



MRS. ARANKSMA SIMHA
29/f

Vitals :

Chief Complaints :

Routine eye checkup

BP - 88/60 mm
HR - 68-42 bpm
Height - 153 cm

H/O Present Illness :

uv } 6/6
- 6/6 } glasses MET } 13.2
- 14.6

Past History :

uv } MB
- MB

Investigation :

Drug Allergies : (if any)

Treatment :

labour history - normal (32)

Antes - Normal



ENT
Routine ENT check up.

Ear
Nose
Throat

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



AKANSHA SINGH
29 / F.



13/4/24

Dermatology

Vitals :

Chief Complaints :

Jaw:

NO skin

H/O Present Illness :

complaints /
lesions
at present

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



Roubaia Health Checkup

Dental

13/4/24

Vitals :

Chief Complaints :

O/E

Stain + +

calculus + +

H/O Present Illness :

Jaw

Past History :

Scaling & polishing

Investigation :

Drug Allergies : (if any)

Treatment :

↓



Pt - Akash
29yr



Came for routine check up

Vitals :

Chief Complaints :

LMP - 28/3/24
cycle - 30 ± 2
Dish - 4-5 days
Flow - avg

P/A
soft

H/O Present Illness :

Poto (ML - 1yr)
non consanguineous
marriage

Pls - mucoid
white discharge
cx healthy present
PIV - ut AIV
B/L fornices
free, nontender

Investigation :

Drug Allergies : (if any)

Treatment :

Adv
- Tab VG CMC vaginal
pessary once daily X 6 days
night
- Pap smear after 7 days



Signature



DEPARTMENT OF MICROBIOLOGY

Patient Name : Mrs. AKANKSHA SINGH
MR No : 698536
Age/Sex : 29 Years 4 Months 19 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024
Reporting Date : 15/04/2024
Sample ID : 271849
Bill/Req. No. : 25281554
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 *****



Sample no.



MC - 4830

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(Signature)
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DEPARTMENT OF BIOCHEMISTRY

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

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



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the health care providers

the health care providers



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DEPARTMENT OF PATHOLOGY

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 MR No : 698536
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 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

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Test	Result	Bio. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERSTICS				
QUANTITY	40ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		
TURBIDITY	Clear	clear		Manual Method
SPECIFIC GRAVITY	1.020	1.000-1.030		
PH - URINE	6.5	5.0 - 9.0		urinometer PH PAPER
CHEMICAL EXAMINATION-1				
UROBILINOGEN	Negative	NIL		
URINE PROTEIN	Absent	NIL		Ehrlich
BLOOD	NIL	NIL	mg/dl	Protein error indicator
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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the health care providers

the health care providers



DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. AKANKSHA SINGH
MR No : 698536
Age/Sex : 29 Years 4 Months 19 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024
Reporting Date : 13/04/2024
Sample ID : 271849
Bill/Req. No. : 25281554
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD GROUPING AND RH FACTOR				
BLOOD GROUP	" O " RH POSITIVE			ABO/Rh (D) SLIDE

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



Sample no.

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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. AKANKSHA SINGH
MR No : 698536
Age/Sex : 29 Years 4 Months 19 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024
Reporting Date : 13/04/2024
Sample ID : 271849
Bill/Req. No. : 25281554
Ref Doctor : Dr.RMO

Test	Result		Blo. Ref. Interval	Units	Method
CBC					
HAEMOGLOBIN	16.6	<i>H</i>	12 - 15	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	5580		4000-11000	/ μ L	LASER FLOW
DIFFERENTIAL COUNT					
NEUTROPHILS	50		40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	40		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	4.67		3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	50.1	<i>H</i>	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	107.3	<i>H</i>	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	35.5	<i>H</i>	27 - 31	Picogrammes	CALCULATED
MEAN CORPUSCULAR HB CONC	33.1		33 - 37	g/dl	CALCULATED
PLATELET COUNT	393		150 - 450	thou/ μ L	ELECTRICAL
RDW	14.9	<i>H</i>	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA				

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



Sample no.

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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. AKANKSHA SINGH
MR No : 698536
Age/Sex : 29 Years 4 Months 19 Days / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024
Reporting Date : 16/04/2024
Sample ID : 271849
Bill/Req. No. : 25281554
Ref Doctor : Dr.RMO

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

E.S.R .1ST HRS.	16	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 *****



Sample no.

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DEPARTMENT OF IMMUNOLOGY

Patient Name : Mrs. AKANKSHA SINGH
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TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024
Reporting Date : 13/04/2024
Sample ID : 271849
Bill/Req. No. : 25281554
Ref Doctor : Dr.RMO

Test	Result	Blo. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-IODOTHYRONINE (T3)	1.02	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	7.3	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	2.93	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 *****



Sample no.

