



Mrs. Kenna Memon
32 y/f

Routine eye checkup

Vitals :

Chief Complaints :

H/O Present Illness :

uv → 6/6 unaided
- 6/6
uv → 13.5
- 14.2

Past History :

uv → MG
- MG

Investigation :

Drug Allergies : (if any)

Treatment :

Colour vision - Normal (15)

fundus - Normal

Adv → Eye mist for 2 to 3 x 1 ml ch



DENTAL

Vitals :

Chief Complaints :

H/O Present Illness :

O/E Class I Carious
w.r.t 27 and 36.

Past History :

Adv. Composite Restoration

Investigation :

Drug Allergies : (if any)

Treatment :

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



PRERNA / 32/F

27/4/24

DERMATOLOGY

Adv:

Vitals:

Chief Complaints:

BP - 100/60 mmHg
WT - 55 Kg
Height - 5.4 feet

H/O Present Illness:

Past History:

NL T. ZINCOVIT
OP 10 days

→ EXCELA MAX.
LOTION ✓

(YA) ✓
x 1 MONTH

Investigation:

Drug Allergies: (if any)

N/A

CLONATE F
Cream:

(YA) ✓
x 1 week

Treatment:

⇒ MAXRICH YV
Cream ✓

- T LLZ 5mg

(A/F) - (N)
x 7 days

= Ryv SOS



ENT

- Routine ENT check up.
- Ear - NAD (B/C)
- Nose - caudal dislocation of nasal septum

Vitals :

Chief Complaints :

↳ Int - NAD .


H/O Present Illness :

Rx. Avamys nasal spray X 1 no
2 puff at night

Past History :

Investigation :

Drug Allergies : (if any)


27/04/24

Treatment :



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. PRERNA MENON

MR No : 674636

Age/Sex : 33 Years 1 Months 2 Days / Female

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/04/2024

Reporting Date : 27/04/2024

Sample ID : 277425

Bill/Req. No. : 25289763

Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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BLOOD SUGAR FASTING

PLASMA GLUCOSE FASTING	77	60 - 110	mg/dl	GOD TRINDERS
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***** END OF THE REPORT *****



Sample no.

Dr. JAY PRAKASH SINGH
MBBS, MD (PATHOLOGY)

Dr. ISHA RASTOGI
MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST

USER NM VIJAYA



MC - 4830

(This is only professional opinion and not the diagnosis, please correlate clinically)
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PARK GROUP OF HOSPITALS : West Delhi - Gurugram - Faridabad - Sonapat - Panipat - Karnal - Ambala - Patiala - Behror - Jaipur



DEPARTMENT OF PATHOLOGY

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 MR No : 674636
 Age/Sex : 33 Years 1 Months 2 Days / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/04/2024
 Reporting Date : 28/04/2024
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 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERISTICS				
QUANTITY	40ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		Manual Method
TURBIDITY	slightly turbid	clear		
SPECIFIC GRAVITY	1.025	1.000-1.030		urinometer
PH - URINE	6.0	5.0 - 9.0		PH PAPER
CHEMICAL EXAMINATION-1				
UROBILINOGEN	Negative	NIL		Ehrlich
URINE PROTEIN	Absent	NIL	mg/dl	Protein error indicator
BLOOD	NIL	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	Nil	0-2	cells/hpf	
EPITHELIAL CELLS	1-2	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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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. PRERNA MENON
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 Type : OPD
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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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Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	12.0	12 - 15	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	5100	4000-11000	/ μ L	LASER FLOW
DIFFERENTIAL COUNT				
NEUTROPHILS	55	40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	40	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	03	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	3.9	3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	37.8	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	97.0	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	30.8	27 - 31	Picogrames	CALCULATED
MEAN CORPUSCULAR HB CONC	31.7	L 33 - 37	g/dl	CALCULATED
PLATELET COUNT	247	150 - 450	thou/ μ L	ELECTRICAL
RDW	13.1	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA			

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



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ESR (WESTERGREN)

E.S.R. 1ST HRS.	20	0 - 20	mm/Hr.	Westergren
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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.

