



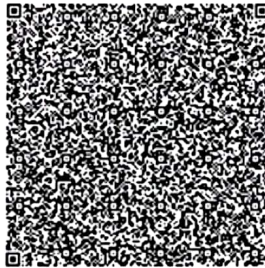
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00119/44659

To
Poonam Devi
Poonam Devi
w/o Rohtas Kumar
house no 43
new prem colony (near govt high school)
near govt school
karnal
Karnal
Karnal Haryana - 132001
7299225828

Signature Not Verified
Digitally signed by Unique Identification Authority of India
Date: 2022.05.14 02:31 UTC



आपका **आधार** क्रमांक / Your **Aadhaar** No. :

5331 5266 2593

VID : 9156 8265 3747 9997

मेरा **आधार**, मेरी पहचान



भारत सरकार
Government of India



Issue Date: 17/05/2013



Poonam Devi
Poonam Devi
जन्म तिथि/DOB: 05/01/1986
महिला/ FEMALE

5331 5266 2593

VID : 9156 8265 3747 9997

मेरा **आधार**, मेरी पहचान



Government of India



सूचना

- **आधार** पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

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- **आधार** कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- **आधार** में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- **आधार** को अपने स्मार्ट फोन पर रखें, **mAadhaar App** के साथ।

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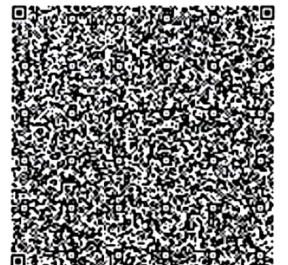
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Download Date: 14/01/2022

पता:
रोहतास कुमार, हाउस न ४३, न्यू प्रेम कॉलोनी (नियर
गोवत हाई स्कूल), नियर गोवत स्कूल, करनाल, करनाल,
हरियाणा - 132001

Address:
w/o Rohtas Kumar, house no 43, new prem
colony (near govt high school), near govt
school, karnal, Karnal, Karnal,
Haryana - 132001



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Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

(A unit of DMR Hospitals Pvt. Ltd.)



MRS. POONAM DEVI

AGE / SEX - 38 / F

Pt. - 84B/M

Health check up plan

Pp: 104/68mmHg

SpO2 99%

① HbA1c 4.50.

② Ttes. 1.21.

③ Creatinine 1.0.

④ LFT (N)

⑤ Bp: 110/87

⑥ Hb 12.2

⑦ Uric acid B-5

⑧ Lipid profile (N)

⑨ 2Daw (N) ET-601

I have examined her & found Medically fit to her work. All reports & water (normal) looks



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the health care providers

the health care providers

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.



Lab No.	012403100061	Age/Gender	38 YRS/FEMALE	Coll. On	10/Mar/2024 08:08AM
Name	Mrs. POONAM DEVI			Reg. On	10/Mar/2024
Ref. Dr.				Approved On	10/Mar/2024 11:40AM
Rpt. Centre	Self			Printed On	10/Mar/2024 11:59AM

Test Name	Value	Unit	Biological Reference Interval
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HbA1c (Glycosylated haemoglobin), EDTA whole blood <i>Method : HPLC</i>	4.90	%	< 5.7
Estimated average plasma Glucose <i>Method : Calculated</i>	93.93	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.

*Disclaimer: This is an electronically validated report. If any discrepancy is found, it should be confirmed by the user.
Processing Centre : Prognosis Laboratories,515-516, Sector-19, Dwarka, Behind Gupta Properties.



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Dr. Smita Sadwani
MD(Biochemistry)
Technical Director

Dr. Mayank Gupta
MD, DNB Pathology
Consultant Pathologist

Sadwani
Dr. Deepak Sadwani
MD(Pathology)
Lab Director

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



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Name	Mrs. POONAM DEVI			Reg. On	10/Mar/2024
Ref. Dr.				Approved On	10/Mar/2024 09:57AM
Rpt. Centre	Self			Printed On	10/Mar/2024 11:59AM

Test Name	Value	Unit	Biological Reference Interval
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TSH (Thyroid Stimulating Hormone), serum 1.21 uIU/ml 0.27 - 4.2
 Method : ECLIA

Interpretation:

1. Primary hyperthyroidism is accompanied by elevated serum FT3 and FT4 values along with 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

