



Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

13/4/24



Name: AKANKSHA

698527

31/4/24

B.P. 100/60 mm
Weight 48 kg
Vitals: Heart rate 84

Chief Complaints: Routine eye checkup

H/O Present Illness: $\left. \begin{array}{l} \text{NV} \\ \text{---} \end{array} \right\} \begin{array}{l} 6/6 \\ 6/6 \end{array}$ = glasses
Past History: $\left. \begin{array}{l} \text{NV} \\ \text{---} \end{array} \right\} \begin{array}{l} 12.1 \\ 15.9 \end{array}$

Investigation : Drug Allergies : (if any)

$\left. \begin{array}{l} \text{NV} \\ \text{---} \end{array} \right\} \begin{array}{l} \text{M6} \\ \text{M6} \end{array}$

Treatment :

Colour vision - Normal (13E)

Fundus - Normal (13E)

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

the health care providers

the health care providers



Routine Health Checkup

Dental

13/4/24

Vitals :

Chief Complaints :

O/E

- Pit & fissure caries wot 36, 37, 46, 42.

H/O Present Illness :

- Stain ++ calculus ++

Past History :

- Generalized periodontal pockets

Investigation :

Drug Allergies : (if any)

Adv. - Scaling & polishing

Treatment :

- Restoration w ot 36, 37, 46, 42

Dr. PANKAJ GOYAL
Senior Consultant
Park Hospital, Gurgaon
Reg. No. A12674

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Routine ENT check up.

Ear
Nose
Throat } NAD.

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :

Asb
Aso fiter


13/04/24



AKANSHA / F

Dermatology

13/4/24

Adv :-

Srallium stretch
~~stretch~~ mark
cream
(OR)

Elasto derm.

Nail Cappings

↓
(KOH stain)

↓
to 270.
fungal infection

→ Nail on Nail
Lacquer

(4A) ——— (N) alternate
x 6 weeks

→ R/v & reports



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



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. AKANKSHA SINHA
MR No : 698523
Age/Sex : 31 Years 2 Months / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024
Reporting Date : 13/04/2024
Sample ID : 271846
Bill/Req. No. : 25281488
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	85	60 - 110	mg/dl	GOD TRINDERS

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

Sample no. 

Jay
Dr. JAY PRAKASH SINGH
MBBS, MD (PATHOLOGY)

Dr. ISHA RASTOGI
MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST



USER NM DEEPAK038

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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. AKANKSHA SINHA
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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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DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. AKANKSHA SINHA
 MR No : 698523
 Age/Sex : 31 Years 2 Months / Female
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Test	Result	Bio. Ref. Interval	Units	Method
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URINE ROUTINE AND MICROSCOPY

PHYSICAL CHARACTERISTICS

QUANTITY	40ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		
TURBIDITY	Clear	clear		Manual Method
SPECIFIC GRAVITY	1.030	1.000-1.030		
PH - URINE	6.0	5.0 - 9.0		urinometer PH PAPER

CHEMICAL EXAMINATION-1

UROBILINOGEN	Negative	NIL		
URINE PROTEIN	Absent	NIL	mg/dl	Ehrlich Protein error indicator
BLOOD	NIL	NIL		
URINE BILIRUBIN	NIL	NIL		
GLUCOSE	NIL	NIL		
URINE KETONE	NIL	NIL	mg/dL	GOD-POD/Benedicts SOD.

MICRO.EXAMINATION

PUS CELL	2-4	0-5	cells/hpf	
RED BLOOD CELLS	Nil	0-2	cells/hpf	Microscopic
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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 TPA/Corporate : MEDIWHEEL PVT LTD

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 Sample ID : 271846
 Bill/Req. No. : 25281488
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	15.6	<i>H</i> 12 - 15	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	4270	4000-11000	/ μ L	LASER FLOW
DIFFERENTIAL COUNT				
NEUTROPHILS	56	40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	31	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	08	3.0 - 8.0	%	FLOW CYTOMETRY
EOSINOPHILS	05	0.5 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00	0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	5.87	<i>H</i> 3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	47.7	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	81.2	<i>L</i> 83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	26.6	<i>L</i> 27 - 31	Picogrammes	CALCULATED
MEAN CORPUSCULAR HB CONC	32.7	<i>L</i> 33 - 37	g/dl	CALCULATED
PLATELET COUNT	167	150 - 450	thou/ μ L	ELECTRICAL
RDW	14.0	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA			

