



c/o: Routine health checkup.

Vitals :

B.P. :- $\frac{95}{64}$ mm
wt. 62.1 kg.

Chief Complaints :

o/e :- Grossly carious wt 18
- Root stump wt 37.

H/O Present Illness :

- Carious wt 16, 17, 27, 47
- Stains + Calculus +.

Past History :

Adv. Extraction wt 18, 37.

Investigation :

Drug Allergies : (if any)

Restoration wt 16, 17, 27, 47.
Scaling and Polishing.

Treatment :

[Handwritten signature]



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25/12/23

Mrs. AMRUTA AVADESH GOND
36yr / F

Vitals :

Cheif Complaints :

Vision $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$ N6

H/O Present Illness :

NCT

Past History : $\left\{ \begin{array}{l} 13 \\ 16 \end{array} \right.$

Colour Vision - Normal.

Investigation :

Drug Allergies : (if any)

Fundus → Normal.

Treatment :

[Signature]
[Stamp: PARK HOSPITAL GROUP SUPER SPECIALITY HOSPITAL]

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Amrute. Anurag Gond. 136yrt

Sisly la megga
came for bank checkup.

~~11/12/23~~
25/12/23

Vitals :

Chief Complaints :

H/O Present Illness :

m/w - 40 - 24/12/23 age $\frac{34}{30}$ dy

Past History :

HTN = 12/15/18 $\left\{ \begin{array}{l} 2yr \\ 9yr \end{array} \right.$

DM/SH = none

Investigation :

Drug Allergies : (if any)

HTN = 12/15/18

Treatment :

Plasol

Pl. mentrathy

Adw

Review after 1 month stop
for Pls Plv exam
pap smear



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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. AMRUTA AVADESH GOND
MR No : 692555
Age/Sex : 36 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 25/12/2023
Reporting Date : 25/12/2023
Sample ID : 229485
Bill/Req. No. : 24221827
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	94	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



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DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. AMRUTA AVADESH GOND

MR No : 692555

Age/Sex : 36 Years / Female

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 25/12/2023

Reporting Date : 25/12/2023

Sample ID : 229485

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Test	Result	Bio. Ref. Interval	Units	Method
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URINE ROUTINE AND MICROSCOPY

PHYSICAL CHARACTERISTICS

QUANTITY	20ml	5 - 100	ml	
COLOUR	Reddish	Pale Yellow		Vishal
TURBIDITY	slightly turbid	clear		
SPECIFIC GRAVITY	1.020	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		
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	18-20	0-2	cells/hpf	
EPITHELIAL CELLS	2-4	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/hpf	
OTHER	NIL			

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



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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. AMRUTA AVADESH GOND

MR No : 692555

Age/Sex : 36 Years / Female

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 25/12/2023

Reporting Date : 25/12/2023

Sample ID : 229485

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Test	Result	Bio. Ref. Interval	Units	Method
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BLOOD GROUPING AND RH FACTOR

BLOOD GROUP

"AB" RH POSITIVE

ABO/Rh (D) SLIDE

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DEPARTMENT OF HAEMATOLOGY

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MR No : 692555

Age/Sex : 36 Years / Female

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

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Reporting Date : 25/12/2023

Sample ID : 229485

Bill/Req. No. : 24221827

Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	10.4	L 12 - 15	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	6300	4000-11000	/ μ L	LASER FLOW
DIFFERENTIAL COUNT				
NEUTROPHILS	75	H 40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	15	L 20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	08	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	4.8	3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	34.0	L 35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	70.3	L 83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	21.5	L 27 - 31	Picogrammes	CALCULATED
MEAN CORPUSCULAR HB CONC	30.6	L 33 - 37	g/dl	CALCULATED
PLATELET COUNT	208	150 - 450	thou/ μ L	ELECTRICAL
RDW	14.4	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
ESR (WESTERGREN)				
E.S.R. - I HR.	18	0 - 20	mm/Hr.	Westergren
SPECIMEN TYPE	WHOLE BLOOD-EDTA			

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 IMMUNOLOGY

Patient Name : Mrs. AMRUTA AVADESH GOND

MR No : 692555

Age/Sex : 36 Years / Female

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 25/12/2023

Reporting Date : 25/12/2023

Sample ID : 229485

Bill/Req. No. : 24221827

Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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THYROID PROFILE

TRI-iodothyronine (T3)	0.85	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	8.2	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	4.50	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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Bill Date : 25/12/2023
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Sample ID : 229485
Bill/Req. No. : 24221827
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT				
TOTAL BILIRUBIN	0.8	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.2	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.6	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	86	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	27	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	100	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	7.1	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.1	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	3.0	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.37	1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM			

