

Park Hospital

GROUP SUPER SPECIALITY HOSE

ophtho



MR NISHANT

33 V/M

RE- Bendo Rouline eye checkup

Vitals:

Cheif Complaints:

BP 110 mm+9

H/O Present Illness:

pelse-85 Wm

Spor -99 past History:

high Isrem

Investigation: Drug Allergies: (if any)

Colour hirron- mosmal (19/2

Add R- +2.25

Fundus. Whe

Gurgaon

Q Block South City 11, Sohna Road, Main Segtor-47, Gurgaon, Haryana Ph.: 0124-49000000 Fax: 0124-2218733

E-mail: parkmedicenters@gmail.com





ENT

For - Roubine ENT chech up.

Ear

Nose Inth.

Vitals:

Cheif Complaints:

H/O Present Illness:

Past History:

Investigation:

Drug Allergies: (if any)

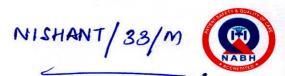
Treatment:

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





DERMATOLOGY

20/4/24

Vitals:

Cheif Complaints:

H/O Present Illness:

Past History:

Investigation:

Drug Allergies: (if any)

Treatment:

-) FUTIMENT Gream

2) 25 days

2 Ppv SOS / Sdays

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



DEPARTMENT OF MICROBIOLOGY

Patient Name : Mr. NISHANT BIJALA

MR No : 698926

Age/Sex : 33 Years / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date

20/04/2024

Reporting Date:

22/04/2024

Sample ID

274421

Bill/Req. No.

Ref Doctor

25285353 Dr.RMO

Result

Bio. Ref. Interval

Units

Method

Aerobic culture

ADITYA

URINE C/S

NAME OF SPECIMEN

ORGANISM IDENTIFIED

Urine (Uncentrifuged)

NO ORGANISM GROWN IN CULTURE

AFTER 48 HRS OF INCUBATION AT 37 C

DEGREE.

Method:

Test

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 *****



Dr. JAY PRAKASH SINGH MBBS, MD (PATHOLOGY) Dr.ISHA RASTOGI MD, MBBS MICROBIOLOGY CONSULTANT CLINICAL MICROBIOLOGIST

USER NM

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

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



Patient Name : Mr. NISHANT BIJALA

MR No : 698926

Age/Sex : 33 Years / Male

Type : OPD

Test

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date :

20/04/2024

Reporting Date: 2

20/04/2024

Sample ID

274421

Bill/Req. No.

25285353

Ref Doctor

Units

Dr.RMO

Result

BLOOD SUGAR FASTING

60 - 110

PLASMA GLUCOSE FASTING

83

mg/dl

GOD TRINDERS

Method

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

Bio. Ref. Interval



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^{the} **health** care providers



DEPARTMENT OF PATHOLOGY

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MR No : 698926

Age/Sex : 33 Years / Male

Type : OPD

Test

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date

20/04/2024

Reporting Date :

20/04/2024

Sample ID

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25285353

		Ref Doctor	was it	Dr.RMO
Result	Bio. Ref. Interval	Units		Method

			rtoouit	Dio. Itci. iiitci vai	Onito	Method
			URINE ROUTINE	AND MICROSCOPY		· ·
	PHYSICAL	CHARACTERSTICS				
	QUANTITY		30ml	5 - 100	ml	
	COLOUR		Pale Yellow	Pale Yellow		Manual Method
	TURBIDITY		Clear	clear		
	SPECIFIC G	RAVITY	1.010	1.000-1.030		urinometer
	PH - URINE		6.5	5.0 - 9.0		PH PAPER
	CHEMICAL	EXAMINATION-1				
	UROBILINO	GEN	Negative	NIL		Ehrlich
	URINE PRO	ΓΕΙΝ	Absent	NIL	mg/dl	Protein error indicator
	BLOOD	9	NIL	NIL		
	URINE BILIR	UBIN	NIL	NIL		
	GLUCOSE		NIL	NIL	mg/dL	GOD-POD/Benedicts
۲	URINE KET	NE	NIL	NIL		SOD.
	MICRO.EX	MINATION				
	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	31
	CASTS		NIL	NIL	/lpf	
	CRYSTALS		NIL	NIL	/Lpf	
	OTHER		NIL			
	AMORPHOU	S URINE	Absent			MicroScopy

