

23/3/24



Park Hospital

GROUP SUPER SPECIALITY HOSPITAL



MR PRATEEK JAIN
34/M

K/C/O Rod Cone Dystrophy

Routine eye checkup

Vitals :

BP - 129/91 mmHg
wt. - 76.1 kg
Height - 181 cm
Pulse - 96 bpm
SpO2 - 98%

Chief Complaints :

PL ⊕ PR macula
PL ⊕ PR macula NOT

H/O Present Illness :

Past History :

MV / NA.

Investigation :

Drug Allergies : (if any)

Treatment :

Colour vision - NA

Fundus - Degenerative retina.

Gurgaon

Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Haryana Ph: 0124-49000000 Fax: 0124-2218733
E-mail: parkmedicenters@gmail.com

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

the health care providers



Park Hospital

GROUP SUPER SPECIALITY HOSPITAL



ENT

Ear }
Nose } NAD.
Throat }

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :

Pa
23/03/24

Gurgaon

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the health care providers

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DENTAL

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

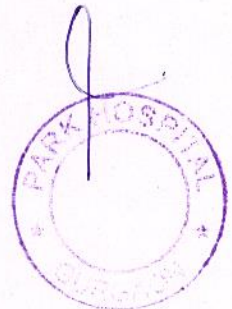
Investigation :

Drug Allergies : (if any)

Treatment :

- Stains and Calculus-

- Adv. Sealing and Polishing





DERMATOLOGY

28/3/24

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :

Jan:

- Ceraphis Pro Urea
4% lotion

(A)

(N)
2 weeks

MOISTUREX
LOTION

(SOFT)

(M)

(A)

2 weeks

~~ABZORB D. POWDER~~

R/v after 2 weeks





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DEPARTMENT OF MICROBIOLOGY

Patient Name : Mr. PRATEEK JAIN
 MR No : 697310
 Age/Sex : 34 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 23/03/2024
 Reporting Date : 26/03/2024
 Sample ID : 263755
 Bill/Req. No. : 25269822
 Ref Doctor : Dr.RMO

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, immunocompromised or diabetic patients & patients with indwelling catheters, even a smaller count of bacteria may signify infection (10000cfu/ml). Kindly correlate clinically.

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



Sample no.

Dr. JAY PRAKASH SINGH
 MBBS, MD (PATHOLOGY)



DR. ISHA RASTOGI
 MD, MBBS MICROBIOLOGY
 CONSULTANT CLINICAL MICROBIOLOGIST

USER NM ADITYA



MC - 4830

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the health care provider



DEPARTMENT OF BIOCHEMISTRY

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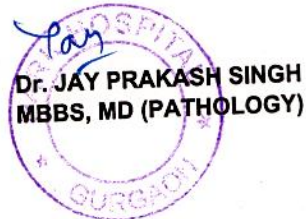
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Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	87.4	60 - 110	mg/dl	GOD TRINDERS

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



Sample no.



Dr. ISHA RASTOGI
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DEPARTMENT OF BIOCHEMISTRY

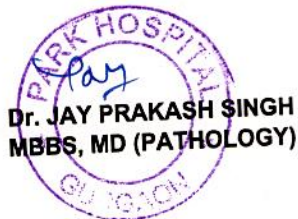
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Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR 2 HR. PP				
BLOOD SUGAR P.P.	107.6	80 - 150	mg/dl	

