



A K1010  
PSORIASIS

Dermatology

Vitals :

BP - 110/70 mmHg  
HT - 164 cm  
Weight - 97.6 kg

Chief Complaints :

Acne

H/O Present Illness :

- TOPICAL 3%  
DINZMENT

Past History :

(4A) ——— (A)  
2 weeks

Investigation :

Drug Allergies : (if any)

- MOISTUREX Soft  
Lotion

Treatment :

(4A) ———  
- Ryv SOL

*[Signature]*



C/O:- Routine health checkup.

Vitals :

Chief Complaints : O/E:- Multiple decayed teeth present.  
:- Stains present.

H/O Present Illness :

:- Multiple root stumps present

Past History :

Adv. Scaling.  
Root canal treatment.

Investigation :

Drug Allergies : (if any)

Extraction and root stumps

Treatment :

Gurgaon

Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Haryana Ph.: 0124-4900000 Fax : 0124-2218733  
E-mail : parkmedicenters@gmail.com

● West Delhi ● South Delhi ● Faridabad ● Panipat ● Karnal



# Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

MR. ASHISH SETHI



BMT

Ear }  
Nose } N/A  
Throat }

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :

  
14/11/23  


Gurgaon

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the **health** care providers

the **health** care providers



696297

Mr Ashish Sethi  
52y/M  
←

Vitals :

Chief Complaints :

Routine

H/O Present Illness :

uv } 6/6  
- 6/6 unaided

Past History :

uv } M6  
- M6 = glasses

Investigation :

Drug Allergies : (if any)

Treatment :

MCT } 17  
- 12

Colour vision - normal BS

Fundus - Normal

Gurgaon

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## DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. ASHISH SETHI  
 MR No : 690297  
 Age/Sex : 52 Years / Male  
 Type : OPD  
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 14/11/2023  
 Reporting Date : 14/11/2023  
 Sample ID : 214752  
 Bill/Req. No. : 24200912  
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>BLOOD SUGAR FASTING</b>				
PLASMA GLUCOSE FASTING	99	60 - 110	mg/dl	GOD TRINDERS

\*\*\*\*\* 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 SONU



MC - 4830

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Test	Result	Bio. Ref. Interval	Units	Method
<b>BLOOD SUGAR 2 HR. PP</b>				
BLOOD SUGAR P.P.	167	H 80 - 150	mg/dl	

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



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**DEPARTMENT OF PATHOLOGY**

**Patient Name** : Mr. ASHISH SETHI  
**MR No** : 690297  
**Age/Sex** : 52 Years / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

**Bill Date** : 14/11/2023  
**Reporting Date** : 16/11/2023  
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**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>URINE ROUTINE AND MICROSCOPY</b>				
<b>PHYSICAL CHARACTERSTICS</b>				
QUANTITY	30ml	5 - 100	ml	
COLCUR	Pale Yellow	Pale Yellow		Vishal
TURBIDITY	Clear	clear		
SPECIFIC GRAVITY	1.015	1.000-1.030		urinometer
PH - URINE	6.0	5.0 - 9.0		PH PAPER
<b>CHEMICAL EXAMINATION-1</b>				
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.
<b>MICRO.EXAMINATION</b>				
PUS CELL	2-4	0-5	cells/hpf	Microscopic
RED BLOOD CELLS	Nil	0-2	cells/hpf	
EPITHELIAL CELLS	1-2	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/hpf	
OTHER	NIL			

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



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*Amul*

USER NM

NIKHIL



DEPARTMENT OF HAEMATOLOGY

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TPA/Corporate : MEDIWHEEL PVT LTD

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Test	Result	Bio. Ref. Interval	Units	Method
<b>BLOOD GROUPING AND RH FACTOR</b>				
BLOOD GROUP	" A " RH POSITIVE			ABO/Rh (D) SLIDE

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## DEPARTMENT OF HAEMATOLOGY

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Test	Result	Bio. Ref. Interval	Units	Method
<b>CBC</b>				
HAEMOGLOBIN	15.4	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	7200	4000-11000	/ $\mu$ L	LASER FLOW
<b>DIFFERENTIAL COUNT</b>				
NEUTROPHILS	55	40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	40	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	4.4	3.5 - 5.5	millions/ $\mu$ L	ELECTRICAL
PACKED CELL VOLUME	42.1	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	94.2	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	<b>34.5</b>	27 - 31	Picogrammes	CALCULATED
MEAN CORPUSCULAR HB CONC	36.4	33 - 37	g/dl	CALCULATED
PLATELET COUNT	309	150 - 450	thou/ $\mu$ L	ELECTRICAL
RDW	14.2	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA			

