



PUSHPANJALI HOSPITAL



(A Unit of Pushpanjali Medicare Pvt. Ltd.)

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

Phone No +91-1274-263300, 260021

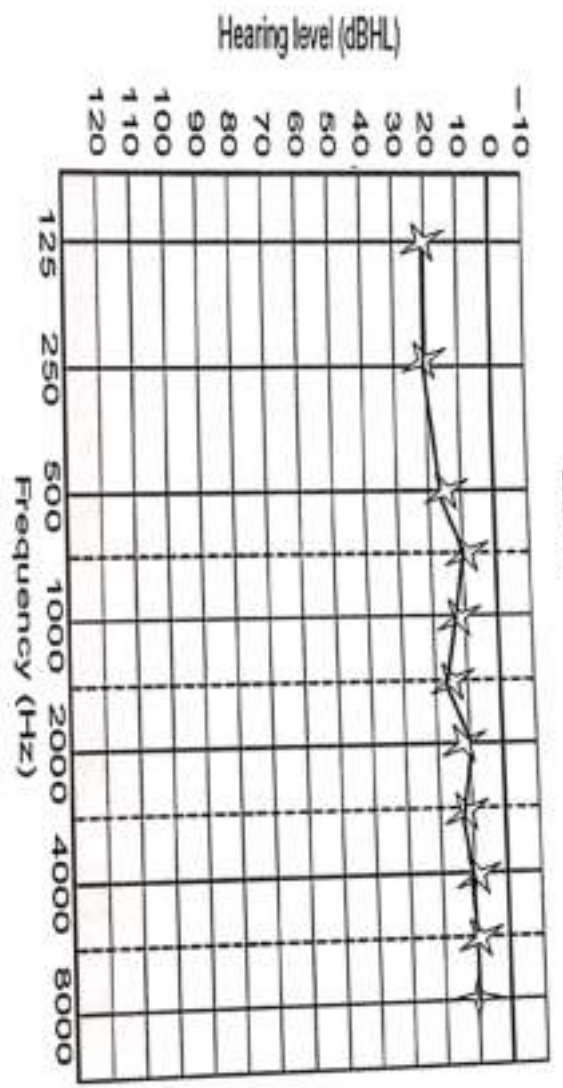
E-mail : pushpanjalihospitalrewari@gmail.com, CIN: U85110DL1987PTC207727

AUDIOMETRY TEST REPORT

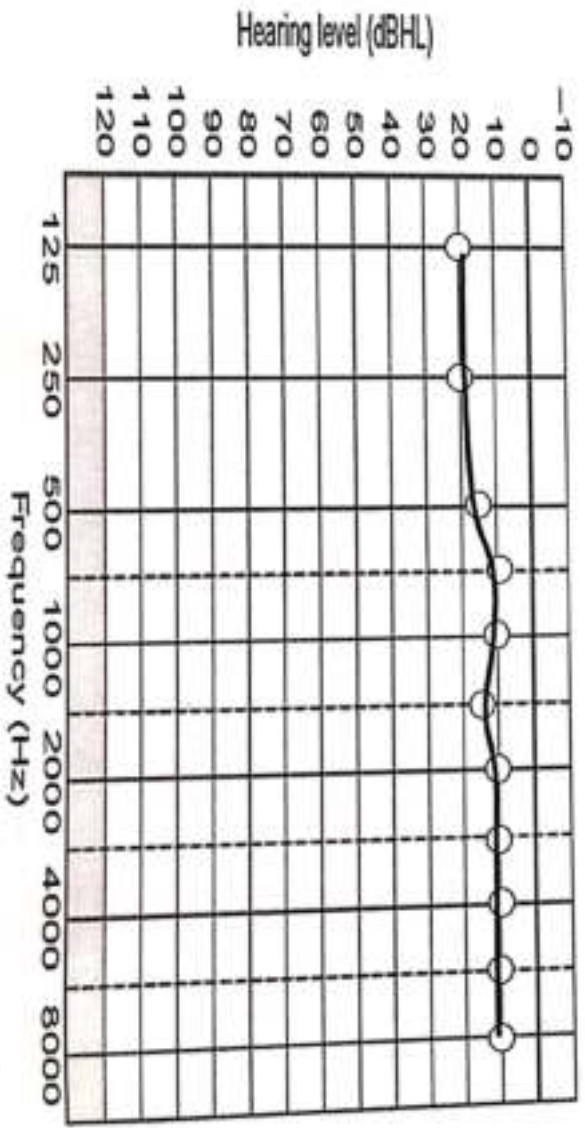
Name of Candidate: Prachi Kumari Age/ Sex: 35 Years LF

