



Mrs. Mikhail Sharma

698537

24y/M

Vitals :

Chief Complaints :

Routine eye checkup

H/O Present Illness :

my → 6/6
- 6/6 uncorrected

Past History :

NET → 14-6
- 19-8

Investigation :

Drug Allergies : (if any)

my → MB
- MB

Treatment :

vision normal (BE)

Fundus - Normal



ENT

Routine ENT check up.

Ear - B/L NAD

NOSP - Gross DNS to

(A)

Vitals :

Chief Complaints :

Throat - NAD,


H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :


13 | 04 | 24



13/9/21

DERMATOLOGY

ms Nikhil
Age 29y/M

Vitals : Chief Complaints :

H/O Present Illness :

Ans:-

Past History :

No skin complaints
lesions are
present

Investigation : Drug Allergies : (if any)

Treatment :



Routine Health Checkup

Dental

13/4/24

Vitals :

Chief Complaints :

O/E

Carious - 18, 28, 36, 37, 46, 47

H/O Present Illness :

Stannis ++ Calculus ++

Past History :

Adw .

- Scaling & polishing

Investigation :

Drug Allergies : (if any)

- Restoration wst 18, 28, 36,
37, 46, 47

Treatment :

|
h



Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

DEPARTMENT OF MICROBIOLOGY

Patient Name : Mr. NIKHIL VREMA
 MR No : 698537
 Age/Sex : 29 Years 9 Months 1 Days / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024
 Reporting Date : 15/04/2024
 Sample ID : 271853
 Bill/Req. No. : 25281555
 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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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. NIKHIL VREMA

MR No : 698537

Age/Sex : 29 Years 9 Months 1 Days / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

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Reporting Date : 13/04/2024

Sample ID : 271853

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Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	82	60 - 110	mg/dl	GOD TRINDERS

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



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DEPARTMENT OF PATHOLOGY

Patient Name : Mr. NIKHIL VREMA

MR No : 698537

Age/Sex : 29 Years 9 Months 1 Days / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024

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Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERISTICS				
QUANTITY	30ml	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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DEPARTMENT OF HAEMATOLOGY

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MR No : 698537

Age/Sex : 29 Years 9 Months 1 Days / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024

Reporting Date : 13/04/2024

Sample ID : 271853

Bill/Req. No. : 25281555

Ref Doctor : Dr.RMO

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 HAEMATOLOGY

Patient Name : Mr. NIKHIL VREMA
 MR No : 698537
 Age/Sex : 29 Years 9 Months 1 Days / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024
 Reporting Date : 13/04/2024
 Sample ID : 271853
 Bill/Req. No. : 25281555
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	11.5	L 12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	7000	4000-11000	/ μ L	LASER FLOW
DIFFERENTIAL COUNT				
NEUTROPHILS	55	40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	33	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	07	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	5.67	H 3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	37.6	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	66.3	L 83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	20.3	L 27 - 31	Picogrammes	CALCULATED
MEAN CORPUSCULAR HB CONC	30.6	L 33 - 37	g/dl	CALCULATED
PLATELET COUNT	287	150 - 450	thou/ μ L	ELECTRICAL
RDW	16.4	H 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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MR No : 698537

Age/Sex : 29 Years 9 Months 1 Days / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024

Reporting Date : 16/04/2024

Sample ID : 271853

Bill/Req. No. : 25281555

Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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 *****



Sample no.

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DEPARTMENT OF IMMUNOLOGY

Patient Name : Mr. NIKHIL VREMA

MR No : 698537

Age/Sex : 29 Years 9 Months 1 Days / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/04/2024

Reporting Date : 13/04/2024

Sample ID : 271853

Bill/Req. No. : 25281555

Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-IODOTHYRONINE (T3)	1.22	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	7.8	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	3.5	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 *****



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Sample ID : 271853

Bill/Req. No. : 25281555

Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT				
TOTAL BILIRUBIN	0.7	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.2	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.5	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	31	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	53	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	104	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.7	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.1	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.6	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.58	1.1 - 2.2		CALCULATED

SAMPLE TYPE: SERUM

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



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Sample ID : 271853

Bill/Req. No. : 25281555

Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	27	10 - 45	mg/dL	
SERUM CREATININE	0.8	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	6.0	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	136	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	2.7	2.5 - 4.5	mg/dL	AMMONIUM
SAMPLE TYPE:	SERUM			