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


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DEPARTMENT OF PATHOLOGY

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Test	Result	Bio. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERSTICS				
QUANTITY	40ml	5 - 100	ml	Manual Method
COLOUR	Pale Yellow	Pale Yellow		
TURBIDITY	Clear	clear		urinometer
SPECIFIC GRAVITY	1.005	1.000-1.030		PH PAPER
PH - URINE	6.5	5.0 - 9.0		
CHEMICAL EXAMINATION-1				
UROBILINOGEN	Negative	NIL	mg/dl	Ehrlich Protein error indicator
URINE PROTEIN	Absent	NIL		
BLOOD	NIL	NIL		
URINE BILIRUBIN	NIL	NIL	mg/dL	GOD-POD/Benedicts SOD.
GLUCOSE	NIL	NIL		
URINE KETONE	NIL	NIL		
MICRO.EXAMINATION				
PUS CELL	2-4	0-5	cells/hpf	Microscopic
RED BLOOD CELLS	Nil	0-2	cells/hpf	
EPITHELIAL CELLS	1-3	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/Lpf	
OTHER	NIL			
AMORPHOUS URINE	Absent			MicroScopy

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



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USER NM RAVINDRA



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 Ph.: 0124-4900000 (100 Lines), Toll Free No. : 1800-102-6767, Mob.: 62 62 82 82 35, Email: customercare@parkhospital

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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. PRATEEK JAIN
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Test	Result	Bio. Ref. Interval	Units	Method
BLOOD GROUPING AND RH FACTOR				
BLOOD GROUP	" B " RH POSITIVE			ABO/Rh (D) SLIDE

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



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MR No : 697310
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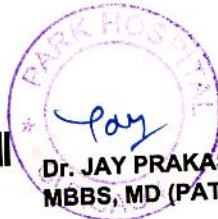
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Test	Result	Blo. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	13.8	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	7500	4000-11000	/ μ L	LASER FLOW
DIFFERENTIAL COUNT				
NEUTROPHILS	65	40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	25	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	07	3.0 - 8.0	%	FLOW CYTOMETRY
EOSINOPHILS	03	0.5 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00	0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	4.50	3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	39.9	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	88.7	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	30.7	27 - 31	Picogrammes	CALCULATED
MEAN CORPUSCULAR HB CONC	34.6	33 - 37	g/dl	CALCULATED
PLATELET COUNT	300	150 - 450	thou/ μ L	ELECTRICAL
RDW	13.4	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA			

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



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DEPARTMENT OF HAEMATOLOGY

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Test	Result	Bio. Ref. Interval	Units	Method
ESR (WESTERGREN)				
E.S.R .1ST HRS.	12	0 - 20	mm/Hr.	Westergren

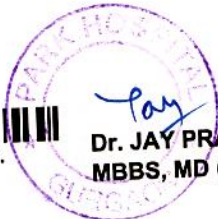
Method : (Capillary photometry)

- 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 IMMUNOLOGY

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Sample ID : 263755
Bill/Req. No. : 25269822
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-IODOTHYRONINE (T3)	1.09	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	12.0	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	3.47	0.5-5.50 ,	µIU/ml	

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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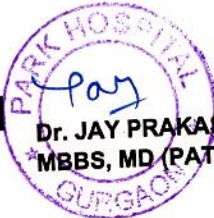
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Bill/Req. No. : 25269822
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Test	Result	Bio. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT				
TOTAL BILIRUBIN	0.48	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.26	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.22	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	26.2	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	39.5	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	76.0	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	7.9	6.4 - 8.0	g/dL	BIURET
ALBUMIN	3.7	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	4.2	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	0.88	L 1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM			

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DEPARTMENT OF BIOCHEMISTRY

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 Bill/Req. No. : 25269822
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Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	18.0	10 - 45	mg/dL	MODIFIED JAFFES
SERUM CREATININE	1.1	0.4 - 1.4	mg/dL	URICASE
SERUM URIC ACID	7.6	<i>H</i> 2.5 - 7.0	mg/dL	ISE
SERUM SODIUM	140	135 - 150	mmol/L	ISE
SERUM POTASSIUM	4.1	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.9	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	3.2	2.5 - 4.5	mg/dL	AMMONIUM
SAMPLE TYPE:	SERUM			

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Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
LIPID PROFILE				
TOTAL CHOLESTEROL	258.7	H 0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	144.3	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	32.6	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	28.86	6 - 32	mg/dL	calculated
LDL	197.24	H 50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	6.05	H 1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	7.94	H 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

