



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: Hemlata Jain

Age/ Sex: 36 / Female

Employee ID: _____

Date: 23/03/2024

COMPLETE EYE EXAMINATION

External Examination: Normal Squint: Abnormal Nystagmus: Abnormal

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

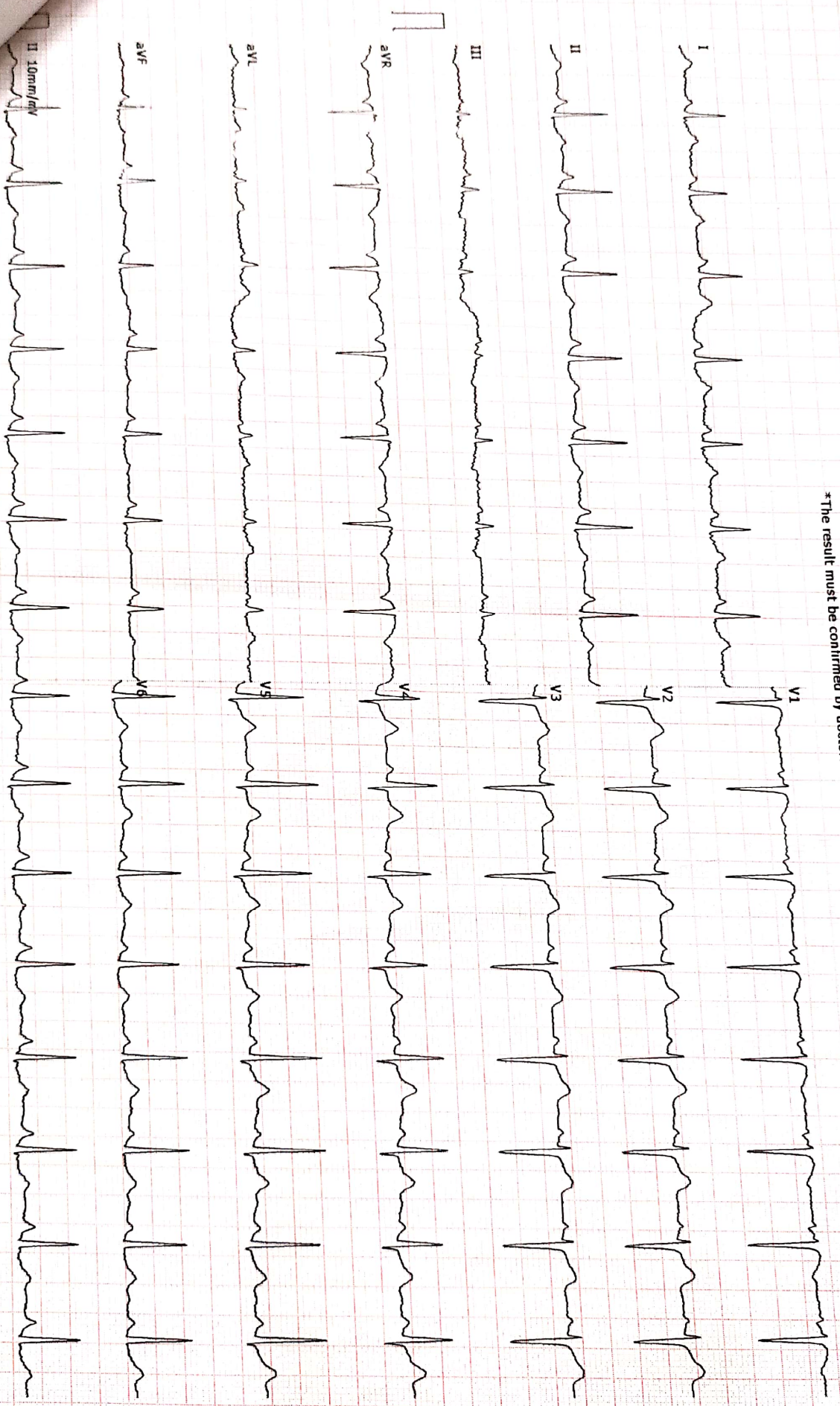


Name: HEMLATA JAIN
Age: 36
Weight(kg):
Gender: Female
Height(cm):
BF(mmhg):

Q-R-S.....ms 93
QT/QTc.....deg 333/410
P/QRS/T AXES.....mv 51/38/51
RV5/SV1.....mv 1.19/1.10
RV5+SV1.....mv 2.29

Report Confirmed by: ANJALI

*The result must be confirmed by doctor!