Date: _____

LEFT EAR



RIGHT EAR



Remarks:

X Left Ear : WNL NAD

O Right Ear: WNL NAD





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COMPLETE EYE CHECK UP

Employee name. ARUNA KUMAR Age/Sex: 35 / Female

Employee ID: _____ Date: 23/04/2024

COMPLETE EYE EXAMINATION

External Examination: Normal Squint: Absent Nystagmus: Absent

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

Distance Vision (without Glasses): Right: 6/6P Left: 6/6P
(With Glasses): Right: 6/6 Left: 6/6

Near Vision (without Glasses): Right: N6 Left: N6
(With Glasses): Right: - Left: -

Power of Glass (Recommended): Right - left -

Final Remarks: Continue same glasses.



Signature/Stamp

ID Card:

Name: ARLINA KUMARI

Gender: Female

Age: 35

Height(cm):

Weight(Kg):

BP(mmHg): /

P-R.....ms 146

** NORMAL ECG **

Q-R-S.....ms 96

QT/QTc.....ms 413/500

P/QRS/T AXES.....deg 60/73/60

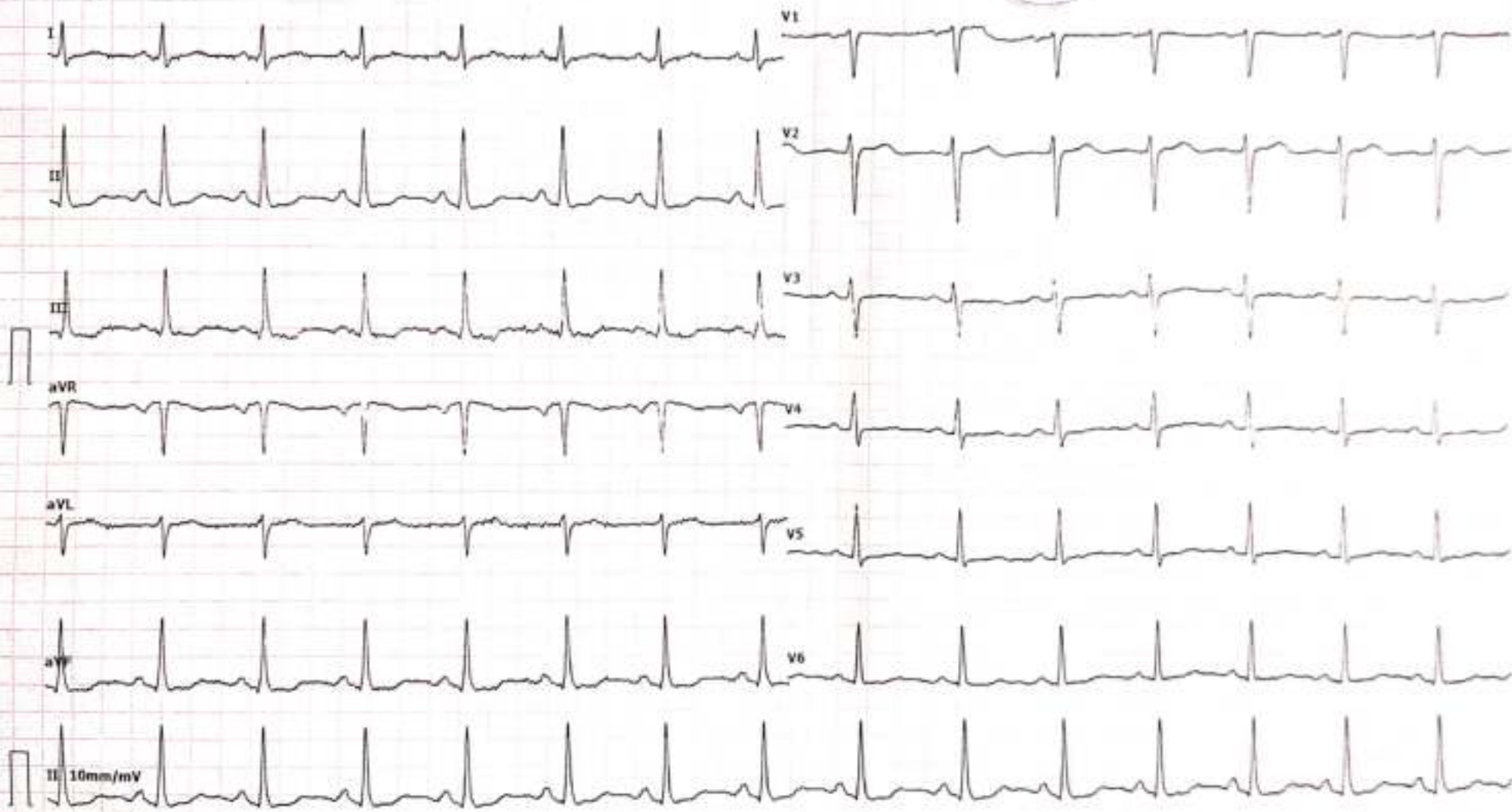
RVS/SV1.....mV 0.91/0.74

RVS+SV1.....mV 1.65



Report Confirmed by ANJALI

*The result must be confirmed by doctor!



10mm/mV

AUTO

10mm/mV

25mm/s

AC-ON 0.05-35Hz

EMR

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Name 1	Mrs. ARUNA KUMARI	Reg. No.	:UHID146241	IPD/OPD Status	:OPD