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DEPARTMENT OF MICROBIOLOGY

Patient Name : Mrs. PRERNA MENON
 MR No : 674636
 Age/Sex : 33 Years 1 Months 2 Days / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/04/2024
 Reporting Date : 29/04/2024
 Sample ID : 277425
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 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 culture

Method :

Note : URINE CULTURE :

Presence of >10⁵ cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptomatic, immune-compromised or diabetic patients & patients with indwelling catheters, even a smaller count of bacteria may signify infection (100-10000cfu/ml). Kindly correlate clinically.

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



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DEPARTMENT OF IMMUNOLOGY

Patient Name : Mrs. PRERNA MENON
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THYROID PROFILE

TRI-IODOTHYRONINE (T3)	0.79	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	5.1	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	3.33	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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DEPARTMENT OF BIOCHEMISTRY

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Test	Result	Bio. 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)	27	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	15	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	86	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.9	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.0	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.9	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.38	1.1 - 2.2		CALCULATED

SAMPLE TYPE: SERUM

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



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DEPARTMENT OF BIOCHEMISTRY

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KFT (RENAL PROFILE)

Test	Result	Bio. Ref. Interval	Units	Method
SERUM UREA	20	10 - 45	mg/dL	
SERUM CREATININE	0.8	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	4.5	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	140	135 - 150	mmol/L	ISE
SERUM POTASSIUM	3.9	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.9	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	3.3	2.5 - 4.5	mg/dL	AMMONIUM

SAMPLE TYPE: SERUM

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



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LIPID PROFILE

LIPID PROFILE

Test	Result	Bio. Ref. Interval	Units	Method
TOTAL CHOLESTEROL	139	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	69	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	37	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	13.8	6 - 32	mg/dL	calculated
LDL	88.2	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.38	L 1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	3.76	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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NAME	: MRS. PRERNA MENON	DATE	: 27 / 4 / 2024
Age Sex	: 32 Years / Female	Inpatient No	: 674636
PERFORMED BY	: Dr. SWATI SINGH	BILL NO.	: 25289763

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 / Trivial

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



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<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Value</u>
IVSD : 0.7cm	(0.6-1.1cm)	LA : 2.6cm	(1.9-4.0cm)
LVIDd : 4.4cm	(3.7-5.6cm)	AORTA : 2.4cm	(2.0-3.7cm)
LVIDs : 2.5cm	(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 / NO TR
- GOOD RV FUNCTION
- IAS/IVS. No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

