



Ophthal



Rt - Kalkarwala  
eye - 28y/M.

Dr. Anshu Anand  
Date - 13/5/23.

Health checkup.

Vitals :

Chief Complaints :

vn  $\left\{ \begin{array}{l} \rightarrow 10/6/6 \\ \rightarrow 6/6 \end{array} \right.$  unaided

H/O Present Illness :

Past History :

MCV  $\left\{ \begin{array}{l} \rightarrow 106 \\ \rightarrow 17. \end{array} \right.$  15

Investigation :

Drug Allergies : (if any)

Treatment : eodant vispor - normal (BE)

Fundus - Normal





Dental checkup.

Vitals :

Chief Complaints :

BP-100/62

HR-176

WT-69.2 kg

H/O Present Illness :

O/E: Carious in 37, 70 +ve.  
Impacted 31.

Past History :

Investigation :

Drug Allergies : (if any)

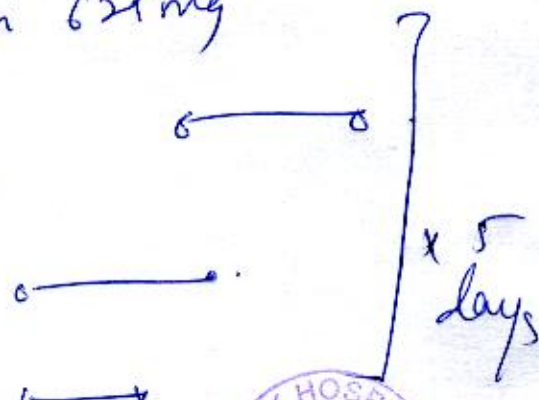
Advised: Digital OPG (full mouth x-ray)

Treatment :

Rx. Tab Augmentin 625mg

Tab Levofloxacin 1

Tab Pan 40







# Park Hospital

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Rx. Cap. Sompraz-D x 1 mo  
① =



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the **health** care providers

the **health** care providers



BNT

Vitals :

Chief Complaints :

Ear  
Nose  
throat } M.A.D.

H/O Present Illness :

- For Hearing assessment  
Adv

Past History :

- pure tone  
audiometry.

Investigation :

Drug Allergies : (if any)

Treatment :







13/5/23

NILESH / 28/M.

781

Adv.

Vitals :

Chief Complaints :

→ RETUCLON face wash.

H/O Present Illness :

NO OILING

Past History :

Investigation :

Drug Allergies : (if any)

→ EUMOSON M Cream

Treatment :

(7A) 25 days

- Rx ses





**DEPARTMENT OF PATHOLOGY**

**Patient Name** : Mr. KAPOORIYA NILESH CHANDUBHAI  
**MR No** : 678249  
**Age/Sex** : 28 Years 7 Months 5 Days / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

**Bill Date** : 13/05/2023  
**Reporting Date** : 16/05/2023  
**Sample ID** : 137720  
**Bill/Req. No.** : 24093492  
**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>LIPID PROFILE</b>				
<b>LIPID PROFILE</b>				
TOTAL CHOLESTEROL	195	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	79	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	45	30 - 70	mg/dl	DIRECT
VDL CHOLESTEROL	15	6 - 32	mg/dL	calculated
LDL	135	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	3.0	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	4.3	2.0 - 5.0	mg/dl	calculated

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



Sample no.

**Dr. SONIA KUMARI**  
MBBS, MD (PATHOLOGY) Gold medalist

**Dr. PRADIP KUMAR**  
Consultant (Microbiology)

**Dr. ATINDER RAI SINGH**  
MD PATHOLOGY

**Dr. NISHA TIWARI**  
MBBS, MD (Microbiology)

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 Type : OPD  
 TPA/Corporate : MEDIWHEEL PVT LTD  
 Ref Doctor : Dr.RMO

Bill Date : 13/05/2023 9.30 AM  
 Sample Col Dt/Tm : 13/05/2023 10:52 am  
 Sample Rec Dt/Tm : 13/05/2023 10:52 am  
 Reporting Date : 2023-05-13 00:23:01 2023-05-01 14:37:  
 Sample ID : 137720  
 Bill/Req. No. : 24093492

Test	Result	Bio. Ref. Interval	Units	Method
<b>BLOOD SUGAR FASTING</b>				
PLASMA GLUCOSE FASTING	88	60 - 110	mg/dl	GOD TRINDERS

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



Dr.PRADIP KUMAR  
 Consultant (Microbiology)

Dr.SONIA KUMARI  
 MD Pathology (Gold Medalist)

Dr.NISHA TIWARI  
 MBBS, MD (Microbiology)  
 USER NM ARUN



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<b>BLOOD SUGAR 2 HR. PP</b>				
BLOOD SUGAR P.P.	110	80 - 150	mg/dl	

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



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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	1.020	1.000-1.030		urinometer
PH	Acidic	Acidic/Alkaline		PH PAPER

#### CHEMICAL EXAMINATION-1

UROBILINOGEN	NIL	NIL		Ehrlich
URINE PROTEIN	NIL	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	Nil	0-2	cells/hpf	
EPITHELIAL CELLS	1-2	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/hpf	
OTHER	NIL			

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**BLOOD GROUPING AND RH FACTOR**