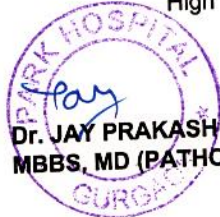
HDL Cholesterol
 <40 Low
 >60 High

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Test	Result	Bio. Ref. Interval	Units	Method
PSA TOTAL				
PROSTATE SPECIFIC ANTIGEN(PSA)	0.83	0.57 - 4.0	ng/ml	Chemiluminescence
Method : chemiluminescent immunoassay				

Note : Clinical Use: -
 An aid in the early detection of Prostate cancer in Male. Follow up and assessment 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 & 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.

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



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DEPARTMENT OF RADIOLOGY

Patient Name	Mr PRATEEK JAIN	Billed Date	: 23/03/2024
Reg No	697310	Reported Date	: 23/03/2024
Age/Sex	34 Years / Male	Req. No.	: 25269822
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

ALISHA KHAN
MEDICAL TRANSCRIPTIONIST

Dr. NEENA SIKKA
MBBS, DNB
CONSULTANT RADIOLOGIST

RAJNISH SHARMA
MEDICAL TRANSCRIPTIONIST

Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

Ph.: 0124-4900000 (100 Lines), Toll Free No. : 1800-102-6767, Mob.: 62 62 82 82 35, Email: customercare@parkhospital.in

PARK GROUP OF HOSPITALS : West Delhi - Gurugram - Faridabad - Sonapat - Panipat - Karnal - Ambala - Patiala - Behror - Jaipur



DEPARTMENT OF RADIOLOGY

Patient Name	Mr PRATEEK JAIN	Billed Date	: 23/03/2024
Reg No	697310	Reported Date	: 23/03/2024
Age/Sex	34 Years / Male	Req. No.	: 25269822
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 (18.0cm) and shows raised 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 (10.3cm) and shape.Its echotexture is homogeneous.No evidence of focal lesion is noted.

PANCREAS :The pancreas is obscured.

KIDNEYS : Right kidney measures 9.5 x 4.5 cm. Left kidney measures 11.5 x 5.2 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.

Bowel loop distended with gas.

IMPRESSION- Hepatomegaly with grade II fatty liver.

To be correlated clinically



Dr. ANSHU K. SHARMA
MBBS, MD
CONSULTANT RADIOLOGIST

Dr. MANJEET SEHRAWAT
MBBS, MD, PDCC
CONSULTANT RADIOLOGIST

ALISHA KHAN
MEDICAL TRANSCRIPTIONIST

Dr. NEENA SIKKA
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NAME	: MR. PRATEEK JAIN	DATE	: 23 / 3 / 2024
Age Sex	: 34 Years / Male	Inpatient No	: 697310
PERFORMED BY	: Dr. SWATI SINGH	BILL NO.	: 25269822

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



Cert. No. H-2016-0369

(This is only professional opinion and not the diagnosis, please correlate clinically)
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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 : 3.4cm	(1.9-4.0cm)
LVIDd : 4.7cm	(3.7-5.6cm)	AORTA : 2.8cm	(2.0-3.7cm)
LVIDs : 2.9cm	(0.6-1.1cm)	IVSmotion :	Normal / Flat / Paradoxical
EF : 55-60%	(55% - 80%)		
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.