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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. AKANKSHA SINGH
MR No : 698536
Age/Sex : 29 Years 4 Months 19 Days / Female
Type : OPD
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Reporting Date : 13/04/2024
Sample ID : 271849
Bill/Req. No. : 25281554
Ref Doctor : Dr.RMO

Test	Result	Blo. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT				
TOTAL BILIRUBIN	0.5	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.2	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.3	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	31	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	24	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	80	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.7	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.0	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.7	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.48	1.1 - 2.2		CALCULATED

SAMPLE TYPE: SERUM

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



Sample no.

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DEPARTMENT OF BIOCHEMISTRY

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Bill Date : 13/04/2024
Reporting Date : 13/04/2024
Sample ID : 271849
Bill/Req. No. : 25281554
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	21	10 - 45	mg/dL	
SERUM CREATININE	0.5	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	4.6	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	138	135 - 150	mmol/L	ISE
SERUM POTASSIUM	3.8	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	10	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	2.9	2.5 - 4.5	mg/dL	AMMONIUM

SAMPLE TYPE: SERUM

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



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DEPARTMENT OF BIOCHEMISTRY

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Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
TOTAL CHOLESTEROL	160	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	123	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	34	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	24.6	6 - 32	mg/dL	calculated
LDL	101.4	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.98	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	4.71	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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NAME	: MRS. AKANSHA SINGH	DATE	: 13 / 4 / 2024
Age Sex	: 29 Years / Female	Inpatient No	: 698536
PERFORMED BY	: Dr. SACHIN BANSAL	UHID	: 25281554

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 : 0.8cm	(0.6-1.1cm)	LA : 2.2cm	(1.9-4.0cm)
LVID : 3.9cm	(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 SINGH	Billed Date	: 13/04/2024
Reg No	698536	Reported Date	: 13/04/2024
Age/Sex	29 Years 4 Months 19Days / Female	Req. No.	: 25281554
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
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Dr. MANJEET SEHRAWAT
MBBS, MD, PDCC
CONSULTANT RADIOLOGIST

ALISHA KHAN
MEDICAL TRANSCRIPTIONIST

Dr. NEENA SIKKA
MBBS, DNB
CONSULTANT RADIOLOGIST

RAJNISH SHARMA
MEDICAL
TRANSCRIPTIONIST

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

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

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the **health** care providers

the **health** care providers



DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. AKANKSHA SINGH	Billed Date	: 13/04/2024
Reg No	698536	Reported Date	: 13/04/2024
Age/Sex	29 Years 4 Months 19Days / Female	Req. No.	: 25281554
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 (11.9cm), 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 (8.1cm) and shape.Its echotexture is homogeneous.No evidence of focal lesion is noted.

PANCREAS :The pancreas is obscured.

KIDNEYS : Right kidney measures 8.1 x 4.2 cm. Left kidney measures 8.2 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 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 6.0 x 4.6 x 4.2 cms. in the longitudinal, anteroposterior and transverse dimensions respectively.The uterine margins are smooth and does not reveal any contour abnormalities.



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The uterine myometrium shows homogeneous echotexture.
No evidence of leiomyoma is noted. No solid or cystic mass lesion is noted.
The endometrium is mildly thickened and measures 10.0 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- Mildly thickened endometrium.

To be correlated clinically.