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MR No : 698523
Age/Sex : 31 Years 2 Months / Female
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TPA/Corporate : MEDIWHEEL PVT LTD

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Reporting Date : 16/04/2024
Sample ID : 271846
Bill/Req. No. : 25281488
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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ESR (WESTERGREN)

E.S.R. 1ST HRS.	14	0 - 20	mm/Hr.	Westergren
SPECIMEN TYPE	WHOLE BLOOD-EDTA			

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

Patient Name : Mrs. AKANKSHA SINHA
MR No : 698523
Age/Sex : 31 Years 2 Months / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024
Reporting Date : 13/04/2024
Sample ID : 271846
Bill/Req. No. : 25281488
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-IODOETHYRONINE (T3)	1.12	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	9.8	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	4.62	0.5-5.50	µIU/ml	Chemiluminescence
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 *****



Sample no.

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DEPARTMENT OF BIOCHEMISTRY

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MR No : 698523
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TPA/Corporate : MEDIWHEEL PVT LTD

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Reporting Date : 13/04/2024
Sample ID : 271846
Bill/Req. No. : 25281488
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)	28	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	20	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	111	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	7.2	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.0	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	3.2	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.25	1.1 - 2.2		CALCULATED

SAMPLE TYPE: SERUM

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



Sample no.

laz
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USER NM DEEPAK038

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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. AKANKSHA SINHA
MR No : 698523
Age/Sex : 31 Years 2 Months / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024
Reporting Date : 13/04/2024
Sample ID : 271846
Bill/Req. No. : 25281488
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	29	10 - 45	mg/dL	
SERUM CREATININE	0.7	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	5.0	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	137	135 - 150	mmol/L	ISE
SERUM POTASSIUM	4.1	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	9.9	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	2.6	2.5 - 4.5	mg/dL	AMMONIUM
SAMPLE TYPE:	SERUM			

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


Sample no.

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 MR No : 698523
 Age/Sex : 31 Years 2 Months / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024
 Reporting Date : 13/04/2024
 Sample ID : 271846
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 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
TOTAL CHOLESTEROL	134	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	102	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	32	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	20.4	6 - 32	mg/dL	calculated
LDL	81.6	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.55	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	4.19	2.0 - 5.0	mg/dl	calculated

SAMPLE TYPE: SERUM

Notes: 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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MR No : 698523
Age/Sex : 31 Years 2 Months / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024
Reporting Date : 15/04/2024
Sample ID : 271846
Bill/Req. No. : 25281488
Ref Doctor : Dr.RMO

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

NAME OF SPECIMEN	Urine (Uncentrifuged)			
ORGANISM IDENTIFIED	NO ORGANISM GROWN IN CULTURE AFTER 48 HRS OF INCUBATION AT 37 C DEGREE.			Aerobic cultu

Method :

Note : URINE CULTURE :

Presence of >10⁵ cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptomatic compromised 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 *****



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the **health** care providers

the **health** care providers



NAME	: MRS. AKANSHA SINHA	DATE	: 13 / 4 / 2024
Age Sex	: 31 Years / Female	Inpatient No	: 698523
PERFORMED BY	: Dr. SACHIN BANSAL	UHID	: 25281488

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 / Trivial

TRICUSPID VALVE

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

Doppler Normal / Abnormal

Tricuspid Stenosis : Present / Absent.

Tricuspid Regurgitation; Absent / Normal / Mild / Trace / Moderate / Severe.

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



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<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Value</u>
IVSD : 0.9cm	(0.6-1.1cm)	LA : 2.5cm	(1.9-4.0cm)
LVID : 4.0cm	(3.7-5.6cm)	LVOT : 1.4cm	
LVPW : 0.6cm	(0.6-1.1cm)	AORTA : 2.0cm	(2.0-3.7cm)
EF : 55-60%	(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** / Enlarged / **Clear** / Thrombus / Hypertrophied/ Dilated.
- PERICARDIUM **Normal** / Thickening / Calcification / Effusion.

COMMENTS & SUMMARY:-

- All cardiac chambers dimensions are with in normal limits.
- Global LVEF – 55-60%
- No RWMA
- NORMAL LV FUNCTION
- NO MR / NO AR / NO TR
- GOOD RV FUNCTION
- 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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DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. AKANKSHA SINHA	Billed Date	: 13/04/2024
Reg No	698523	Reported Date	: 13/04/2024
Age/Sex	31 Years 2 Months / Female	Req. No.	: 25281488
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 (14.9cm), 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 (8.4cm) and shape.Its echotexture is homogeneous.No evidence of focal lesion is noted.