SUMMARY:-

- All Cardiac Chambers dimensions are within normal limits.
- NO RWMA
- LVEF -55-60%
- NORMAL LV FUNCTION
- NO MR / NO AR
- TRACE TR, PASP-18mmHG+RAP
- GOOD RV FUNCTION
- IAS/IVS. No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

COMMENTS:- Normal LV Function, Trace TR

Please correlate clinically

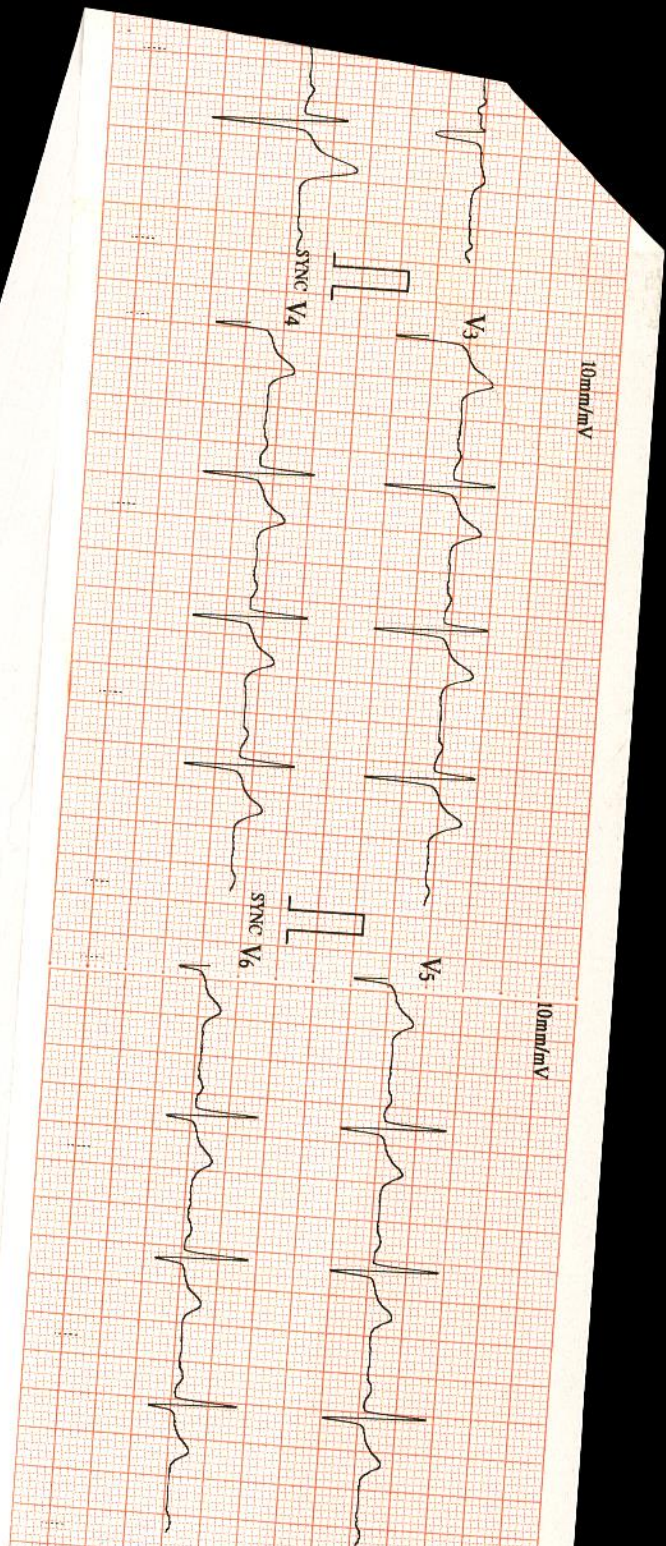
Dr. SWATI SINGH
M.D. (Medicine)
D.M. (Cardiology)



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ID : 0002

Name: Prateek

Sex : male

Age : 34 Year

23/3/24

9PM

Inconfirmed report Verified by:

HR	: 77	bpm
R-R	: 776	ms
P-R	: 164	ms
QRS	: 98	ms
QT/QTc	: 360/408	ms
P/QRS/T	: 42/22/1	ms
RV5-SVT	: 0.850/0.530	mV
AV5-SVT	: 1.380	mV

- Sinus Rhythm
- Left Atrial Enlargement
- Inferior Infarction (obsolete)
- Mild Left Axis Deviation