AUTO
ACON 0.05-35HZ
EMR

10mm/mV

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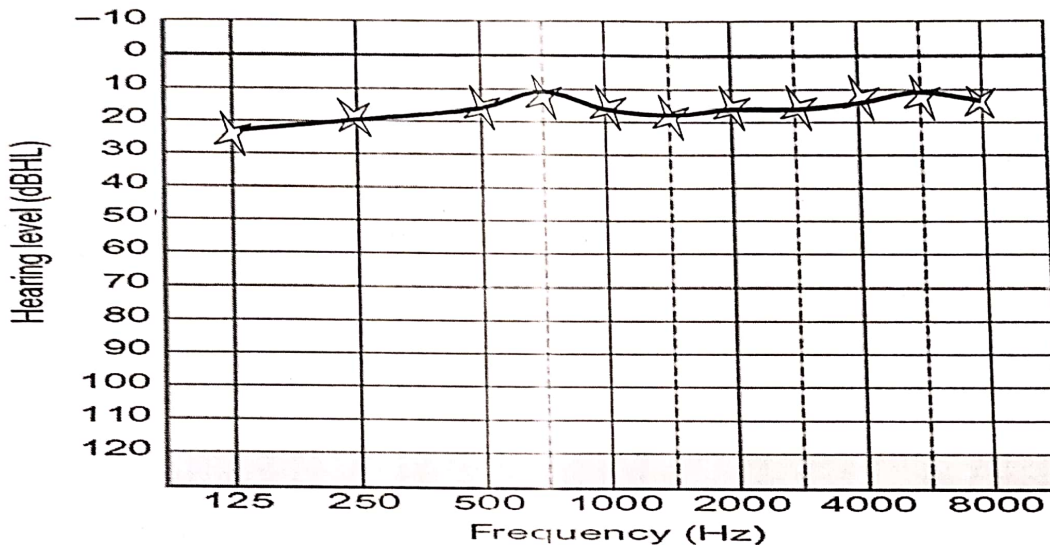
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AUDIOMETRY TEST REPORT

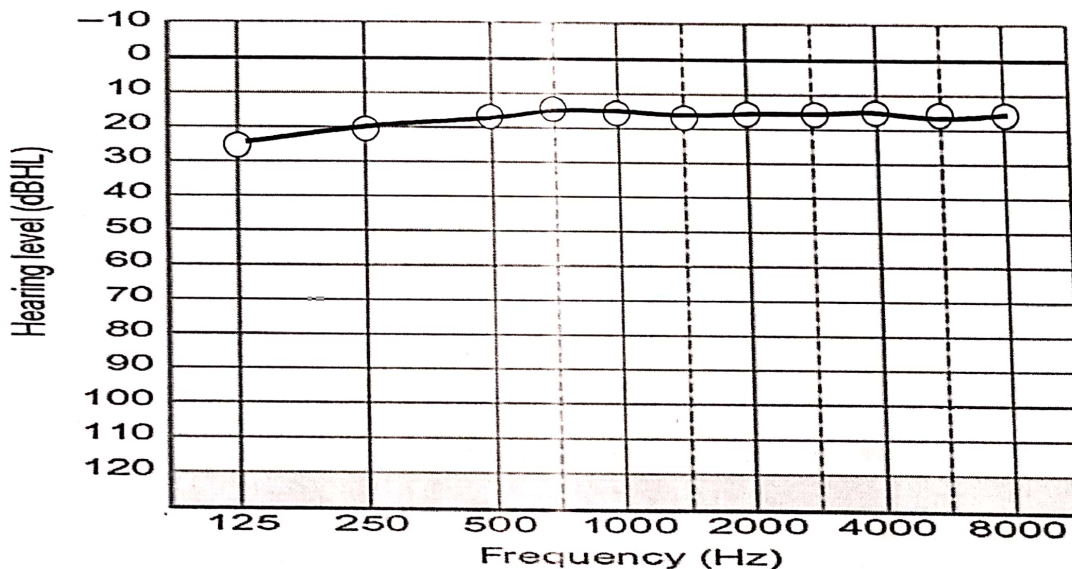
Name of Candidate: Hemlata Jain Age/ Sex: 36/F Years

Date:

LEFT EAR



RIGHT EAR



Remarks:

X Left Ear : **WNL NAD**

O Right Ear: **WNL NAD**



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Name1 :Mrs.HEMLATA JAIN .	Reg. No. :UHID146239	IPD/OPD Status :OPD
Relative :W/O.	Accession No. :20240323028	Catagory :mediwheel
Age/Sex :36 Y/Female	Consultant Dr. SONU YADAV	Location/Bed.No :.

