



689415

Mr. Ajay Singh

33 y/m

Vitals :

BP - 120/80 only
wt - 93 kg
HT - 180

Chief Complaints :

Routine eye checkup

H/O Present Illness :

VM $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$ unaided MV $\left\{ \begin{array}{l} N6 \\ N6 \end{array} \right.$

Past History :

NCT $\left\{ \begin{array}{l} 15 \\ 16 \end{array} \right.$

Investigation :

Drug Allergies : (if any)

Treatment :

Colour vision - Normal (8/8)

Fundus - Normal



[Handwritten signature]



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. AJAY SINGH

MR No : 689415

Age/Sex : 33 Years / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 28/10/2023

Reporting Date : 28/10/2023

Sample ID : 208330

Bill/Req. No. : 24191989

Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|----------------------------|--------|--------------------|-------|--------------|
| BLOOD SUGAR FASTING | | | | |
| PLASMA GLUCOSE FASTING | 100 | 60 - 110 | mg/dl | GOD TRINDERS |
| | null | | | |

***** END OF THE REPORT *****



Sample no.

Dr. SONIA KUMARI

MBBS, MD (PATHOLOGY) Gold medalist

Dr. ISHA RASTOGI

MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST



USER NM ARUN



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

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DEPARTMENT OF PATHOLOGY

Patient Name : Mr. AJAY SINGH

MR No : 689415

Age/Sex : 33 Years / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

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|------|--------|--------------------|-------|--------|

URINE ROUTINE AND MICROSCOPY

PHYSICAL CHARACTERISTICS

| | | | | |
|------------------|-------------|-------------|----|------------|
| QUANTITY | 40ml | 5 - 100 | ml | |
| COLOUR | Pale Yellow | Pale Yellow | | Vishal |
| TURBIDITY | Clear | clear | | |
| SPECIFIC GRAVITY | 1.015 | 1.000-1.030 | | urinometer |
| PH - URINE | 6.5 | 5.0 - 9.0 | | PH PAPER |

CHEMICAL EXAMINATION-1

| | | | | |
|-----------------|----------|-----|-------|-------------------------|
| UROBILINOGEN | Negative | NIL | | Ehrlich |
| URINE PROTEIN | Absent | NIL | mg/dl | Protein error indicator |
| BLOOD | NIL | NIL | | |
| URINE BILIRUBIN | NIL | NIL | | |
| GLUCOSE | NIL | NIL | mg/dL | GOD-POD/Benedicts |
| URINE KETONE | NIL | NIL | | SOD. |

MICRO.EXAMINATION

| | | | | |
|------------------|----------|-----|-----------|-------------|
| PUS CELL | 2-4 | 0-5 | cells/hpf | Microscopic |
| RED BLOOD CELLS | Not Seen | 0-2 | cells/hpf | |
| EPITHELIAL CELLS | 1-2 | 0-5 | cells/hpf | |
| CASTS | NIL | NIL | /pf | |
| CRYSTALS | NIL | NIL | /hpf | |
| OTHER | NIL | | | |

null

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the health care providers

the health care providers



DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. AJAY SINGH
 MR No : 689415
 Age/Sex : 33 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 28/10/2023
 Reporting Date : 28/10/2023
 Sample ID : 208330
 Bill/Req. No. : 24191989
 Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|------------------------------|------------------|----------------------|-------------------|----------------|
| CBC | | | | |
| HAEMOGLOBIN | 14.2 | 12 - 16 | gm/dL | COLORIMETRY |
| TOTAL LEUCOCYTE COUNT | 6260 | 4000-11000 | / μ L | LASER FLOW |
| DIFFERENTIAL COUNT | | | | |
| NEUTROPHILS | 50 | 40.0 - 70.0 | % | FLOW CYTOMETRY |
| LYMPHOCYTES | 45 | <i>H</i> 20.0 - 40.0 | % | FLOW CYTOMETRY |
| MONOCYTES | 03 | 3.0 - 8.0 | % | FLOW CYTOMETRY |
| EOSINOPHILS | 02 | 0.5 - 5.0 | % | FLOW CYTOMETRY |
| BASOPHILS | 00 | 0.0 - 2.0 | % | FLOW CYTOMETRY |
| RED BLOOD CELL COUNT | 4.3 | 3.5 - 5.5 | millions/ μ L | ELECTRICAL |
| PACKED CELL VOLUME | 37.8 | 35.0 - 50.0 | % | ELECTRICAL |
| MEAN CORPUSCULAR VOLUME | 87.6 | 83 - 101 | fL | ELECTRICAL |
| MEAN CORPUSCULAR HAEMOGLOBIN | 32.9 | <i>H</i> 27 - 31 | Picogrammes | CALCULATED |
| MEAN CORPUSCULAR HB CONC | 37.6 | <i>H</i> 33 - 37 | g/dl | CALCULATED |
| PLATELET COUNT | 175 | 150 - 450 | thou/ μ L | ELECTRICAL |
| RDW | 13.6 | 11.6 - 14.5 | % | CALCULATED |
| SAMPLE TYPE FOR C.B.C | Whole Blood EDTA | | | |