PANCREAS :The pancreas is obscured.

KIDNEYS : Right kidney measures 11.1 x 4.5 cm. Left kidney measures 11.0 x 4.1 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 partially distended.

UTERUS: The uterus is anteverted. It measures 6.1 x 3.4 x 3.1 cms. in the longitudinal, anteroposterior and transverse dimensions respectively.The uterine margins are smooth and does not reveal any contour abnormalities.



MC - 4830

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

GROUP SUPER SPECIALITY HOSPITAL

The uterine myometrium shows homogeneous echotexture.
No evidence of leiomyoma is noted. No solid or cystic mass lesion is noted.
The endometrial echo is in the midline and measures 8.0 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.
Bowel loop distended with gas.

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

ALISHA KHAN
MEDICAL TRANSCRIPTIONIST

Dr. NEENA SIKKA
MBBS, DNB
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RAJNISH SHARMA
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the **health** care providers

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DEPARTMENT OF RADIOLOGY

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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

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2.5mm/s 0.5-25Hz

10mm/mV

I



aVR 10mm/mV



II



SYNC



III

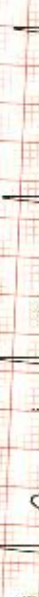


10mm/mV

II



10mm/mV



aVL

aVF

SYNC

VI

V2

SYNC

VI

V2

SYNC

VI

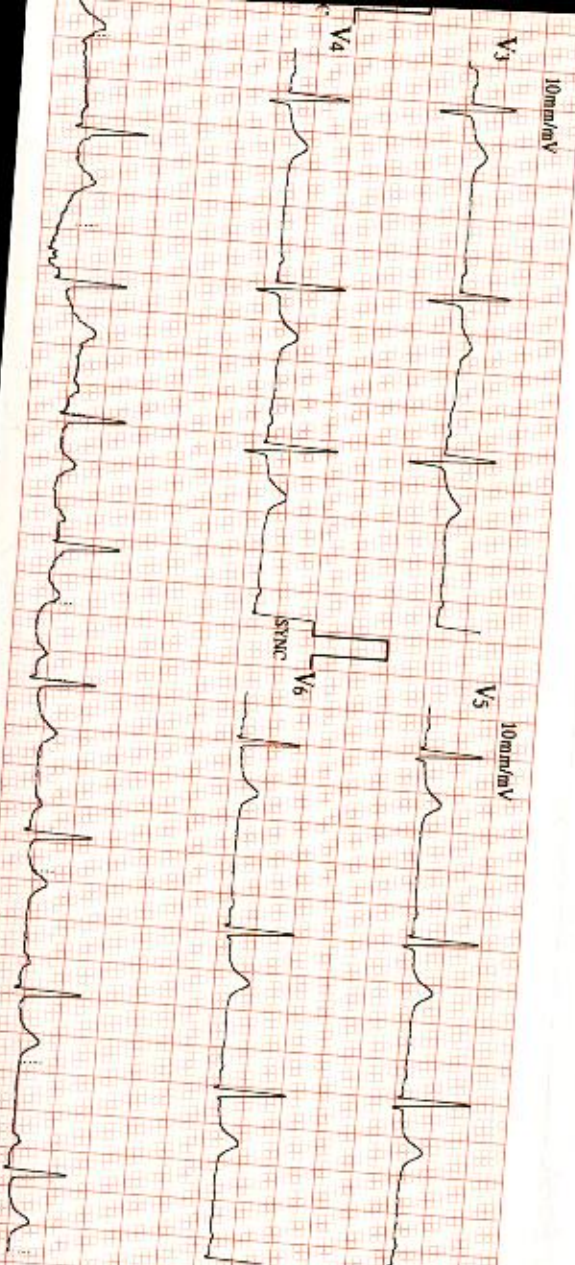
V2

SYNC

VI

V2

ECG-1203 v2-000 (3106 : 40-000 / AMP : VI-001) 2016-00-00 00:00



ID : 0007

Name: **Abramska**

Sex :

Female

Age :

32y

13/4/29

Time 9:40 AM

HR	: 68	bpm
R R	: 870	ms
P-R	: 147	ms
QRS	: 98	ms
QT/QTc	: 379/406	ms
P/QRS/T	: -28/49/32	ms
RV5/SV1	: 0.900/0.740	mV
RV5+SV1	: 1.640	mV

--- Single Fibril Rhythm

Unconfirmed report Verified by: