

  
**The Signature**  
 ADVANCED SUPER SPECIALITY  
**HOSPITAL**



**Prescription**


UHID : 18465 Name : Mr. ANSHUL KUMAR Doctor Name : Dr. NEHA Address : B2 ,01 TULIP VIOLET SOCIETY SECTOR 69, Gurgaon, Gurgaon, Haryana	Date&Time : 26/02/2022 10.17 AM Sex : Male Age : 31 Years Mobile No : 9650636242 Organisation : MEDIWHEEL
--	---

B.P	H.R	P.R	SPO2	Temp.	Height	Weight

*Routine eye check up.*


*Wearing glasses 6/6*  
*6/6*

*Adv.*

*- old Refresh tears*  
  
*x 6 months*

*Adv.*



Created By Chanchal1697 Printed By EKTA1761	Create Date & Time 26/02/2022 10.17 AM Print Date & Time 01/03/2022 11.57 AM	( Authorised Signatory )  18465
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(This is only professional opinion and not the diagnosis. Please correlate clinically)

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**PARK GROUP OF HOSPITAL : ★ West Delhi ★ South Delhi ★ Gurugram ★ Faridabad ★ Panipat ★ Karnal**


  
**The Signature**  
ADVANCED SUPER SPECIALITY  
H O S P I T A L  
Prescription



UHID : 18465	Date&Time : 26/02/2022 10.17 AM
Name : Mr. ANSHUL KUMAR	Sex : Male
Doctor Name : Dr. CMO (CMO)	Age : 31Years
Address : B2 ,01 TULIP VIOLET SOCIETY SECTOR 69,Gurgaon,Gurgaon,Haryana	Mobile No : 9650636242
	Organisation : MEDIWHEEL

B.P	H.R	P.R	SPO2	Temp.	Height	Weight
99/65mm Hg.		74 bpm	97%	98.6 F	195 cm	101.7 kg



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Patient Name : Mr. ANSHUL KUMAR	UHID : 18465
Age / Gender : 31 Years 0 Months 0Days / Male	IPNO :
Referred By : Dr. CMO	Registered : 26/02/2022/ 10.17 AM
Req.No : 22175510	Sample Collection Dt & Tm : 26/02/2022/ 01.41 PM
Sample ID : 2206170	Sample Receiving Dt & Tm : 26/02/2022/ 01:41 PM
Patient Type : OPD	Reported on : 26/02/2022/ 2.23 PM
Bed No :	

**BIOCHEMISTRY**

**Liver Function Test Profile**

TEST NAME TEST METHOD	RESULT	UNITS	BIOLOGICAL	
			REFERENCE INTERVAL	SPECIMEN TYPE
<b>BILIRUBIN</b>				
BILIRUBIN TOTAL (Diazonium Salt)	0.6	mg/dl	0.1 - 1.2	SERUM
BILIRUBIN DIRECT (Diazonium Salt)	0.2	mg/dl	00 - 0.3	SERUM
BILIRUBIN INDIRECT (CALCULATED)	0.4	md/dl	0 - 0.9	
SGOT/AST (UV-KINETIC)	35	U/I	0 - 45	SERUM
SGPT/ALT (UV-KINETIC)	40	U/l	0 - 45	SERUM
ALKALINE PHOSPHATASE (ALP) (Kinetic)	79	U/l	41 - 137	SERUM

**-.\*\*\*\* End of Report \*\*\*\*-**  
***This is Provisional Report***

Lab Technician      Dr.NishaTiwari  
(MD.Microbiology)

Dr. Neha Gupta  
MBBS,MD(Pathology)  
(Consultant Pathologist)

Dr. Neha Kaushal  
MBBS,MD(Microbiology)  
(Consultant Microbiologist)

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Patient Type : OPD	Reported on : 26/02/2022/ 2.24 PM
Bed No :	

**BIOCHEMISTRY**

**Renal Profile**

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
TEST METHOD				
BLOOD UREA (Urease UV/GLDH)	25	mg/dl	13 - 45	SERUM
SERUM CREATININE (Jaffe Rate)	1.0	mg/dl	0.6 - 1.4	SERUM
URIC ACID (Enzymatic/Uricase)	4.4	mg/dl	3.6 - 7.2	SERUM
<b><u>ELECTROLYTES</u></b>				
SODIUM (ISE-Indirect)	143	mmol/L	132 - 150	SERUM
POTASSIUM (ISE-Indirect)	4.6	mmol/L	3.5 - 5.5	SERUM

**-.\*\*\*\* End of Report \*\*\*\*-**  
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**HEMATOLOGY**

**Blood Group And Rh Factor**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
BLOOD GROUP(ABORh)	"A" POSITIVE			

**\*\*\*\* End of Report \*\*\*\***  
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UID	18465	Date: 26 Feb 2022
Name/Age/Sex : ANSHUL KUMAR 31Y/M / Male		
Treating Dr. :		

**X-RAY CHEST PA VIEW**

**FINDINGS:**

The lungs on the either side show equal translucency.  
The peripheral pulmonary vasculature is normal.  
No focal lung lesion is seen.  
Bilateral CP angles are normal.  
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.  
The domes of the diaphragms are normal in position, and show smooth outline.