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Test	Result	Bio. Ref. Interval	Units	Method
<b>ESR (WESTERGREN)</b>				
E.S.R. - IHR.	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

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## DEPARTMENT OF MICROBIOLOGY

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Test	Result	Bio. Ref. Interval	Units	Method
<b>URINE C/S</b>				
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 >10<sup>5</sup> cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptomatic patient urine sample collection from catheter or patients with indwelling catheters, even a smaller count of bacteria may signify infection (10000cfu/ml). Kindly correlate clinically.

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



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## DEPARTMENT OF IMMUNOLOGY

Patient Name : Mr. ASHISH SETHI  
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Test	Result	Bio. Ref. Interval	Units	Method
<b>THYROID PROFILE</b>				
TRI-IODOTHYRONINE (T3)	1.37	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	<b>13.3</b>	<i>H</i> 5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	2.59	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 \*\*\*\*\*



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## DEPARTMENT OF BIOCHEMISTRY

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Test	Result	Bio. Ref. Interval	Units	Method
<b>LFT (LIVER FUNCTION TEST)</b>				
<b>LFT</b>				
TOTAL BILIRUBIN	0.6	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.2	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.4	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	36	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	43	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	134	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	<b>5.4</b>	L 6.4 - 8.0	g/dL	BIURET
ALBUMIN	3.5	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	<b>1.9</b>	L 2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.84	1.1 - 2.2		CALCULATED

SAMPLE TYPE: SERUM

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Test	Result	Bio. Ref. Interval	Units	Method
<b>KFT (RENAL PROFILE)</b>				
<b>KFT</b>				
SERUM UREA	23	10 - 45	mg/dL	UREASE-GLDH
SERUM CREATININE	1.0	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	4.8	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	140	135 - 150	mmol/L	ISE
SERUM POTASSIUM	4.3	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.6	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	3.1	2.5 - 4.5	mg/dL	AMMONIUM
SAMPLE TYPE:	SERUM			

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Test	Result	Bio. Ref. Interval	Units	Method
<b>LIPID PROFILE</b>				
<b>LIPID PROFILE</b>				
TOTAL CHOLESTEROL	166	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	<b>216</b>	<i>H</i> 60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	32	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	<b>43</b>	<i>H</i> 6 - 32	mg/dL	calculated
LDL	91	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.8	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	<b>5.1</b>	<i>H</i> 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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Test	Result	Bio. Ref. Interval	Units	Method
<b>PSA TOTAL</b>				
PROSTATE SPECIFIC ANTIGEN(PSA)	0.58	0.57 - 4.0	ng/ml	Chemiluminescence
SPECIMEN TYPE	SERUM			
<b>Method :</b> chemiluminescent immunoassay				

**Note :** Clinical Use: -

An aid in the early detection of Prostate cancer in Male. Follow up and management of Prostate cancer patients. Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer

**Note: -**

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy. PSA level may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.