Relative	:W/O.	Accession No.	:20240323030	Category	:med/wheel
Age/Sex	:35 Y/Female	Consultant	Dr. SONU YADAV	Location/Bed.No	: ;

Collected at: 23/07/2024 8:36:00 AM



Report Gen at: 23/07/2024 11:28:14 AM

BIOCHEMISTRY



Registration No

Accession No

SAMPLE TYPE : EDTA BLOOD

BIOCHEMISTRY			
Investigations	Result	Unit	Biological Reference Interval
HbA1c (GLYCOSYLATED Hb.)	5.6	%	-

INTERPRITATION:

Non-diabetic: < 5.7

Pre-diabetic: 5.7 - 6.4

Diabetic: > 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 glycalted 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 glycalted 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 glycemc control. In these

Dr. Sonu Yadav

MBBS, MD(Path)

Consultant Pathologist

Medical lab. Technician

Investigation have their limitations solitary pathological result never confirms the final diagnosis of the disease. The results have to be correlated with the clinical findings. This Report is not valid for medico-legal purpose.

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Name :	Mrs. ARUNA KUMARI .	Reg. No. :	UHID146241	IPD/OPD Status :	OPD
Relative :	N/O.	Accession No. :	2024032030	Category :	med/wheel
Age/Sex :	35 Y/Female	Consultant :	Dr. SONU YADAV	Location/Bed No :	