null

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MC - 423

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the health care providers

the health care providers



DEPARTMENT OF HAEMATOLOGY

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|-------------------------|--------|--------------------|--------|------------|
| ESR (WESTERGREN) | | | | |
| E.S.R. - 1HR. | 20 | 0 - 20 | mm/Hr. | Westergren |

Note : Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values

***** END OF THE REPORT *****



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DEPARTMENT OF MICROBIOLOGY

Patient Name : Mr. AJAY SINGH

MR No : 689415

Age/Sex : 33 Years / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 28/10/2023

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Sample ID : 208330

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| Test | Result | Bio. Ref. Interval | Units | Method |
|------|--------|--------------------|-------|--------|
|------|--------|--------------------|-------|--------|

URINE C/S

| | | |
|---------------------|--|-----------------|
| NAME OF SPECIMEN | URINE (Uncentrifuged) | |
| ORGANISM IDENTIFIED | NO ORGANISM GROWN IN CULTURE AFTER 48HRS OF INCUBATION AT 37 C DEGREE. | Aerobic culture |

Method :

Note : URINE CULTURE :

Presence of >105 cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptomatic patients urine sample collection from catheter or patients with indwelling catheters, even a smaller count of bacteria may signify infection (10³/10000cfu/ml). Kindly correlate clinically.

***** END OF THE REPORT *****



Sample no.

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CONSULTANT CLINICAL MICROBIOLOGIST



USER NAME ADITYA



MC - 4830

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the health care providers



DEPARTMENT OF IMMUNOLOGY

Patient Name : Mr. AJAY SINGH
 MR No : 689415
 Age/Sex : 33 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 28/10/2023
 Reporting Date : 28/10/2023
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 Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|------|--------|--------------------|-------|--------|
|------|--------|--------------------|-------|--------|

THYROID PROFILE

| | | | | |
|-----------------------------|-------|--------------|--------|-------------------|
| TRI-IODOETHYRONINE (T3) | 1.52 | 0.60 - 1.81 | ng/ml | Chemiluminescence |
| THYROXINE (T4) | 9.1 | 5.01 - 12.45 | µg/dL | Chemiluminescence |
| THYROID STIMULATING HORMONE | 2.43 | 0.5-5.50 | µIU/ml | |
| SPECIMEN TYPE | SERUM | | | |

Method : chemiluminescent immunoassay

Note : Clinical Significance:

Thyroid function tests (TFTs) is a collective term for blood tests used to check the function of the thyroid. TFTs may be requested if a patient is thought to suffer from hyperthyroidism (overactive thyroid) or hypothyroidism (underactive thyroid), or to monitor the effectiveness of either thyroid-suppression or hormone replacement therapy. It is also requested routinely in conditions linked to thyroid disease, such as atrial fibrillation and anxiety disorder. A TFT panel typically includes thyroid hormones such as thyroid-stimulating hormone (TSH, thyrotropin) and thyroxine (T4), and triiodothyronine (T3) depending on local laboratory policy.

Note: Please correlate with clinical condition

***** END OF THE REPORT *****



Sample no.

