.0
MCV	83.0	fL	76.0-96.0
MCH	26.9	pg	27.0-32.0
MCHC	32.4	g/dL	31.5-34.5
Platelet Count	119	10 ³ /uL	150-400
ESR	10	mm/1hr	0.0-8.0

(ESR)Methodology :WESTERGREN with Trisodium citrate whole blood

*** End of Report ***

Medical lab.Technician


Dr.Sonu Yadav
MBBS,MD(path)
Consultant Pathologist

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Name1	:MrAANAND KUMAR .	Reg. No.	:UHID146240	IPD/OPD Status	:OPD
Relative	:S/O.	Accession No.	:20240323031	Catagory	:mediwheel
Age/Sex	:39 Y/Male	Consultant	Dr. SONU YADAV	Location/Bed.No	:

Collected at:23/03/2024 8:35:00 AM

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HAEMATOLOGY REPORT



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SAMPLE TYPE : EDTA BLOOD.

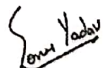
HAEMATOLOGY REPORT			
Investigations	Result	Unit	Biological Reference Interval
ABO GROUPING	"B"	-	-
RH -TYPING	POSITIVE	-	-

(ABO-Rh)Methodology:Antigen Antibody Reaction, EDTA Blood, Tube Test Method **Interpretation:**Human red blood cells possessing A and/ or B Antigen will agglutinate in the presence of antibody directed towards the antigen. Agglutination of red blood cells with anti-A,B,D, reagents indicates the present or absent of the corresponding antigen.

(ABO-Rh)Methodology:Antigen Antibody Reaction; EDTA Blood, Tube Test Method **Interpretation:** Human red blood cells possessing A and/ or B Antigen will agglutinate in the presence of antibody directed towards the antigen. Agglutination of red blood cells with anti-A,B,D, reagents indicates the present or absent of the corresponding antigen.

*** End of Report ***

Medical lab.Technician


Dr.Sonu Yadav
MBBS,MD(path)
Consultant Pathologist

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Prepared By: VINEET GUPTA

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Name	:AANAND KUMAR .	Reg. No.	:UHID146240	IPD/OPD Status	:OPD
Relative	S/O.	Accession No.	:20240323031	Catagory	:mediwheel
Age/Sex	:39 Y/Male	consultant	:SONU YADAV	Location/Bed.No	;

Collected at:23/03/2024 8:35:00 AM



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Report Gen at: 23/03/2024 10:26:18 AM



Registration No

CLINICAL PATHOLOGY

Urine Routine Examination Report

Physical Examination

Investigation

Result

Volume	30
colour	pale yellow
Appearance	clear
Deposit	Nil
Specific gravity	1.025
Reaction (PH)	6.0
Albumin	nil
Sugar	nil
PUS Cells	2-3
RBC	NIL
Epithelial	3-4
Casts	NIL
Crystals	NIL
Bacteria	NIL

Biochemical Examination

Microscopic Examination

Medical lab.Technician

Sonu Yadav

Dr.Sonu Yadav

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Name 1	IMRANAND KUMAR	Reg. No.	UMH146260	IPD/OPD Status	OPD
Relative	S/D.	Accession No.	20240323031	Category	med/wheel
Age/Sex	39 Y/Male	Consultant	Dr. SONU YADAV	Location/Bed.No	.

Collected at: 23/03/2024 8:35:00 AM

Report Gen at: 23/03/2024 10:25:40 AM



Accession No

IMMUNOLOGY REPORT



Registration No

SAMPLE TYPE : SERUM

IMMUNOLOGY REPORT			
Investigations	Result	Unit	Biological Reference Interval
*PSA	2.629	ng/ml	0.00 - 4.00
*T3	0.88	ng/mL	0.79 - 1.58
*T4	3.88	ug/dL	4.9 - 11.0
*TSH	6.119	uIU/ml	0.38 - 4.31

COMMENT

Serum testing for PSA is a very important tool to screen for PROSTATE CANCER and to monitor therapy of this disease.

PSA is PROSTATE - SPECIFIC but not CANCER - SPECIFIC, and apart from Prostate Cancer increased level may be found in BENIGN PROSTATE HYPERTROPHY, PROSTATITIS, INCREASING AGE, ACUTE RETENTION OF URINE, INFECTION, CATHETERISATION AND PROSTATE BIOPSY.

PSA is rarely raised in healthy men and is absent in normal women. There is no PSA present in any other normal tissue obtained from men or in patient with other CANCERS OF THE BREAST, LUNG, COLON, RECTUM, STOMACH, PANCREAS OR THYROID.

T3 & T4 : Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 & T4. Disease in any portion of the thyroid - pituitary - hypothalamus system may influence the level of T3 & T4. T4 levels are sensitive and superior indicator of hypothyroidism. T3 levels better define hyperthyroidism . is an excellent indicator of the ability of thyroid to respond to both stimulatory and suppressive tests.

Circulating TSH levels are important in evaluating thyroid function. TSH is used in differential diagnosis of primary (thyroid) from secondary (Pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism , TSH levels are elevated, while in secondary and tertiary hypothyroidism, TSH levels are lower. In primary hyperthyroidism, T3 & T4 levels are elevated and low or undetectable TSH. TSH value between 0.6 to 10.0 indicate subclinical / mild hypothyroidism. These patient are to be treated . If thyroid antibodies ATG / TRQ is positive. In negative thyroid antibodies cases TSH levels are monitored 6 monthly.