BLOOD GROUP	"AB" RH POSITIVE			MATRIX GEL
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Test	Result	Bio. Ref. Interval	Units	Method
<b>CBC</b>				
HAEMOGLOBIN	15.2	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	4500	4000-11000	/ $\mu$ L	ELECTRICAL
<b>DIFFERENTIAL COUNT</b>				
NEUTROPHILS	55	40.0 - 80.0	%	FLOW CYTOMETRY
LYMPHOCYTES	35	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	08	2.0 - 10.0	%	FLOW CYTOMETRY
EOSINOPHILS	02	0.0 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00	0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	5.2	3.5 - 5.5	millions/ $\mu$ L	ELECTRICAL
PACKED CELL VOLUME	45.5	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	86.1	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	28.7	27 - 31	Picogrames	CALCULATED
MEAN CORPUSCULAR HB CONC	33.4	33 - 37	g/dl	CALCULATED
PLATELET COUNT	241	150 - 450	thou/ $\mu$ L	ELECTRICAL
RDW	12.7	11.6 - 14.5	%	CALCULATED

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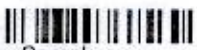
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Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>ESR (WESTERGREN)</b>				
E.S.R. - II HR.	21		mm II Hr.	Westergren

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**DEPARTMENT OF PATHOLOGY**

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MR No : 678249  
Age/Sex : 28 Years 7 Months 5 Days / Male  
Type : OPD  
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/05/2023  
Reporting Date : 15/05/2023  
Sample ID : 137720  
Bill/Req. No. : 24093492  
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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**URINE C/S**

NAME OF SPECIMEN	URINE	
ORGANISM IDENTIFIED	NO GROWTH SEEN IN CULTURE AFTER 48HRS OF INCUBATION AT 37 C DEGREE.	Aerobic culture

Method :

Note :

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



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Bill Date : 13/05/2023  
Reporting Date : 14/05/2023  
Sample ID : 137720  
Bill/Req. No. : 24093492  
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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**THYROID PROFILE**

TRI-IODOTHYRONINE (T3)	1.44	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	8.9	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	3.44	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

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Ref Doctor : Dr.RMO

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Sample Col Dt/Tm : 13/05/2023 10:52 am

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Sample ID : 137720

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Test	Result	Bio. Ref. Interval	Units	Method
<b>LFT (LIVER FUNCTION TEST)</b>				
LFT				
TOTAL BILIRUBIN	0.6	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.4	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.2	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	32	0 - 45	U/L	IFCC WITHOUT PYRIDOXAL PHOSHATE
SGPT (ALT)	25	0 - 45	U/L	IFCC WITHOUT PYRIDOXAL PHOSHATE
ALKALINE PHOSPHATASE	65	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.8	6.4 - 8.0	g/dL	BIURET
ALBUMIN	3.6	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	3.2	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.13	1.1 - 2.2		CALCULATED

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



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the **health** care providers

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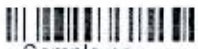
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Test	Result	Bio. Ref. Interval	Units	Method
<b>KFT (RENAL PROFILE)</b>				
<b>KFT</b>				
SERUM UREA	18	10 - 45	mg/dL	UREASE-GLDH
SERUM CREATININE	0.6	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	4.9	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	141	136 - 148	mmol/L	ISE
SERUM POTASSIUM	4.2	3.5 - 5.5	meq/l	ISE
SERUM CALCIUM	8.8	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	3.6	2.5 - 4.5	mg/dL	AMMONIUM

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## DEPARTMENT OF IMMUNOLOGY

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Test	Result	Bio. Ref. Interval	Units	Method
<b>PSA TOTAL</b>				
PROSTATE SPECIFIC ANTIGEN(PSA)	<b>0.50</b>	L 0.57 - 4.0	ng/ml	Chemiluminescence
SPECIMEN TYPE	SERUM			
Method : chemiluminescent immunoassay				

Note : Clinical Use: -

An aid in the early detection of Prostate cancer in Male. Follow up and amazement 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 levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & non-specific 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.

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



Dr. PRADIP KUMAR  
 Consultant (Microbiology)

Dr. SONIA KUMARI  
 MD Pathology (Gold Medalist)

Dr. NISHA TIWARI  
 MBBS, MD (Microbiology)

USER NM DINESH



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NAME	: Mr. Kapooriya Nilesh Chandubhai	DATE	: 13 / 5 / 2023
Age Sex	: 28 Years / Female	Inpatient No	:
PERFORMED BY	: Dr. SACHIN BANSAL	BILL NO.	: 24093492

## 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 : 1.0cm	(0.6-1.1cm))	LA : 2.4cm	(1.9-4.0cm)
LVID : 4.5cm	(3.7-5.6cm)	LVOT : 1.4cm	
LVPW : 0.8cm	(0.6-1.1cm)	AORTA : 2.2cm	(2.0-3.7cm)
EF : 55%	(55% - 80%)	IVSmotion :	<b>Normal / Flat / Paradoxical</b>
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 range.
- NORMAL LV FUNCTION
- Global LVEF - 55%
- NO MR / NO AR / NO 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. SACHIN BANSAL**  
M.D. (Medicine)  
D.M. (Cardiology)



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# Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mr KAPOORIYA NILESH CHANDUBHAI	<b>Billed Date</b>	: 13/05/2023	9.30 AM
<b>Reg No</b>	678249	<b>Reported Date</b>	: 13/05/2023	
<b>Age/Sex</b>	28 Years 7 Months 5Days / Male	<b>Req. No.</b>	: 24093492	
<b>Type</b>	OPD	<b>Consultant Doctor</b>	: Dr. RMO	

### USG WHOLE ABDOMEN

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

**LIVER** : The liver is normal in size(13.8 cm ), shape and 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.

GB wall thickness with in normal limits.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 8.7 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** : 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 shape, size and echotexture. It measures 16 CC.

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

**IMPRESSION-** No obvious abnormalities noted.

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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the health care providers

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## DEPARTMENT OF RADIOLOGY

Patient Name	Mr KAPOORIYA NILESH CHANDUBHAI	Billed Date	: 13/05/2023	9.30 AM
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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

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