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*** End Of Report ***



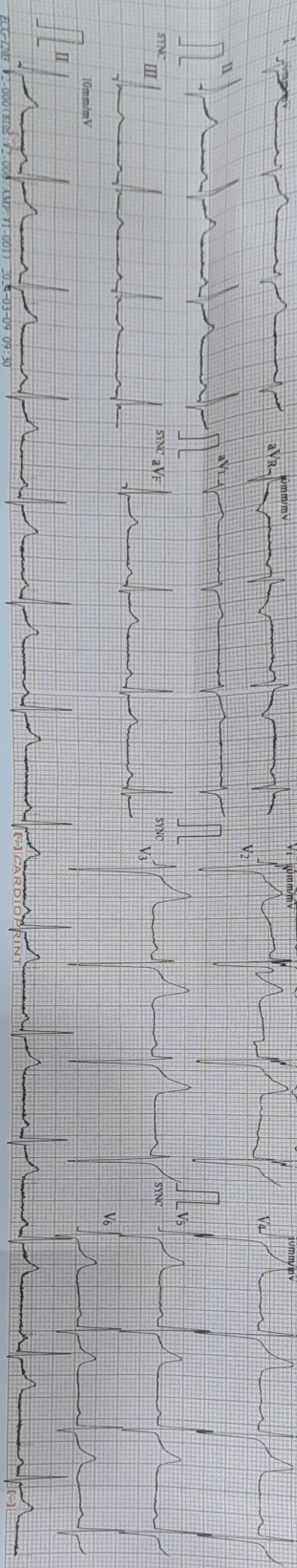
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 Consultant Pathologist

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 Lab Director

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 MBBS,MD (Pathology)
 Consultant Pathologist



ECG-1207 12-000 (RHS: V2-000) (AMP: V1-001) 2016-03-09 09:30

ECG CARDIOPRINT

Unconfirmed report Verified by:

Age : 38/M

Sex : M

Name: Paltao

ID : 3424

HR	: 84	bpm
R-R	: 110	ms
P-R	: 109	ms
QRS	: 160	ms
QT/QTc	: 515/610	ms
P/QRST/T	: 100/25/160	ms
RV5/SV1	: 1.150/0.590	mV
RV5+SV1	: 1.740	mV

9/3/24

PAF-Premature Atrial Contraction

S-A Block OR Extreme Sinus Arrhythmia

WPW Syndrome (Type B)

Complete Right Bundle Branch Block

Unspecified ST-T Abnormality

PAHY HOSPITAL KARNAL



ITDOSE INFOSYSTEMS PVT. LTD.

Diagnosics S. No. : LSHHI348924	MR No. : MR/24/000808
Patient Name : Mrs. POONAM DEVI	Doctor : Dr. PANKAJ GOYAL
Age/Sex : 38 YRS Sex : Female	Date : 09-Mar-2024
OPD/IPD : OPD	Sample Collection : 09-Mar-2024
IPDNo :	Reporting Date : 09-Mar-2024
	ReferDoctor :

BIO-CHEMISTRY

Test Name	Status	Result	Biological Reference Interval	Unit
<u>BLOOD SUGAR FASTING</u>				
BLOOD SUGAR FASTING		97	70-110	mg/dl
<u>BLOOD SUGAR POST PRANDIAL</u>				
BLOOD SUGAR PP		110	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		12.2	11.0-15.0	gm/dl
TLC (Total Leucocyte Count)		6000	4000-11000	/cumm
NEUTROPHILS		70	45-75	%
LYMPHOCYTES		20	20-45	%
EOSINOPHILS		02	0-6	%
MONOCYTES		08	02-10	%
BASOPHILS		00	0-2	%
RBC		4.77	3.8-5.5	Millions/cmm
PCV/HAEMATOCRIT		39.2	35-45	%
MCV		82.2	76-96	fl
MCH	L	25.6	27-31	Picogram
MCHC		31.1	30-35	gm/dl



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

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Diagnostics S. No. : LSHHI348924	MR No. : MR/24/000808
Patient Name : Mrs. POONAM DEVI	Doctor : Dr. PANKAJ GOYAL
Age/Sex : 38 YRS Sex : Female	Date : 09-Mar-2024
OPD/IPD : OPD	Sample Collection : 09-Mar-2024
IPDNo :	Reporting Date : 09-Mar-2024
	ReferDoctor :

RDW	H	15.0	11.5-14.5	%
PLATELETS		2.05	1.5-4.5	

BIO-CHEMISTRY

CREATININE SERUM

CREATININE		1.0	0.6-1.4	mg/dl
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HAEMATOLOGY

ESR

ESR	H	22	0-20	mm/1sthr
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BIO-CHEMISTRY

LFT(LIVER FUNCTION TEST)