*** End of Report ***

Medical lab. Technician

Dr. Sonu Yadav
MBBS, MD(path)
Consultant Pathologist

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Ref No.	PDC/USG/MEDI/UHID146240	Date	23-03-2024
Patient's Name	Mr. Aanand Kumar	Age & Sex	39Y/M
Referred By	Dr. Sonu Yadav	Test Done	USG-

ULTRASOUND REPORT OF WHOLE ABDOMEN

Liver is normal in size and echo-texture. No obvious focal lesion is seen in liver parenchyma. Intra hepatic biliary channels are not dilated. **Portal vein** is normal. **The CBD** is not dilated.

Gall bladder is partially distended. No e/o any obvious calculus or mass lesion is seen.

Pancreas is normal in size & echotexture with no e/o focal lesion.

Spleen is normal in size and echotexture. No focal lesion is seen.

Right Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on right side.

Left Kidney is normal in size, shape & echotexture. Cortico-medullary differentiation is well maintained. No e/o calculus or hydronephrosis is seen on left side.

Urinary bladder is well distended. The lumen is echofree with no e/o any calculus or mass lesion.

Prostate is normal in size and echo-texture with no e/o any focal lesion.

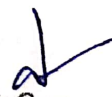
No e/o ascites or free fluid seen.

No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

IMPRESSION : No significant abnormality detected.

Adv: clinical correlation.


Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist



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Ref No.	PDC/X-Ray/MEDI/UHIDI46240	Date	23-03-2024
Patient's Name	Mr. Aanand Kumar	Age & Sex	39Y/M
Referred By	Dr. Sonu Yadav	Test Done	X-Ray-

X-RAY CHEST PA VIEW

B/L lung fields are clear.

Cardiac size is normal.

B/L hilar region is normal.

Both dome and CP angle are normal.

Soft Tissue and bony cage under view appears normal.

IMPRESSION: No obvious abnormality detected.

Adv: clinical correlation.

Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist





PUSHPANJALI HOSPITAL
23/03/24 11:19:20AM

ANAND,
ADM 230324 111848AM

MI 0.7 TIs 0.3 C1.5

ABD_NEW

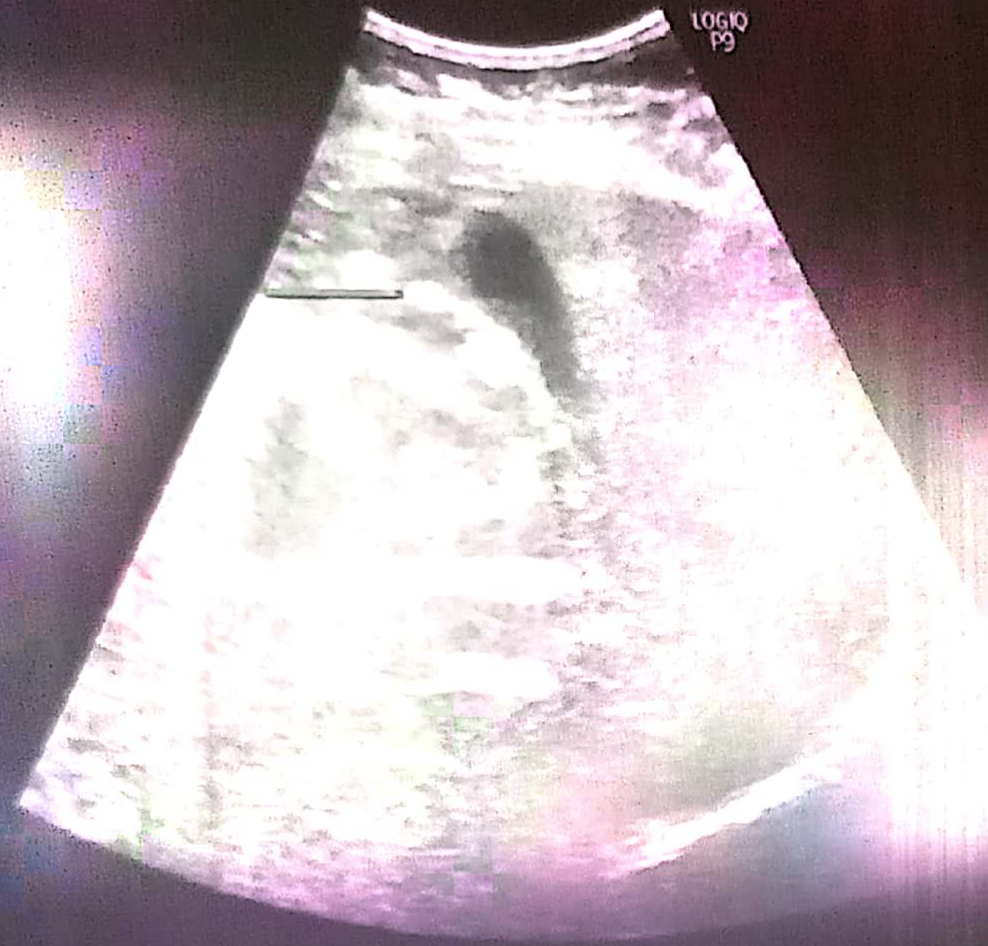
FR 32
AO% 100

0"
CHI
- Frq 3.0
Gn 74
- S/A 3/3
- Map F/D
D 16.0
- DR 69

5"



15"



LOGIO
P9