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



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Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
TOTAL CHOLESTEROL	192	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	144	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	34	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	28.8	6 - 32	mg/dL	calculated
LDL	129.2	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	3.8	<i>H</i> 1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	5.65	<i>H</i> 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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PSA TOTAL

PROSTATE SPECIFIC ANTIGEN(PSA)	1.2	0.57 - 4.0	ng/ml	Chemiluminescence
SPECIMEN TYPE	SERUM			

Method : chemiluminescent immunoassay

Note : Clinical Use: -

An aid in the early detection of Prostate cancer in Male. Follow up and management 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.

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NAME	: MR. NIKHIL VERMA	DATE	: 13 / 4 / 2024
Age Sex	: 29 Years / Male	Inpatient No	: 698537
PERFORMED BY	: Dr. SACHIN BANSAL	UHID	: 25281555

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



Cert. No. H-2016-0369

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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 : 3.0cm	(1.9-4.0cm)
LVID : 4.4cm	(3.7-5.6cm)	LVOT : 1.4cm	
LVPW : 1.0cm	(0.6-1.1cm)	AORTA : 2.7cm	(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:-

- **NORMAL LV FUNCTION**
- **Global LVEF – 55-60%**
- **No RWMA**
- **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)



Cert. No. H-2016-0369

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

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

the **health** care providers

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Park Hospital
GROUP SUPER SPECIALITY HOSPITAL

DEPARTMENT OF RADIOLOGY

Patient Name	Mr NIKHIL VREMA	Billed Date	: 13/04/2024
Reg No	698537	Reported Date	: 13/04/2024
Age/Sex	29 Years 9 Months 1Days / Male	Req. No.	: 25281555
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

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

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4/13/2024, 5:22 PM

13/11/24 Time - 10:20 AM

10mm/mV

ID : 0001

HR : 77 bpm

R-R : 773 ms

P-R : 146 ms

QRS : 108 ms

QT/QTc : 332/377 ms

P/QRST : 41/31/19

RV5/SV1 : 1.010/1.560 mV

RV6-SV1 : 2.570 mV

Name: Alfickal Verma

Sex : male

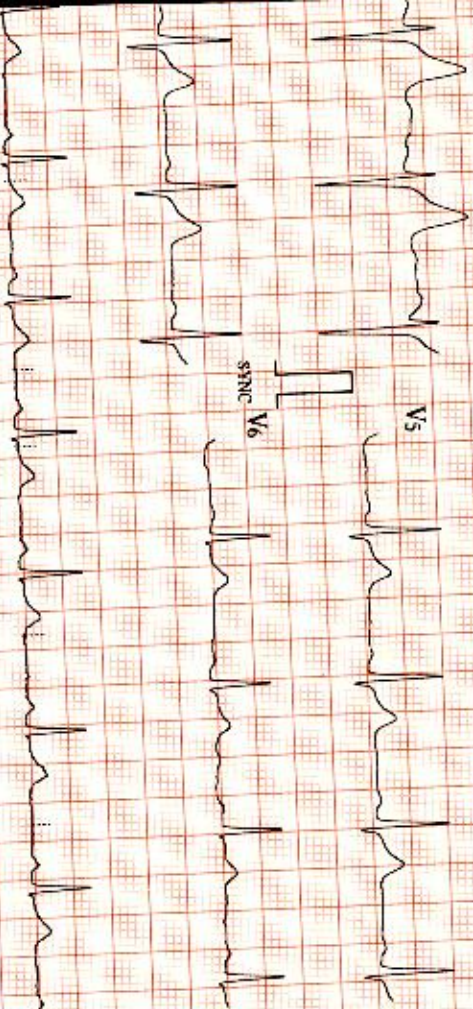
Age : 29y

Unconfirmed report Verified by: _____

____ Sinus Rhythm

____ Slight ST Depression

____ Mild Left Axis Deviation



25mm/s 0.5-25Hz

10mm/mV

I

aVR

10mm/mV

V1

-10mm/mV

V3

II

aVL

10mm/mV

V2

10mm/mV

V4

III

aVF

10mm/mV

V4

10mm/mV

V4

10mm/mV

II