Collected at:23/03/2024 8:28:00 AM

Report Gen at: 23/03/2024 10:36:23 AM



Accession No

BIOCHEMISTRY



Registration No

SAMPLE TYPE : EDTA BLOOD

BIOCHEMISTRY			
Investigations	Result	Unit	Biological Reference Interval
HbA1C (GLYCOSYLATED Hb)	6.0	%	-

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

Dr.Sonu Yadav
MBBS,MD(path)

Consultant Pathologist

Medical lab.Technician

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Accession No

Registration No

BIOCHEMISTRY

SAMPLE TYPE : SERUM

BIOCHEMISTRY			
Investigations	Result	Unit	Biological Reference Interval
BLOOD SUGAR (FASTING)	89.77	mg/dl	80-100
BLOOD SUGAR PP	104.55	mg/dl	100-140
KIDNEY FUNCTION TEST			
BLOOD UREA NITROGEN	8	mg/dl	5-25
BLOOD UREA	17.06	mg/dl	10.0-40.0
SERUM CREATININE	0.65	mg/dl	0.6-1.10
SODIUM	136	meq/l	135-155
POTASSIUM	3.9	meq/l	3.5-5.5
URIC ACID	2.99	mg/dl	4.00-7.20
LIVER FUNCTION TEST (LFT)			
Bilirubin Total	0.25	mg/dl	0.30-1.20
Bilirubin Direct	0.08	mg/dl	0.10-0.30
Bilirubin Indirect	0.17	mg/dl	0.20-0.80
SGOT (AST)	16.02	U/L	10-35
SGPT (ALT)	24.8	U/L	0.00-45.0
ALKALINE PHOSPHATASE	61.36	U/L	25.0-140.0
TOTAL PROTEIN	5.62	g/dL	6.3-8.2
ALBUMIN	3.29	g/dl	3.5-5.0
GLOBULIN	2.33	g/dl	2.8-3.2
A/G RATIO	1.41		1.25-1.56:1
LIPID .PROFILE			
TOTAL CHOLESTROL	164.54	mg/dl	0.00-200.0
TRIGLYCERIDES	124.17	mg/dl	40-160
HDL CHOLESTROL	66.46	mg/dl	35.3-79.5

Sonu Yadav

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LDL CHOLESTROL	73.25	mg/dl	0.0-150
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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

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HAEMATOLOGY REPORT



Accession No

Registration No

SAMPLE TYPE : EDTA BLOOD

HAEMATOLOGY REPORT			
Investigations	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT			
Hemoglobin (Hb%)	11.7	g/dL	11.0-17.0
WBC	6.66	10 ³ /uL	4.0-11.0
Neutrophils	78.7	%	40.0-70.0
Lymphocytes	17.0	%	20.0-40.0
Eosinophils	0.4	%	1.0-6.0
Monocytes	3.5	%	2.0-10.0
Basophils	0.4	%	0.0-1.0
Red Cell Count (TRBC)	4.12	million/cumm	4.5-6.5
Haematocrit(HCT)	34.0	%	36.0-54.0
MCV	82.5	fL	76.0-96.0
MCH	28.4	pg	27.0-32.0
MCHC	34.4	g/dL	31.5-34.5
Platelet Count	214	10 ³ /uL	150-400
ESR	15	mm/1hr	0.0-8.0

(ESR)Methodology :WESTERGREN with Trisodium citrate whole blood

*** End of Report ***

Medical lab.Technician

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Report Gen at: 23/03/2024 11:27:13 AM



HAEMATOLOGY REPORT



Accession No

Registration No

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.

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Accession No



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	4-5
RBC	NIL
Epithelial	3-4
Casts	NIL
Crystals	NIL
Bacteria	NIL

Biochemical Examination

Microscopic Examination

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Ref No.	PDC/USG/MEDI/UHID146239	Date	23-03-2024
Patient's Name	Mrs. Hemlata	Age & Sex	36Y/F
Referred By	Dr. Kiran Yadav	Test Done	USG-

OBSTETRICS SCAN

LMP: - 21/01/2024

Scan shows single intra uterine gestational sac with twin fetus (Mono-amniotic and Dichorionic).

CRL F1 : 23.2 mm corresponds to 09 Weeks and 0 Days. Fetal cardiac activity is present in F1. FHR in F1 is 183 BPM.

CRL F2 : 14.3 mm corresponds to 07 Weeks and 5 Days. Fetal cardiac activity is absent in F2.

EDD by USG is: 26/10/2024

Perigestational Sac decidual reaction is normal.

B/L adnexa are clear.

I Dr. Ritesh Garg declare that while conducting the ultrasound of the above said female, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist

गर्भवती महिला की घोषणा

मैं श्रीमती **Hemlata** (गर्भवती महिला का नाम) पत्नी श्री **Abhishek Jain** घोषणा करती हूँ की मैंने अल्ट्रासोनोग्राफी/छाया चित्रण आदि करवाकर अपने भ्रूण के लिंग की जाँच नहीं करवाई है। भ्रूण लिंग के विषय में हमारी डॉक्टर से कोई बातचीत नहीं हुई है।

Hemlata

गर्भवती महिला के हस्ताक्षर/ अंगूठा