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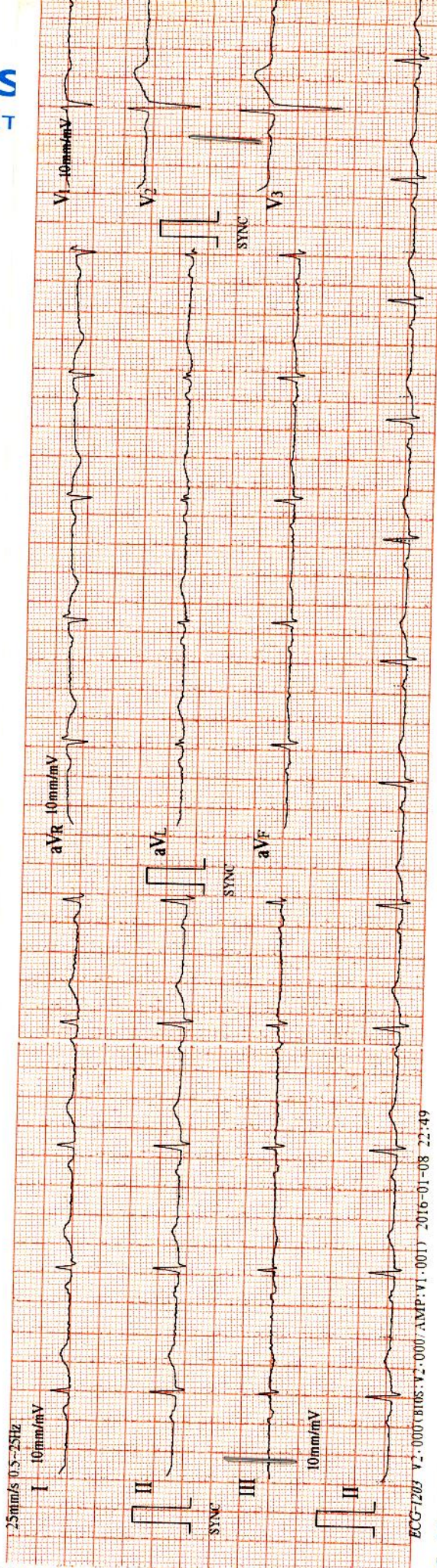
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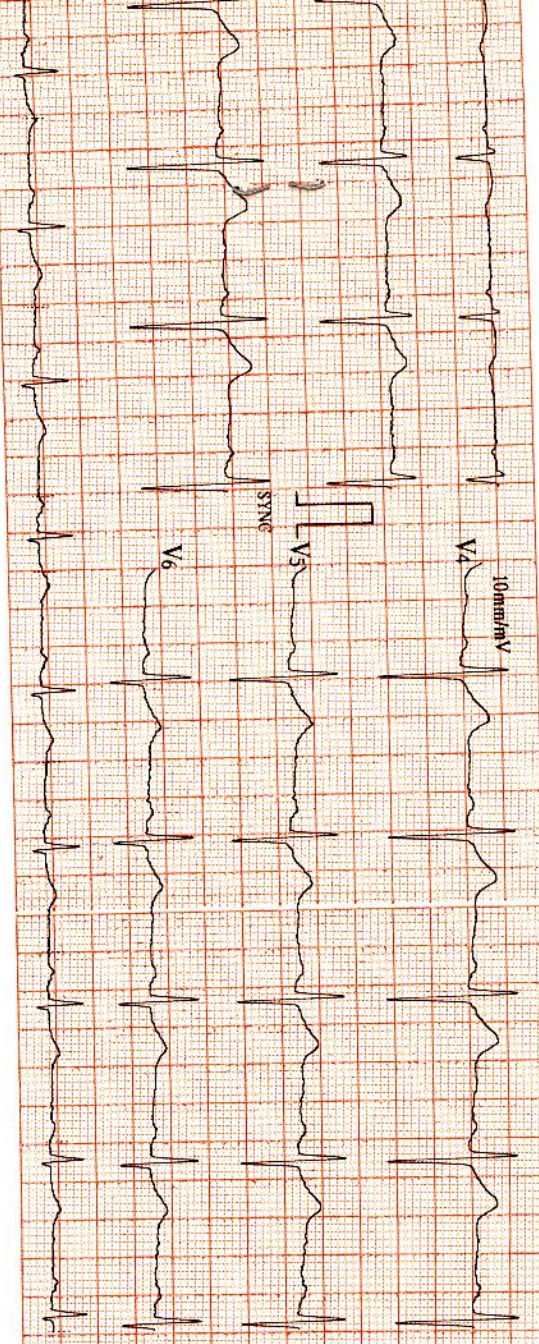
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ID : 2300

Name: *Mr Ashika*

Sex : *52 y/m*

Age : *14/11/03*

*B: 57 An*

Unconfirmed report Verified by:

PR : 177  
 P-R-T : 83-3  
 QRS : 165  
 QT/QTc : 364  
 P/QTST/T : 2739/2  
 RV5/SV1 : 0.640-0  
 RV5+SV1 : 1.090

----- Sinus Rhythm  
 ----- Left Atrial Enlargement

bpm  
 ms  
 ms  
 ms



**DEPARTMENT OF RADIOLOGY**

Patient Name	Mr ASHISH SETHI	Billed Date	: 14/11/2023
Reg No	690297	Reported Date	: 14/11/2023
Age/Sex	52 Years / Male	Req. No.	: 24200912
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 (16.0cm) 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 (9.8cm) and shape.Its echotexture is homogeneous.No evidence of focal lesion is noted.

**PANCREAS** :The pancreas is obscured.

**KIDNEYS** : Right kidney measures 11.8 x 5.6 cm. Left kidney measures 12.0 x 4.9 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 enlarged in size (volume 45cc).