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USER NM DINESH



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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. AJAY SINGH
 MR No : 689415
 Age/Sex : 33 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 28/10/2023
 Reporting Date : 28/10/2023
 Sample ID : 208330
 Bill/Req. No. : 24191989
 Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|----------------------------------|--------|--------------------|-------|---------------|
| LFT (LIVER FUNCTION TEST) | | | | |
| LFT | | | | |
| TOTAL BILIRUBIN | 1.1 | 0 - 1.2 | mg/dL | DIAZO |
| DIRECT BILIRUBIN | 0.2 | 0 - 0.4 | mg/dL | DIAZO |
| INDIRECT BILIRUBIN | 0.9 | H 0.10 - 0.6 | mg/dL | CALCULATED |
| SGOT (AST) | 86 | H 0 - 45 | U/L | IFCC WITHOUT |
| SGPT (ALT) | 118 | H 0 - 45 | U/L | IFCC WITHOUT |
| ALKALINE PHOSPHATASE | 184 | H 30 - 170 | IU/L | MODIFIED IFCC |
| TOTAL PROTEINS | 5.9 | L 6.4 - 8.0 | g/dL | BIURET |
| ALBUMIN | 3.5 | 3.3 - 5.5 | g/dL | BCG DYE |
| GLOBULIN | 2.4 | 2.3 - 4.5 | g/dL | CALCULATED |
| A/G RATIO | 1.46 | 1.1 - 2.2 | | CALCULATED |

SAMPLE TYPE : Spot Urine

null

***** END OF THE REPORT *****



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HC - 402

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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. AJAY SINGH
 MR No : 689415
 Age/Sex : 33 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 28/10/2023
 Reporting Date : 28/10/2023
 Sample ID : 208330
 Bill/Req. No. : 24191989
 Ref Doctor : Dr.RMO


| Test | Result | Bio. Ref. Interval | Units | Method |
|----------------------------|--------|--------------------|--------|-----------------|
| KFT (RENAL PROFILE) | | | | |
| KFT | | | | |
| SERUM UREA | 23 | 10 - 45 | mg/dL | UREASE-GLDH |
| SERUM CREATININE | 1.1 | 0.4 - 1.4 | mg/dL | MODIFIED JAFFES |
| SERUM URIC ACID | 7.0 | 2.5 - 7.0 | mg/dL | URICASE |
| SERUM SODIUM | 138 | 135 - 150 | mmol/L | ISE |
| SERUM POTASSIUM | 3.9 | 3.5 - 5.5 | mmol/L | ISE |
| SERUM CALCIUM | 8.8 | 8.5 - 10.5 | mg/dL | ARSENazo III |
| SERUM PHOSPHORUS | 3.0 | 2.5 - 4.5 | mg/dL | AMMONIUM |

null

***** END OF THE REPORT *****



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ARUN



MC - 4830

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| LIPID PROFILE | | | | |
| TOTAL CHOLESTEROL | 192 | 0 - 250 | mg/dL | CHOD -Trinder |
| SERUM TRIGLYCERIDES | 126 | 60 - 165 | mg/dl | GPO-TRINDER |
| HDL-CHOLESTEROL | 51 | 30 - 70 | mg/dl | DIRECT |
| VLDL CHOLESTEROL | 25.2 | 6 - 32 | mg/dL | calculated |
| LDL | 115.8 | 50 - 135 | mg/dl | calculated |
| LDL CHOLESTEROL/HDL RATIO | 2.27 | 1.0 - 3.0 | mg/dL | calculated |
| TOTAL CHOLESTEROL/HDL RATIO | 3.76 | 2.0 - 5.0 | mg/dl | calculated |

SAMPLE TYPE: SERUM

Note : ATP III Guidelines At-A-Glance Quick Desk Reference

Step 1 - Determine lipoprotein levels obtain complete lipoprotein profile after 9- to 12-hour fast.

ATP III Classification of LDL, Total, and HDL Cholesterol (mg/dL):-

LDL Cholesterol Primary Target of Therapy
 <100 Optimal
 130-159 Borderline high
 >190 Very high.

Total Cholesterol
 <200 Desirable
 200-239 Borderline high
 >240 High

HDL Cholesterol
 <40 Low
 <60 High

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DEPARTMENT OF MICROBIOLOGY

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|------|--------|--------------------|-------|--------|

URINE C/S

| | | | | |
|---------------------|--|--|--|-----------------|
| NAME OF SPECIMEN | URINE (Uncentrifuged) | | | |
| ORGANISM IDENTIFIED | NO ORGANISM GROWN IN CULTURE AFTER 48HRS OF INCUBATION AT 37 C DEGREE. | | | Aerobic culture |

Method : .