COMMENTS:- Normal LV Function

Please correlate clinically

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

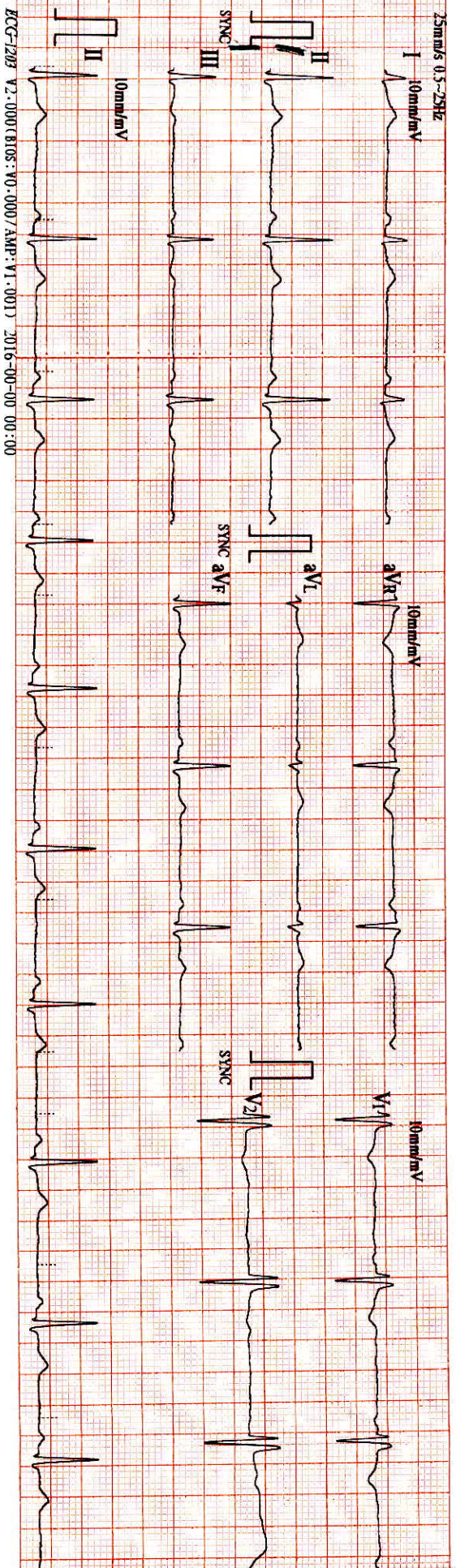


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Vitals :

Chief Complaints :

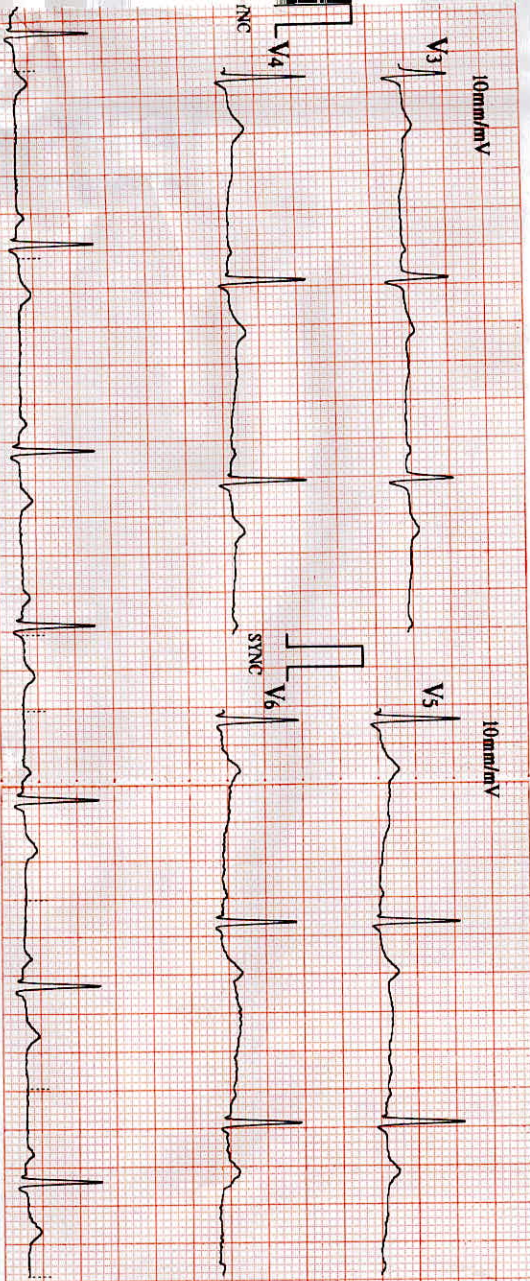
H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



Unconfirmed report Verified by:

Age : 32y

Sex : female

Name : *Sneha Menon*

ID : 0003

22/4/19 Time 12 pm

HR : 59 bpm

R-R : 1011 ms

QRS : 153 ms

QT/QTc : 110 ms

P/QRS/T : 375/372 ms

RV5/SV1 : 39/64/39 mV

RV5+SV1 : 1.080/0.690 mV

RV5+SV1 : 1.770 mV

Sinus Bradycardia

Incomplete Right Bundle Branch Block



DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. PRERNA MENON	Billed Date	: 27/04/2024
Reg No	674636	Reported Date	: 27/04/2024
Age/Sex	33 Years 1 Months 2Days / Female	Req. No.	: 25289763
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


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



DEPARTMENT OF RADIOLOGY

Patient Name	Mr GAURAV SHARMA	Billed Date	: 27/04/2024
Reg No	674637	Reported Date	: 27/04/2024
Age/Sex	33 Years 1 Months 2Days / Male	Req. No.	: 25289764
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 (14.1cm), shape 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 (11.5cm) 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. **Left kidney shows mild dilatation of pelvi calyceal system and upper ureter**

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-

-Grade I fatty liver.

-Mild left sided hydroureteronephrosis ? distal ureteric calculus.

Advice: NCCT KUB

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