**IMPRESSION:**

No significant abnormality detected.  
Suggest clinical correlation and follow up.



Dr. Avinash Rathod (DMRD)  
Consultant Radiologist  
Reg. No. 2011/05/1616/1616

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PATIENT NAME	: Mr ANSHUL KUMAR	MR NO	: 18465
BILL NO	: 22175510	BILL DATE/TIME	: 26/02/2022 10.17 AM
AGE/SEX	: 31 YEARS / MALE	SAMPLE DATE/TIME	: 26/02/2022 10.57 AM
TYPE	: OPD	REPORTING DATE/TIME	: 26/02/2022 10.58 AM
DOCTOR NAME	: Dr. CMO	APPROVED DATE/TIME	:
		PRINT DATE/TIME	: 26/02/2022 10.58 AM
		MOBILE NO	: 9650636242

**DEPARTMENT OF ULTRASOUND**

**ULTRA SOUND WHOLE ABDOMEN**

**LIVER:** is normal in size and **raised in echotexture**. No evidence of any focal lesion or IHBR dilation is present. Portal vein and CBD are normal in caliber at porta.

**GALL BLADDER** is well distended and lumen is echofree. Wall thickness is normal. No pericholecystic fluid is seen.

**SPLEEN** is normal in size and echotexture. No focal lesion is seen.

**PANCREAS** is normal in size and echotexture. Peripancreatic fat planes are clear. MPD is not dilated.

**RIGHT KIDNEY:** is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

**LEFT KIDNEY:** is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

**URINARY BLADDER** is well distended and lumen is echofree. Wall thickness is normal. No evidence of any focal lesion.

**PROSTATE:** is normal in size.

No free fluid is noted.

**IMPRESSION:**

- **Grade II fatty liver.**

*Please correlate clinically.*

**Dr. Guruvarun Atla**  
Senior Consultant  
Diagnostic & Interventional Radiology

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Patient Type : OPD	Reported on : 26/02/2022/ 2.22 PM
Bed No :	

**BIOCHEMISTRY**

**Lipid Profile**

TEST NAME TEST METHOD	RESULT	UNITS	BIOLOGICAL	
			REFERENCE INTERVAL	SPECIMEN TYPE
<b>LIPID PROFILE</b>				
CHOLESTROL (CHOD-TRINDER)	155	mg/dl	00 - 200	SERUM
TRIGLYCERIDES (GPO-Trinders)	<b>174</b>	mg/dl	35 - 170	SERUM
HDL- CHOL (Direct Method/ Enzymatic Colorometric)	49	mg/dl	40 - 60	SERUM
VLDL-CHOL CALCULATED	34.8	mg/dl	10 - 40	
LDL-CHOLESTROL	71.2	mg/dl	0 - 130	
LDL/HDL RATIO	1.45		0-3	
CHOLESTROL/HDL RATIO	3.16			

**-\*\*\*\* End of Report \*\*\*\***  
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**HEMATOLOGY**

**Complete Blood Count -CBC(HB\TLC\PCV\RBC\Platelet)**

TEST NAME	RESULT	UNITS	BIOLOGICAL	
			REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
Hemoglobin (Hb) (Colorimetry)	15.4	gm/dl	13.5 - 18.0	WHOLE BLOOD
TLC (Electrical Impedence)	5290	cell/cumm	4500 - 11000	EDTA WHOLE
<b>DIFFERENTIAL COUNT</b>				
Neutrophils (Flow Cytometry)	63	%	40 - 75	EDTA WHOLE
Lymphocytes (Flow Cytometry)	28	%	20 - 45	EDTA WHOLE
Monocytes (Flow Cytometry)	07	%	1 - 10	EDTA WHOLE
Eosinophil (Flow Cytometry)	02	%	1 - 6	EDTA WHOLE
Basophil	00	%	0 - 1	

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**HEMATOLOGY**

RBC (Electrical Impedence)	5.2	millions/cumm	4.7 - 6.1	EDTA WHOLE
PCV (Electrical Impedence Calculation)	47.1	%	40 - 50	EDTA WHOLE
MCV (Electrical Impedence Calculation)	90.2	fl	76 - 96	EDTA WHOLE
MCH (Electrical Impedence Calculation)	29.8	pg	27 - 34	EDTA WHOLE
MCHC (Electrical Impedence Calculation)	33.1	gm/dl	30 - 36	EDTA WHOLE
RDW	13.3	%	11 - 16	
PLATELETE COUNT (Electrical Impedence)	155	1000/microLit	150 - 450	EDTA WHOLE