Note : URINE CULTURE :

Presence of >105 cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptomatic patients or urine sample collection from catheter or patients with indwelling catheters, even a smaller count of bacteria may signify infection (100-10000cfu/ml). Kindly correlate clinically.

***** END OF THE REPORT *****



Sample no.

[Signature]
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[Signature]
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 CONSULTANT CLINICAL MICROBIOLOGIST



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Vitals :

Chief Complaints :

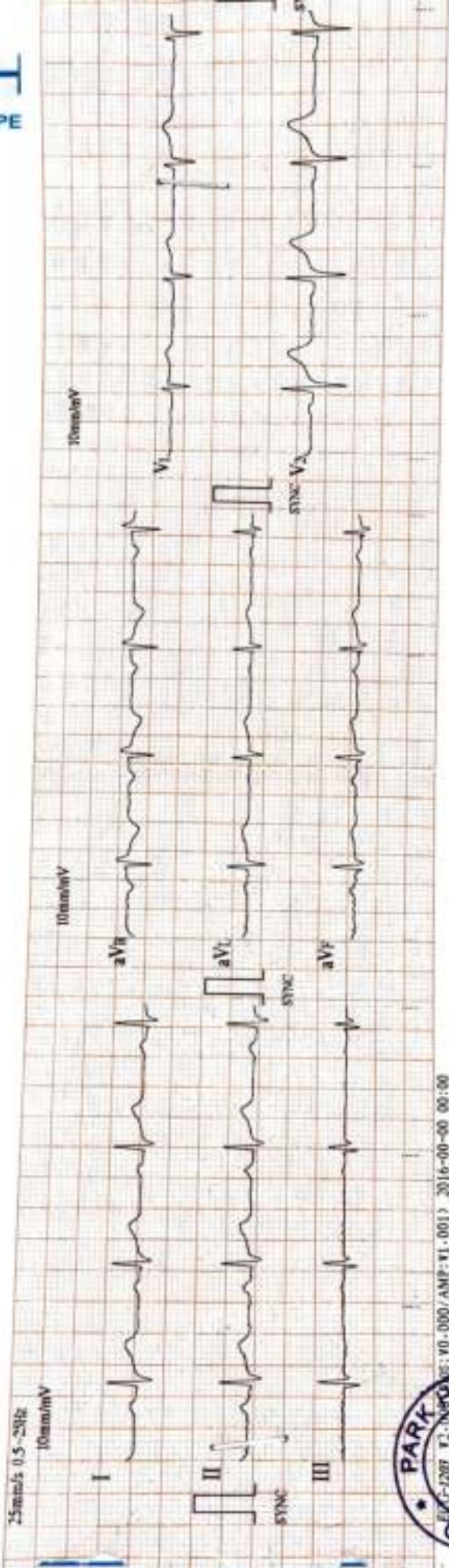
H/O Present Illness :

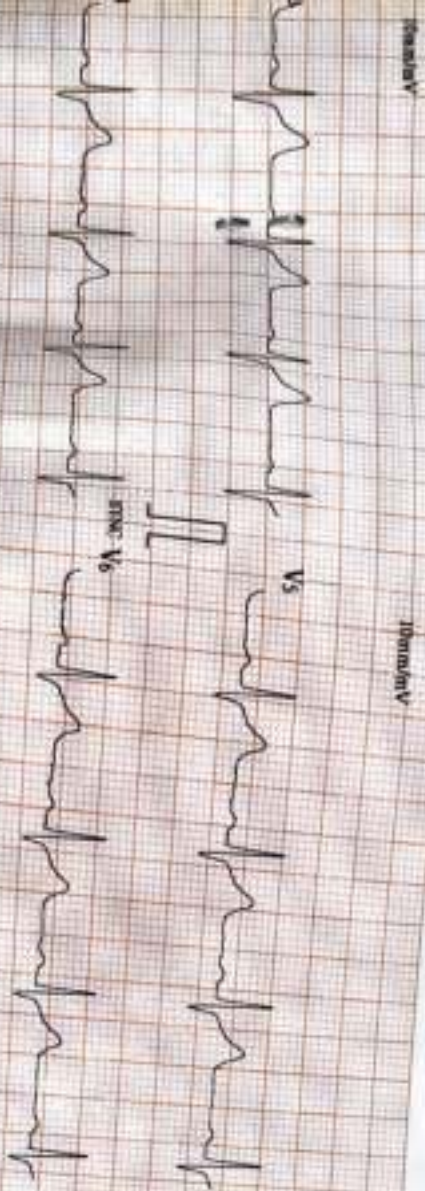
Past History :