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

**Bowel loop distended with gas.**

**IMPRESSION-**

-Hepatomegaly with grade II fatty liver.

-Prostatomegaly.

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



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## DEPARTMENT OF RADIOLOGY

Patient Name	Mr ASHISH SETHI	Billed Date	: 14/11/2023
Reg No	690297	Reported Date	: 14/11/2023
Age/Sex	52 Years / Male	Req. No.	: 24200912
Type	OPD	Consultant Doctor	: Dr. RMO

### X-RAY CHEST AP/PA

#### X-RAY CHEST P.A. VIEW

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 SEHWAT  
MBBS, MD, PDCC  
CONSULTANT RADIOLOGIST

Dr. NEENA SIKKA  
MBBS, DNB  
CONSULTANT RADIOLOGIST

1 of 1

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11/14/2023, 11:36 AM



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NAME	: MR. ASHISH SETHI	DATE	: 14 / 11 / 2023
Age Sex	: 52 Years / Male	MR No	: 690297
PERFORMED BY	: Dr. ELA MADAAN	BILL NO.	: 24200912

### TRANS THORACIC ECHO CARDIOGRAPHY REPORT

#### MITRAL VALVE

Morphology AML: Normal / Thickening / Calcification / Flutter / Vegetation / Non significant Prolapse / SAM  
PML: Normal / Thickening / Calcification / Prolapse / Paradoxical Motion / Fixed.  
Subvalvular deformity: Present / Absent

#### Doppler

Normal / Abnormal

Mitral Stenosis Present / Absent

Mitral Regurgitation; Absent / Normal / Mild / Trace / Moderate / Severe

#### TRICUSPID VALVE

Morphology Normal / Atresia / Thickening / Calcification / Prolapse / Vegetation / Doming.  
Doppler Normal / Abnormal

Tricuspid Stenosis: Present / Absent.

Tricuspid Regurgitation: Absent / Mild / Trace / Moderate

#### PULMONARY VALVE

Morphology Normal / Atresia / Thickening / Calcified / Doming / Vegetation.  
Doppler Normal / Abnormal.

Pulmonary Stenosis: Present / Absent

Pulmonary regurgitation: Present / Absent

#### AORTIC VALVE

Morphology Normal / Thickened / Mildly / Calcified / Flutter / Vegetation / Restricted / Opening  
No. of Cusps 1 / 2 / 3 / 4

#### Doppler

Normal / Abnormal

Aortic Stenosis : Present / Absent

Aortic regurgitation : Present / Absent / Mild / Trace / Moderate / Severe



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<u>Measurements</u>		<u>Normal Values</u>	<u>Measurements</u>		<u>Normal Value</u>
IVSD	: 1.1cm	(0.6-1.1cm))	LA	: 3.6cm	(1.9-4.0cm)
LVID	: 4.9cm	(3.7-5.6cm)	LVOT	: 1.5cm	
LVPW	: 0.9cm	(0.6-1.1cm)	AORTA	: 2.4cm	(2.0-3.7cm)
EF	: 56%	(55% - 80%)	IVSmotion	:	Normal / Flat / Paradoxical
Any Other					

### CHAMBERS:-

- LV **Normal** / Enlarged / **Clear** / Thrombus / Contraction Normal LV shows concentric LVH, no gradient across LVOT / Inetic / Intra capillary Regional wall motion abnormality: **Absent** / Present
- LA **Normal** / Enlarged / Clear / Thrombus / Myxoma; **LAA: Clear** / Thrombus
- RA **Normal** / **Clear** / Thrombus, Dilated.
- RV **Normal** / Mildly Dilated / Enlarged / **Clear** / Thrombus / Hypertrophied

PERICARDIUM **Normal** / Thickening / Calcification / Effusion.

### COMMENTS & SUMMARY:-

- All Cardiac Chambers dimensions are within normal limits.
- Global LVEF – 56%
- NO RWMA
- NORMAL LV FUNCTION
- LVDD GRADE– I (E<A)
- TRACE MR / NO AR / MILD TR
- GOOD RV FUNCTION
- IAS/IVS. No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

Please correlate clinically

Dr. ELA MADAAN  
MBBS, PGDCC  
Fellowship in non Invasive  
Cardiology

Dr. JOGINDER S. DUHAN  
M.D.(Medicine)  
D.M (Cardiology)

Dr. SACHIN BANSAL  
M.D.(Medicine)  
D.M (Cardiology)



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