BILIRUBIN (TOTAL)		1.0	0.1-1.2	mg/dl
BILIRUBIN DIRECT		0.2	0.0-0.3	mg/dl
BILIRUBIN INDIRECT		0.8	0.1-0.9	mg/dl
SGOT (AST)	H	53	0-40.0	IU/L
SGPT (ALT)	H	66	0-40	IU/L
ALK.PHOSPHATASE		52	48.0-119	IU/L
TOTAL PROTEIN		7.3	6.0-8.0	gm/dl
ALBUMIN		4.5	3.20-5.0	gm/dl
GLOBULIN		2.8	2.30-3.80	gm/dl
A/G Ratio		1.6	1.0-1.60	

LIPID PROFILE

TOTAL CHOLESTEROL		219	0-250	mg/dL
TRIGLYCERIDE		101	0-161	mg/dL
HDL-CHOLESTEROL		53	30.0-60.0	mg/dL



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Age/Sex : 38 YRS Sex : Female	Date : 09-Mar-2024
OPD/IPD : OPD	Sample Collection : 09-Mar-2024
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	ReferDoctor :

LDL CHOLESTEROL	H	145.8	0-130	mg/dL
VLDL		20.2	0-40	mg/dL
LDL / HDL RATIO		2.75	0.0-35.0	
UREA				
BLOOD UREA		23	10.0-45.0	mg/dl
URIC ACID, SERUM				
URIC ACID		3.5	2.5-6.2	mg/dl

CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

VOLUME	35	-	ml
COLOUR	P.YELLOW	-	
APPEARANCE	CLEAR	-	
URINE pH	6.0	5.5-8.5	
SPECIFIC GRAVITY	1.015	-	
KETONE	NEG	-	
URINE PROTEIN	NEG	-	
URINE SUGAR	NEG	-	
PUS CELLS	0-1	1-2	/HPF
RBC CELLS	1-2	-	
EPITHELIAL CELLS	2-3	2-3	/HPF
CRYSTALS	NIL	-	
CASTS	NIL	-	

LAB
TECHNICIAN

Dr. VISHAL SALHOTRA

Dr. NISHTHA KHERA

Dr. PARDIP KUMAR

MD (PATHOLOGY)

MBBS, MD (PATHOLOGY)

CONSULTANT(MICROBIOLOGY)

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

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the **health** care providers

the **health** care providers



ECHOCARDIOGRAPHY REPORT

MRS. POONAM DEVI	AGE:- 38 Y/F	OPD NO:-
CONSULTANT:-DR. PREETI	DATE:- 09- 03 -2024	MR NO:-

ECHO

- Mitral valve **Normal**.....
- Pulmonary artery.....**Normal**.....
- Tricuspid valve **Normal**.....
- Pulmonary valve.....**Normal**.....
- Aortic valve.....**Normal**.....

2D RWMA

- **No RWMA** (Regional wall motion abnormality at rest).

COLOUR DOPPLER

-**No**.....Significant valvular stenosis/regurgitation.

COMMENTS AND SUMMARY

- All cardiac chambers of**Normal**.....Size and shape**No**..... Dilation or hypertrophy.
- **No RWMA** (Regional wall motion abnormality at rest).
-**No**..... clot/ vegetation/ pericardial effusion.
- LV..... **LVEF 60%**..... systolic function.
-**No**.....Significant valvular stenosis/ regurgitation.

FINAL IMPRESSION

- EF AT REST.....**60%**.....



DR. PREETI
SENIOR CONSULTANT

MD (MED), DM CARDIOLOGY

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Patient NAME	: Mrs. POONAM DEVI	Doctor	: Dr. PANKAJ GOYAL
Age/Sex	: 38 YRS Sex : Female	Reporting DATE	: 09-Mar-2024
Visit DATE	: 09-Mar-2024	IPD NO	:
OPD/IPD	: OPD		

ULTRASOUND

Liver is enlarged in size ~ **12 cm** and shows normal echo pattern. There is no focal hepatic lesion present. CBD is normal in course & calibre . There is no calculus defined in the CBD. Intra hepatic biliary radicals are normal.

Gallbladder is partially distended & 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.

Uterus is normal in size and is retroverted.

A thick walled cyst of size 16 mm is noted in right ovary - Corpus luteal cyst.

Bilateral adnexae are clear.

There is no free fluid present in abdomen.

No probe tenderness noted in RIF

IMPRESSION:

1. Right ovarian corpus luteal cyst

Dr. Pooja Thakur
Reg No. HN 20933
Park Hospital



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