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**Referred By :** Dr. CMO  
**Req.No :** 2206170  
**Patient Type :** OPD

**UHID :** 18465  
**IPNO :**  
**Registered :** 26/02/2022/ 10.17 AM  
**Reported on :** 26/02/2022/ 2.21 PM



**BIOCHEMISTRY**

**Blood Sugar 2 Hr. Pp**

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>BLOOD SUGAR POST PRANDIAL(BSPP)</b>	120	mg/dl	90 - 140

**Method:** God- Trinders

Increased In:

- Diabetes Mellitus
- Stress ( e.g, emotion, burns, shock, anesthesia)
- Acute Pancreatitis
- Chronic Pancreatitis
- Wernicke encephalopathy ( Vitamin B1 deficiency)
- Effect of drugs (e.g. corticosterogens, alcohol, phenytoin, thiazides)

Decreased in :

- Pancreatitis disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine Disorders

-\*\*\*\* End of Report \*\*\*\*-

*Please Corelate With Clinical Findings If Necessary Discuss*  
 \* This is an Electronically Authenticated Report \*

\*\*\* Some of the test is performed in PARK HOSPITAL GROUP SUPER SPECIALITY HOSPITAL

**Lab Technician**

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Sample ID : 2206170	Sample Receiving Dt & Tm : 26/02/2022/ 01:41 PM
Patient Type : OPD	Reported on : 27/02/2022 / 7.54 PM
Bed No :	

**SEROLOGY/IMMUNOLOGY**

**Thyroid Profile**

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
TEST METHOD				
Triiodothyronine (T3)	1.29	ng/ml	0.60 - 1.81	SERUM
Thyroxine (T4) CLIA	8.6	ug/dL	5.01 - 12.45	
TSH ( Thyroid Stimulating Hormone ) CLIA	4.39	uIU/ml	0.55 - 5.55	

Remarks :  
 (1) 4.2 to 15 IU/mL - Correlate clinically as physiological and other factors may falsely elevate TSH level. (2) TSH Values may be transiently altered because of non thyroidal illness. (3) Some drugs may decrease TSH values, e.g., L-dopa, Glucocorticoids. (4) Some drugs may increase TSH values, e.g., Iodine, Lithium, Amiodarone. Abbreviations.

**\*\*\*\* End of Report \*\*\*\***  
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Disinfectants, therapeutic dyes, ascorbic acid and certain drugs. 4. All urine samples are checked for adequacy and suitability before examination.

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Referred By : Dr. CMO	Registered : 26/02/2022/ 11.08 AM
Req.No : 22175514	Sample Collection Dt & Tm : 26/02/2022/ 02.26 PM
Sample ID : 2206176	Sample Receiving Dt & Tm : 26/02/2022/ 02:26 PM
Patient Type : OPD	Reported on : 26/02/2022/ 2.27 PM
Bed No :	

**CLINICAL PATHOLOGY**

**Urine Routine And Microscopy.**

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
TEST METHOD				
QUANTITY	30 ML			
COLOUR	PALE YELLOW			
TURBIDITY	CLEAR			
SPECIFIC GRAVITY (Bromthymol Blue)	1.005		1.003-1.030	Urine
PH (Chromatography)	5.5		4.7-7.0	Urine

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**CLINICAL PATHOLOGY**

**CHEMICAL EXAMINATION**

UROBILINOGEN (Ehrilichs Aldehyde Reaction)	NORMAL	NORMAL	Urine
PROTEIN	NIL	NIL	
BLOOD	NIL	NIL	
KETONE (Sodium Nitroprusside)	NIL	NIL	Urine
BILIRUBIN (Diazonium Salt)	NIL	NIL	SERUM
GLUCOSE (Benedicts Test)	NIL	NIL	Urine
NITRITE	NEGATIVE		

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**CLINICAL PATHOLOGY**

**MICROSCOPIC EXAMINATION - URINE**

PUS CELLS (Microscopic)	1-2	/HPF	0 - 3	Urine
RBC- Urine (Per Oxidase Reaction)	NIL	/HPF	NIL	Urine
EPITHELIAL CELLS	0-1	/HPF	0 - 5	
CAST	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL			
OTHERS	NIL			

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by

**\*\*\*\* End of Report \*\*\*\***  
***This is Provisional Report***

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(This is only professional opinion and not the diagnosis. Please correlate clinically)

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