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



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Result

DEPARTMENT OF HAEMOTOLOGY

Mr. NISHANT BIJALA **Patient Name**

698926 MR No

Age/Sex 33 Years / Male

OPD Type

Test

TPA/Corporate : MEDIWHEEL PVT LTD **Bill Date**

20/04/2024

Reporting Date: 20/04/2024 Sample ID

274421

Bill/Req. No.

25285353

Ref Doctor

Units

Dr.RMO

Method

BLOOD GROUPING AND RH FACTOR

ABO/Rh (D) SLIDE "B"RH POSITIVE **BLOOD GROUP**

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

Bio. Ref. Interval



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care providers



DEPARTMENT OF HAEMOTOLOGY

Patient Name : Mr. NISHANT BIJALA

MR No : 698926

Age/Sex : 33 Years / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 20/04/2024

Reporting Date : 20/04/2024 Sample ID : 274421

Bill/Req. No. : 25285353

					Ref Doctor : D	r.RMO
Test		Result		Bio. Ref. Interval	Units	Method
			(СВС		
HAEMOGLO	BIN	15.0		12 - 16	gm/dL	COLORIMETRY
	COCYTE COUNT	8870		4000-11000	/µL	LASER FLOW
DIFFERENT	TIAL COUNT					
NEUTROPHI	LS	65		40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCY		25		20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTE		08		3.0 - 8.0	%	FLOW CYTOMETRY
EOSINOPHIL	_S	02		0.5 - 5.0	%	FLOW CYTOMETRY
BASOPHILS		00		0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD	CELL COUNT	5.3		3.5 - 5.5	millions/µL	ELECTRICAL
PACKED CE		46.8		35.0 - 50.0	%	ELECTRICAL
A CONSTRUCTOR VALUE	PUSCULAR VOLUME	87.4		83 - 101	fL	ELECTRICAL
		28.0		27 - 31	Picogrames	CALCULATED
CHARLEST - SECOND	PUSCULAR HB CONC	32.1	L	33 - 37	g/dl	CALCULATED
PLATELET C	STATE OF STA	260		150 - 450	thou/µL	ELECTRICAL
RDW		13.5		11.6 - 14.5	%	CALCULATED
190000000	PE FOR C.B.C	Whole Blood EDTA				

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



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DEPARTMENT OF HAEMOTOLOGY

: Mr. NISHANT BIJALA **Patient Name**

MR No 698926

OPD Type

TPA/Corporate

33 Years / Male

MEDIWHEEL PVT LTD

Bill Date

20/04/2024

Reporting Date:

22/04/2024

Sample ID

274421

Bill/Req. No.

25285353

Ref Doctor

Dr.RMO Method

ESR (WESTERGREN)

E.S.R .1ST HRS.

Age/Sex

16

Result

0 - 20

mm/Hr.

Units

Westergren

Test

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 *****

Bio. Ref. Interval



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care providers

care providers



DEPARTMENT OF IMMUNOLOGY

Patient Name

: Mr. NISHANT BIJALA

MR No

698926

Age/Sex

33 Years / Male

Type

OPD

TPA/Corporate

: MEDIWHEEL PVT LTD

Bill Date

20/04/2024

Reporting Date:

20/04/2024

Sample ID

274421

Bill/Req. No.