Dr. ANSHU K. SHARMA
MBBS, MD
CONSULTANT RADIOLOGIST

MC - 4830

Dr. MANJEET SEHRAWAT
MBBS, MD, PDCC
CONSULTANT RADIOLOGIST


ALISHA KHAN
MEDICAL TRANSCRIPTIONIST

Dr. NEENA SIKKA
MBBS, DNB
CONSULTANT RADIOLOGIST

RAJNISH SHARMA
MEDICAL
TRANSCRIPTIONIST

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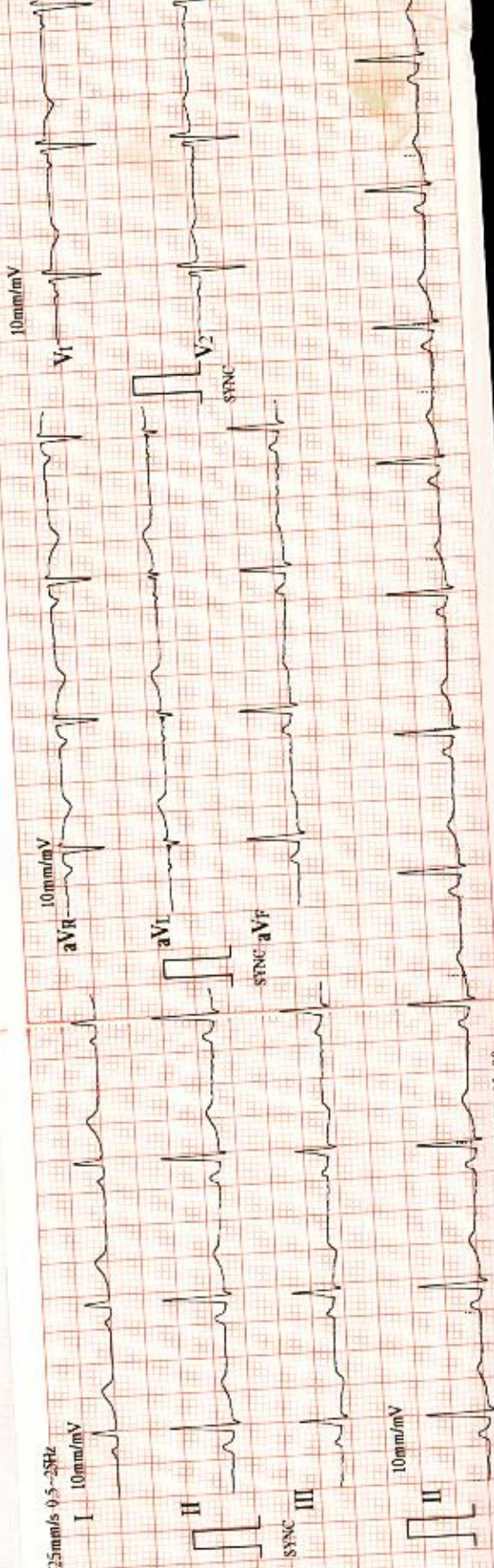
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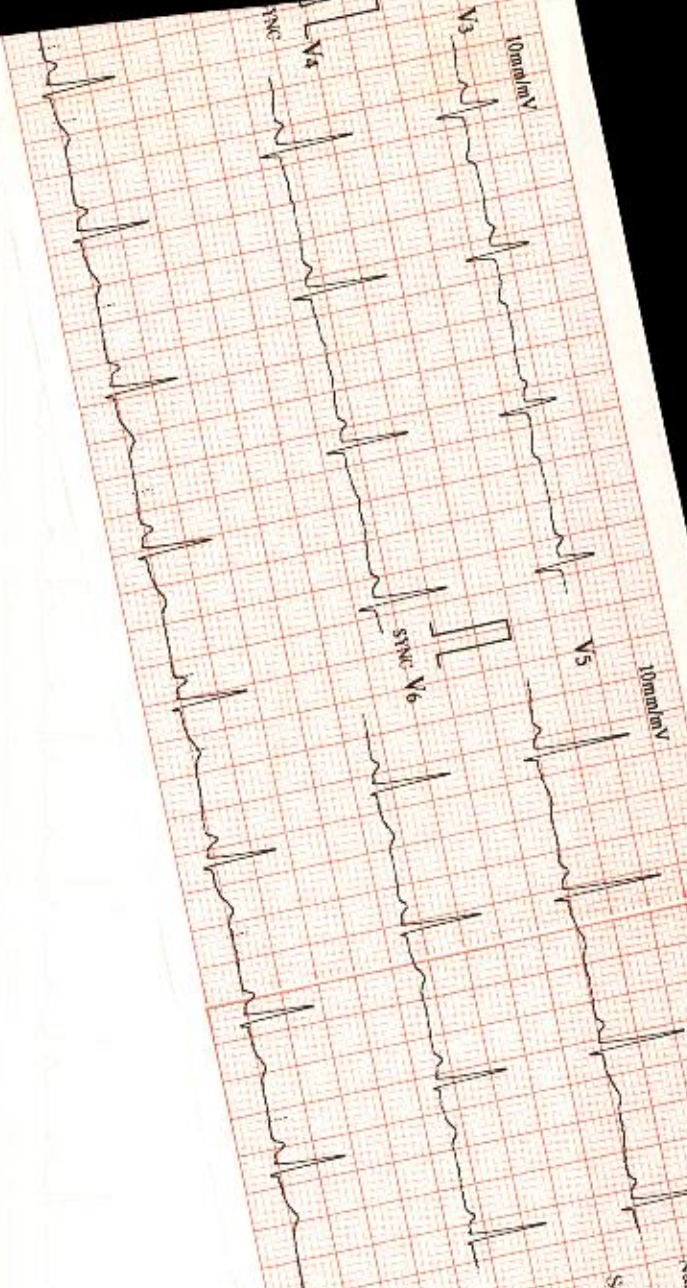
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ECG-1203 v2-0001 8:05:40-C000 AMP:V1-001-2016-00-00-00



ID : 0004

Name: *Prankshid Singh*

Sex : *Female*

Age : *28y*

13/12/19

Time 10:25 AM

Unconfirmed report verified by:

HR	: 74	bpm
R-R	: 808	ms
P-R	: 129	ms
QRS	: 87	ms
QT/QTc	: 368/409	ms
P/QRS/T	: 59.6/2.33	ms
P/QRS/T	: 1.2/30/0.750	mV
R/S/SV1	: 1.980	mV

Sinus Rhythm
 Incomplete Right Bundle Branch Block
 T Abnormality (Flat T)