Investigation :

Drug Allergies : (if any)

Treatment :





ID : 0001

Name: *AD [unclear]*

Sex: *male*

Age: *37*

28/10/19

Interpretation Report Verified by:

| Parameter | Value | Normal Range | Interpretation |
|-----------|---------------|--------------|----------------|
| HR | 73 | 60-100 | Normal |
| P-R-T | 84.3 | 0-100 | Normal |
| P-R-T | 174 | 0-200 | Normal |
| P-R-T | 103 | 0-120 | Normal |
| QT/QTc | 362/39.3 | 350-450 | Normal |
| P/QRS/T | 38/31/50 | 0-100 | Normal |
| AV5-SV1 | 0.770-0.410mV | 0.5-1.5 | Normal |
| RV5-SVL | 1.180 | 0.5-1.5 | Normal |

- Slight ST Depression
- Mild Left Axis Deviation



Park Hospital
GROUP SUPER SPECIALITY HOSPITAL

DEPARTMENT OF RADIOLOGY

| | | | |
|--------------|-----------------|-------------------|--------------|
| Patient Name | Mr AJAY SINGH | Billed Date | : 28/10/2023 |
| Reg No | 689415 | Reported Date | : 28/10/2023 |
| Age/Sex | 33 Years / Male | Req. No. | : 24191989 |
| Type | OPD | Consultant Doctor | : Dr. RMO |

X-RAY CHEST AP/PA

Bilateral lungs appears normal.

No focal lung lesion seen.

No evidence of free fluid is seen.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal for patient age and view.

The domes of the diaphragms are normal in position, and show smooth outline.

To be correlated clinically

Dr. ANSHU K. SHARMA
MBBS, MD
CONSULTANT RADIOLOGIST

Dr. MANJEET SEHRAWAT
MBBS, MD, PDCC
CONSULTANT RADIOLOGIST



Dr. NEENA SIKKA
MBBS, DNB
CONSULTANT RADIOLOGIST



H-2016-0389

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

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the health care providers

the health care providers



DEPARTMENT OF RADIOLOGY

| | | | |
|--------------|-----------------|-------------------|------------|
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| Reg No | 689415 | Reported Date | 28/10/2023 |
| Age/Sex | 33 Years / Male | Req. No. | 24191989 |
| Type | OPD | Consultant Doctor | Dr. RMO |

USG WHOLE ABDOMEN

The Real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER : The liver is enlarged in size (17.9cm) and shows bright echotexture. No evidence of any focal lesion. IHBR is not dilated.

GALL BLADDER :The gall bladder is well distended. No evidence any calculus or mass seen.No evidence of pericholecystic fluid is seen.

BILE DUCT :The common bile duct is normal in caliber. No evidence of calculus is noted in common bile duct.

SPLEEN :The spleen is normal in size (10.9 cm) and shape.Its echotexture is homogeneous.No evidence of focal lesion is noted.

PANCREAS :The pancreas is normal in size, shape, contours and echotexture.No evidence of solid or cystic mass lesion is noted.MPD is not dilated. No evidence of peripancreatic collection.

KIDNEYS : Right kidney measures 9.7 x 3.8 cm. Left kidney measures 10.1 x 5.4 cm. The bilateral kidneys are normal in size and echotexture. Cortico-medullary differentiation is maintained.There is no evidence of obvious calculus or hydronephrosis.

URINARY BLADDER :The urinary bladder is well distended.Wall thickness within normal limits.No evidence of calculus is seen.No evidence of mass or diverticulum is noted.

PROSTATE: Prostate appears normal in size, shape and echotexture.

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

IMPRESSION- Hepatomegaly with grade II fatty liver.

To be correlated clinically

Dr.ANSHU K.SHARMA
MBBS,MD
CONSULTANT RADIOLOGIST



H-2016-0300


Dr.MANJEET SEHRAWAT
MBBS,MD,PDCC
CONSULTANT RADIOLOGIST



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