25285353

Test	Result	Bio, Ref. Interval	Units	Method
Test	***************************************	YROID PROFILE		
	10	TROID PROFILE		
TRI-IODOTHYRONINE (T3)	1.26	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	7.9	5.01 - 12.45	μg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	2.07	0.5-5.50,	μIU/ml	
SPECIMEN TYPE	SERUM			
Method: chemiluminescent immunoas	say			

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 atient is thought to suffer from hyperthyroidism (overactive thyroid) or hypothyroidism (underactive thyroid), or to monitor the effective

suppression or hormone replacement therapy. It is also requested routinely in conditions linked to thyroid disease, such as atrial fibril ation 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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PAWAN



Patient Name : Mr. NISHANT BIJALA

MR No : 698926

Age/Sex : 33 Years / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 20/04/2024

Reporting Date : 20/04/2024

Sample ID : 274421

Bill/Req. No. : 25285353

				Ref Doctor :	Dr.RMO
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)	40		0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	72	Н	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	111		30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.7		6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.5		3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.2	L	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	2.05		1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM				

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



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Patient Name : Mr. NISHANT BIJALA

MR No : 698926

: 33 Years / Male

Type : OPD

Age/Sex

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 20/04/2024

Reporting Date: 20/04/2024

Sample ID : 274421

Bill/Req. No. : 25285353

Ref Doctor : Dr.RMO

			Ref Doctor :	Dr.RMO
Test	Result	Bio. Ref. Interval	Units	Method
	KFT	(RENAL PROFILE)		
KFT				
SERUM UREA	33	10 - 45	mg/dL	
SERUM CREATININE	1.1	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	6.0	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	140	135 - 150	mmol/L	ISE
SERUM POTASSIUM	4.7	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.8	8.5 - 10.5	mg/dL	ARSENAZO III
SERUM PHOSPHORUS	3.2	2.5 - 4.5	mg/dL	AMMONIUM
SAMPLE TYPE:	SERUM			

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



Dr. JAY PRAKASH SINGH MBBS, MD (PATHOLOGY)

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the health care providers



Patient Name : Mr. NISHANT BIJALA

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Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 20/04/2024

Reporting Date : 20/04/2024 Sample ID : 274421

Bill/Req. No. : 25285353

Ref Doctor : Dr.RMO

			Ref Doctor :	Dr.RMO
Test	Result	Bio. Ref. Interval	Units	Method
		LIPID PROFILE		
LIPID PROFILE				
TOTAL CHOLESTEROL	168	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	140	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	46	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	28	6 - 32	mg/dL	calculated
LDL	94	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.04	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	3.65	2.0 - 5.0	mg/dl	calculated
SAMPLE TYPE:	SERUM			

Note: ATP III Guidelines At-A-Glance Quick Desk Reference

Step 1 - Determine lipoprotein levelsobtain 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 *****

Sample no.

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Age/Sex : 33 Years / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

20/04/2024

Bill Date : 20 Reporting Date : 20

20/04/2024

Sample ID

274421

Bill/Req. No.

Units

25285353

Ref Doctor

Dr.RMO

Method

Test Result Bio. Ref. Interval
PSA TOTAL

PROSTATE SPECIFIC ANTIGEN(PSA)

0.32

0.57 - 4.0

ng/ml

Chemiluminscence

SPECIMEN TYPE

SERUM

Method: chemiluminescent immunoassay

Note: Clinical Use: -

An aid in the early detection of Prostate cancer in Male.Follow up andamazement of Prostate cancer patients. Detect metastatic or presistent disease in patients following surgical or medicaltreatment of Prostate cancer

Note: -

False negative / positive results are observed in patients receiving mousemonoclonal antibodies for diagnosis or therapy. PSA levels may appear consistently elevated / depressed due to theinterference 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 c rrelated with clinical findings and results of other investigations.