Collected at: 23/03/2024 8:36:00 AM
Accession No

BIOCHEMISTRY

SAMPLE TYPE : SERUM

Report Gen at: 23/03/2024 12:42:31 PM
Registration No

Investigations	Result	Unit	Biological Reference Interval
BLOOD SUGAR (FASTING)	84.57	mg/dl	80-100
BLOOD SUGAR PP	94.08	mg/dl	100-140
KIDNEY FUNCTION TEST			
BLOOD UREA NITROGEN	12	mg/dl	5-25
BLOOD UREA	28.44	mg/dl	10.0-40.0
SERUM CREATININE	0.71	mg/dl	0.5-1.10
SODIUM	137	meq/l	135-155
POTASSIUM	4.0	meq/l	3.5-5.5
URIC ACID	2.78	mg/dl	4.00-7.20
LIVER FUNCTION TEST (LFT)			
Bilirubin Total	0.50	mg/dl	0.30-1.20
Bilirubin Direct	0.16	mg/dl	0.10-0.30
Bilirubin Indirect	0.34	mg/dl	0.20-0.80
SGOT (AST)	14.6	U/L	10-35
SGPT (ALT)	22.1	U/L	0.00-45.0
ALKALINE PHOSPHATASE	57.95	U/L	25.0-140.0
TOTAL PROTEIN	6.20	g/dL	6.3-8.2
ALBUMIN	3.74	g/dL	3.5-5.0
GLOBULIN	2.46	g/dL	2.8-3.2
AG RATIO	1.52		1.25-1.58:1
LIPID PROFILE			
TOTAL CHOLESTROL	196.00	mg/dl	0.00-200.0
TRIGLYCERIDES	131.04	mg/dl	40-160
HDL CHOLESTROL	41.05	mg/dl	35.3-79.5

Medical lab. Technician



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

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LDL CHOLESTROL

128.74

mg/dl

0.0-159

BLOOD SUGAR (FASTING) Methodology : GOD-POD with Statim / Perami

BLOOD SUGAR (PP) Methodology : GOD-POD with Statim / Perami

TOTAL CHOLESTROL

Normal < 200 mg/ dl Desirable

Border Line High 200-239 mg/dl

High > 240 mg / dl

COMMENT -

*TRIGLYCERIDE : Level > 200 mg/dl is associated with an approximately 2 - fold greater risk of coronary vascular disease. Division of triglyceride can be seen with obesity, insulin, but less than 12 hrs. after meal, diabetes mellitus, and alcoholism.

*CHOLESTEROL - In fractions and triglyceride are the important factors being including cardiovascular risk factors and in the management of cardiovascular disease.

*VLDL - CHOLESTEROL : LEVEL < 25 mg/dl is associated with an increased risk of coronary vascular disease even in the face of elevated levels of cholesterol and LDL - cholesterol.

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

*** End of Report ***

Medical lab. Technician

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Name	Mrs. ARUNA KUMARI	Reg. No.	JDHD148241	IPD/OPD Status	OPD
Relative	:W/O.	Accession No.	20240223030	Category	:med/wheel
Age/Sex	:35 Y/Female	Consultant	Dr. SONU YADAV	Location/Bed No	;

Collected at: 23/02/2024 8:39:00 AM



Accession No

HAEMATOTOLOGY REPORT

Report Gen at: 23/02/2024 11:28:25 AM



Registration No

SAMPLE TYPE : EDTA BLOOD

Investigations	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT			
Hemoglobin (Hb%)	11.8	g/dL	11.0-17.0
WBC	5.40	10 ³ /cmm	4.0-11.0
Neutrophils	65.9	%	40.0-70.0
Lymphocytes	24.8	%	20.0-40.0
Eosinophils	4.1	%	1.0-8.0
Monocytes	4.9	%	2.0-10.0
Basophils	0.5	%	0.0-1.0
Red Cell Count (TRBC)	4.48	million/cumm	4.5-0.5
Hematocrit(HCT)	36.4	%	36.0-54.0
MCV	81.3	fL	76.0-96.0
MCH	26.3	pg	27.0-32.0
MCHC	32.4	g/dL	31.5-34.5
Platelet Count	169	10 ³ /cmm	150-400
ESR	13	mm/hr	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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Name:	Mrs. ABHINA KUMARI.	Reg. No.:	UHID146241	IPD/OPD Status:	OPD
Relative:	NWO.	Accession No.:	20240323030	Category:	medicines
Age/Sex:	35 Y/Female	Consultant:	DR. SONU YADAV	Location/Bed No:	

Collected at: 23/03/2024 8:26:00 AM



HAEMATOLOGY REPORT

Report Date at: 23/03/2024 11:28:47 AM



Registration No

Accession No
SAMPLE TYPE : EDTA BLOOD.