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Age/Sex : 36 Years / Female

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 25/12/2023

Reporting Date : 25/12/2023

Sample ID : 229485

Bill/Req. No. : 24221827

Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	22	10 - 45	mg/dL	UREASE-GLDH
SERUM CREATININE	0.7	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	4.7	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	138	135 - 150	mmol/L	ISE
SERUM POTASSIUM	4.3	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.8	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	3.5	2.5 - 4.5	mg/dL	AMMONIUM
SAMPLE TYPE:	SERUM			

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



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Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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LIPID PROFILE

Test	Result	Bio. Ref. Interval	Units	Method
TOTAL CHOLESTEROL	130	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	97	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	54	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	19.4	6 - 32	mg/dL	calculated
LDL	56.6	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	1.05	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	2.41	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

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



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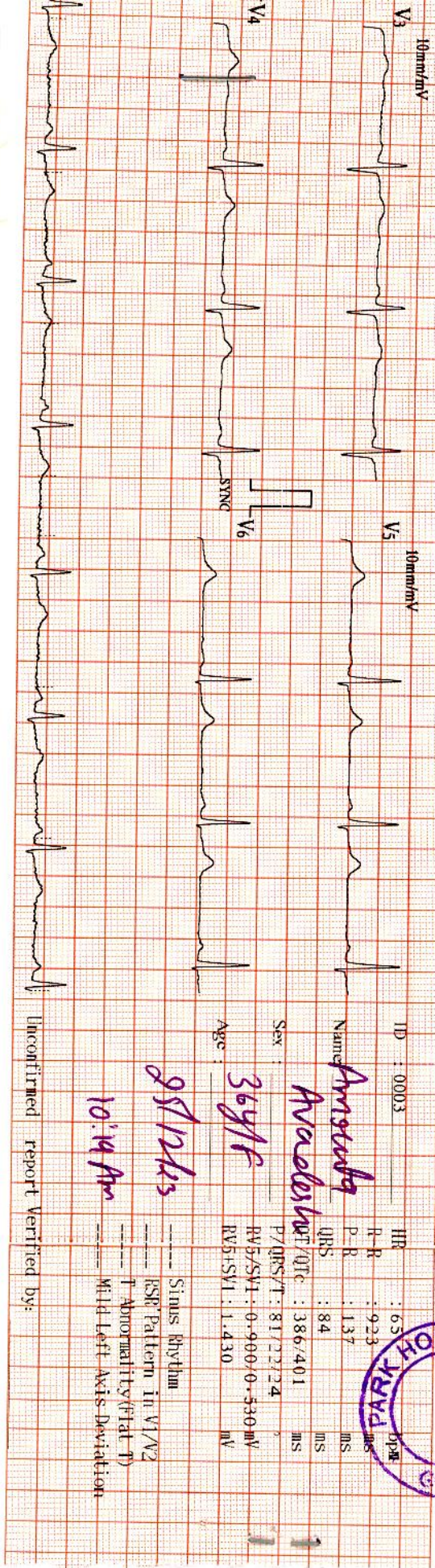
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Park
GROUP SUPER



ID : 0003

Name: *Amrinder*

Sex :

Age :

36 y/f

25/12/13

10:14 Am

Unconfirmed report Verified by:



HR : 63

R-R : 923

P-R : 137

QRS : 84

P/QRS/T : 81/77/24

RV5/SVL : 0.900/0.530 mV

RV5/SVL : 1.430 mV

Sinus Rhythm
 --- rS Pattern in V1/V2
 --- T Abnormality (flat T)
 --- Mild Left Axis Deviation



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5mm/s 0.5mV

10mm/mV

I

aVR 10mm/mV

10mm/mV

V₁

II

SYNC

aV_L

V₂

SYNC

III

aV_F

V₃

SYNC

II

10mm/mV

ICG-207 V2.000(BIOS:V0.000/AMP:V1.001) 2016-00-00 00:00



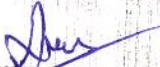
DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. AMRUTA AVADESH GOND	Billed Date	: 25/12/2023
Reg No	692555	Reported Date	: 25/12/2023
Age/Sex	36 Years / Female	Req. No.	: 24221827
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


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Dr. MANJEET SEHRAWAT
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 CONSULTANT RADIOLOGIST



Dr. NEENA SIKKA
 MBBS, DNB
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Reg No	692555	Reported Date	: 25/12/2023
Age/Sex	36 Years / Female	Req. No.	: 24221827
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 normal in size (13.5cm), 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 (11.1cm) 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.It shows uniformly thin walls and sharp mucosa.No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

UTERUS : The uterus is anteverted. It measures 5.7 x 3.9 x 3.3 cms. in the longitudinal, anteroposterior and transverse dimensions respectively.The uterine margins are smooth and does not reveal any contour abnormalities.

The uterine myometrium shows homogeneous echotexture.

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No evidence of leiomyoma is noted. No solid or cystic mass lesion is noted.
The endometrial echo is in the midline and measures 4.7 mm.
The ovaries on the either side show normal echotexture.
No adnexal mass is seen.No cyst is seen in ovaries.
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.


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

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