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



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the health care providers





Vitals:

Cheif Complaints:

H/O Present Illness:

Past History:

Investigation:

Drug Allergies: (if any)

Treatment:

RV5+SV1: 3.290 Sinus Rhythm High Voltage (Left Ventricu lar)

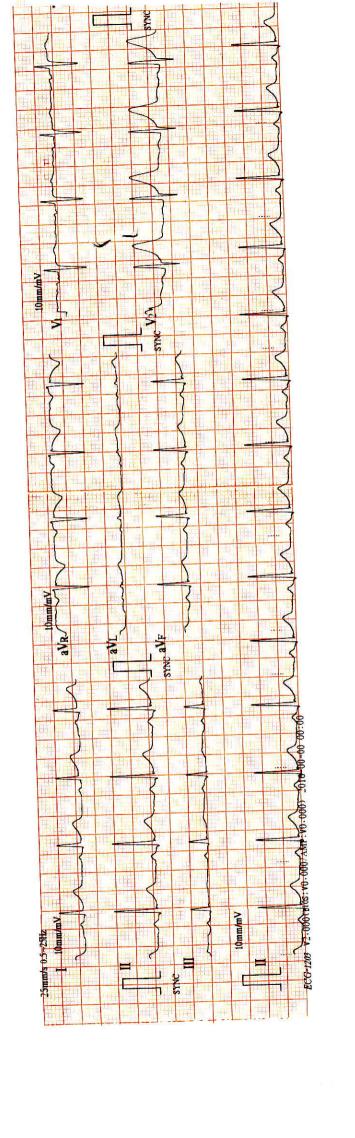
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Gurgaon

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West Delhi
 South Delhi
 Faridabad
 Panipat
 Karnal

V5





NAME		MR. NISHANT BIJALA	DATE	1.	19 / 4 / 2024
Age Sex	:	33 Years / Male	Inpatient No	+:	698926
PERFORMED BY		Dr. SACHIN BANSAL			
	<u> </u>	DII OAOTIIN BANGAL	UHID		25285353

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

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

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

Normal / Thickened / Mildly / Calcified / Flutter / Vegetation / Restricted / Opening Morphology

No. of Cusps 1/2/3/4

Doppler Normal / Abnormal

Aortic Stenosis: Present / Absent

Aortic regurgitation: Present / Absent / Mild / Trace



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Measureme	ents	or and the	Normal Values	Measureme	ent	S	Normal Value
IVSD LVID LVPW	:	0.8cm 4.4cm 0.7cm	(0.6-1.1cm) (3.7-5.6cm) (0.6-1.1cm)	LA LVOT AORTA	:	3.0cm 1.4cm 2.7cm	(1.9-4.0cm) (2.0-3.7cm)
EF Any Other		55-60%	(55% - 80%)	IVSmotion		2.70m	Normal / Flat / Paradoxical

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

Mr NISHANT BIJALA

Reg No

698926

Age/Sex

33 Years / Male

Type

OPD

Billed Date

: 20/04/2024

Reported Date

: 20/04/2024

Reg. No.

: 25285353

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 (16.0cm) and shows raised echotexture. Small focal area of fat spairing seen in left lobe of liver adjacent to GB. 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 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 differentation 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.

Small focal area of size 25 x 11 mm seen in sucutaneous fat in left lumbar region in anterior abdominal wall s/o lipoma.

IMPRESSION-

Dr.ANSHU K.SHARMA

-Hepatomegaly with grade I fatty liver.

-Small lipoma in anterior abdominal wall.

To be correlated clinically

Dr, MANJEET SEHRAWAT

ALISHA KHAN

Dr. NEENA SIKKA

RAJNISH SHARMA

MBBS,MD,PDCC MEDICAL TRANSCRIPTIONIST MBBS,DNB.
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DEPARTMENT OF RADIOLOGY

Patient Name

Mr NISHANT BIJALA

Reg No 698926

Age/Sex 33 Years / Male

OPD

Type

Billed Date

Reported Date

:20/04/2024 : 20/04/2024

Req. No.

: 25285353

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.SHARM MBBS,MD MBBS,MD,PDCC MEDICAL TRANSCRIPTIONIST MBBS,DNB MEDICAL CONSULTANT RABIOLOGIST CONSU

Dr, MANJEET SEHRAWAT

ALISHA KHAN

Dr. NEENA SIKKA

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