HAEMATOLOGY REPORT			
Investigations	Result	Unit	Biological Reference Interval
ABO GROUPING	"AB"		
RH-TYPING	NEGATIVE		

LAB: Rh/Weakness/Agg: Anti-Agglutination of red blood cells with anti-A, B, D. weakens indicates the presence of clumps of the corresponding antigen.

LAB: Rh/Weakness/Agg: Anti-Agglutination of red blood cells with anti-A, B, D. weakens indicates the presence of clumps of the corresponding antigen.

*** End of Report ***

Medical lab. Technician

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

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CIN: U85110DL1987PTC207727

Name	: ARUNA KUMARI	Reg. No.	: UHID144241	IPD/OPD Status	: OPD
Relative	: W/O.	Accession No.	: 20240323036	Category	: medicineel
Age/Sex	: 35 Y/Female	consultant	: SONU YADAV	Location/Ded.No	: .
Collected at: 23/03/2024 8:36:00 AM		Report Gen at: 23/03/2024 11:32:22 AM			



Accession No.

CLINICAL PATHOLOGY



Registration No.

Urine Routine Examination Report

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	2-3
Casts	NIL
Crystals	NIL
Bacteria	NIL

Biochemical Examination

Microscopic Examination

Medical Lab. Technician

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2D ECHOCARDIOGRAPHY REPORT

.....
Patient Name: Aruna Kumari

Age/Sex : 35 Yrs /F

UHID OPD : 146241

Ref By : Dr. Sonu Yadav

Report Date: 23/03/2024

Study By : 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 MDDG 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 MDDG mmHg

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

Velocity: 1.2 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- 1.2 m/sec

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Measurement	Normal Values	Measurement	Normal Values
Aorta 2.7cm	(2.0-3.7cm)	L.A es 2.8cm	(1.9-4.0cm)
L.V es 2.6cm	(2.2-4.0cm)	L.V ed 4.0cm	(3.7-5.6cm)
IVS ed 1.1cm	(0.6-1.1cm)	PW(ed) 0.9cm	(0.6-1.1cm)
RV ed cm	(0.7-2.6cm)	RV anterior wall	(up to 5mm)
L.V.VD (ml)		IVS motion	Normal /Jerky
EF - 55%	(54%-76%)		/paradoxical

CHAMBERS:-

L.V	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

- 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



Dr. Shivam. Uppal
MD, DM CARDIOLOGY

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Ref No.	PDC/USG/MEDI/UHID146241	Date	23-03-2024
Patient's Name	Mrs. Aruna Kumari	Age & Sex	35Y/F
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 hydronephrosis is seen on right side. **A calculus of size 3.9mm is noted in upper calyx of right kidney.**

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.

Uterus is anteverted and normal in size. Myometrium shows normal echo- pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 6 mms.

Bilateral ovaries are bulky and show multiple small subcentimeter sized follicles arranged peripherally with central echogenic stroma— s/o Polycystic ovaries.

Right ovary volume 12cc. Left ovary volume 12cc.

No free fluid is seen in pouch of douglas.

No e/o ascites seen.

No e/o obvious abdominal lymphadenopathy is seen.

No USG e/o appendicitis is seen.

IMPRESSION :

- **Right renal calculus.**
- **PCOD appearing bilateral ovaries.**

Adv: clinical correlation.



Dr. Ritesh Garg
MBBS MD (Radiodiagnosis)
Consultant Radiologist

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Ref No.	PDC/X-Ray/MEDI/UHHD146241	Date	23-03-2024
Patient's Name	Mrs. Aruna Kumari	Age & Sex	35Y/F
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

