



27/4/24

DERMATOLOGY

Jan.

No skin complaints
lesions are
present

R ✓ SOS

[Handwritten signature]

Vitals :

Chief Complaints :

BP — 110/70 mmHg
WT — 85 kg
Height — 5'10"

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



ENT

Routine ENT check up.

Ear
Nose
Throat

Vitals :

Chief Complaints :

Rx. Avamys nasal spray X 1 mo
2 puff at night


H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :


27/04/24



Name: GOURAV SHARMA age 32y/m 27/4/24

OPHTHA

Routine checkup

Vitals :

Chief Complaints :

me → E/B
- G/B

H/O Present Illness :

muscle pain

met → 12
11

Past History :

me → ar
- me

F^m → Normal

Investigation :

Drug Allergies : (if any)

Treatment :

Coler urgent normal (13E)



DENTAL

Vitals :

Chief Complaints :

O/E Class II Carious w.r.t 16.

H/O Present Illness :

Past History :

Adv. RIT w.r.t 16

Investigation :

Drug Allergies : (if any)

Treatment :

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



Vitals :

Chief 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



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. GAURAV SHARMA
 MR No : 674637
 Age/Sex : 33 Years 1 Months 2 Days / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/04/2024
 Reporting Date : 27/04/2024
 Sample ID : 277426
 Bill/Req. No. : 25289764
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	79	60 - 110	mg/dl	GOD TRINDERS

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



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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. GAURAV SHARMA

MR No : 674637

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

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/04/2024

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Sample ID : 277426

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Test	Result	Bio. Ref. Interval	Units	Method
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BLOOD GROUPING AND RH FACTOR

BLOOD GROUP	"AB" RH POSITIVE			ABO/Rh (D) SLIDE
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Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	14.8	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	6800	4000-11000	/ μ L	LASER FLOW
DIFFERENTIAL COUNT				
NEUTROPHILS	52	40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	38	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	08	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	5.1	3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	45.1	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	87.5	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	28.7	27 - 31	Picogrames	CALCULATED
MEAN CORPUSCULAR HB CONC	32.8	33 - 37	g/dl	CALCULATED
PLATELET COUNT	334	150 - 450	thou/ μ L	ELECTRICAL
RDW	13.0	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA			

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ESR (WESTERGREN)

E.S.R .1ST HRS.	18	0 - 20	mm/Hr.	Westergren
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 MICROBIOLOGY

Patient Name :	Mr. GAURAV SHARMA	Bill Date :	27/04/2024
MR No :	674637	Reporting Date :	29/04/2024
Age/Sex :	33 Years 1 Months 2 Days / Male	Sample ID :	277426
Type :	OPD	Bill/Req. No. :	25289764
TPA/Corporate :	MEDIWHEEL PVT LTD	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 : Mr. GAURAV SHARMA
 MR No : 674637
 Age/Sex : 33 Years 1 Months 2 Days / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/04/2024
 Reporting Date : 28/04/2024
 Sample ID : 277426
 Bill/Req. No. : 25289764
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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THYROID PROFILE

TRI-IODOTHYRONINE (T3)	1.20	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	8.8	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	1.42	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

Patient Name : Mr. GAURAV SHARMA
 MR No : 674637
 Age/Sex : 33 Years 1 Months 2 Days / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/04/2024
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 Sample ID : 277426
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 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT				
TOTAL BILIRUBIN	0.6	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.3	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.3	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	28	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	36	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	86	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.7	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.3	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.4	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.79	1.1 - 2.2		CALCULATED

SAMPLE TYPE: SERUM

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



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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. GAURAV SHARMA

MR No : 674637

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

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/04/2024

Reporting Date : 27/04/2024

Sample ID : 277426

Bill/Req. No. : 25289764

Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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KFT (RENAL PROFILE)

KFT

Test	Result	Bio. Ref. Interval	Units	Method
SERUM UREA	24	10 - 45	mg/dL	
SERUM CREATININE	1.0	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	8.4	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	139	135 - 150	mmol/L	ISE
SERUM POTASSIUM	4.3	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	10.0	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	3.8	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	194	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	214	<i>H</i> 60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	46	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	42.8	<i>H</i> 6 - 32	mg/dL	calculated
LDL	105.2	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.29	<i>L</i> 1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	4.22	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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Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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PSA TOTAL

PROSTATE SPECIFIC ANTIGEN(PSA)	0.85	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 amazement 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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the **health** care providers

the **health** care providers



NAME	: MR. GAURAV SHARMA	DATE	: 27 / 4 / 2024
Age Sex	: 32 Years / Male	Inpatient No	: 674637
PERFORMED BY	: Dr. SWATI SINGH	BILL NO.	: 25289764

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



Cert. No. H-2016-0369

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<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Value</u>
IVSD : 1.0cm	(0.6-1.1cm)	LA : 3.1cm	(1.9-4.0cm)
LVIDd : 4.6cm	(3.7-5.6cm)	AORTA : 2.1cm	(2.0-3.7cm)
LVIDs : 1.3cm	(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)

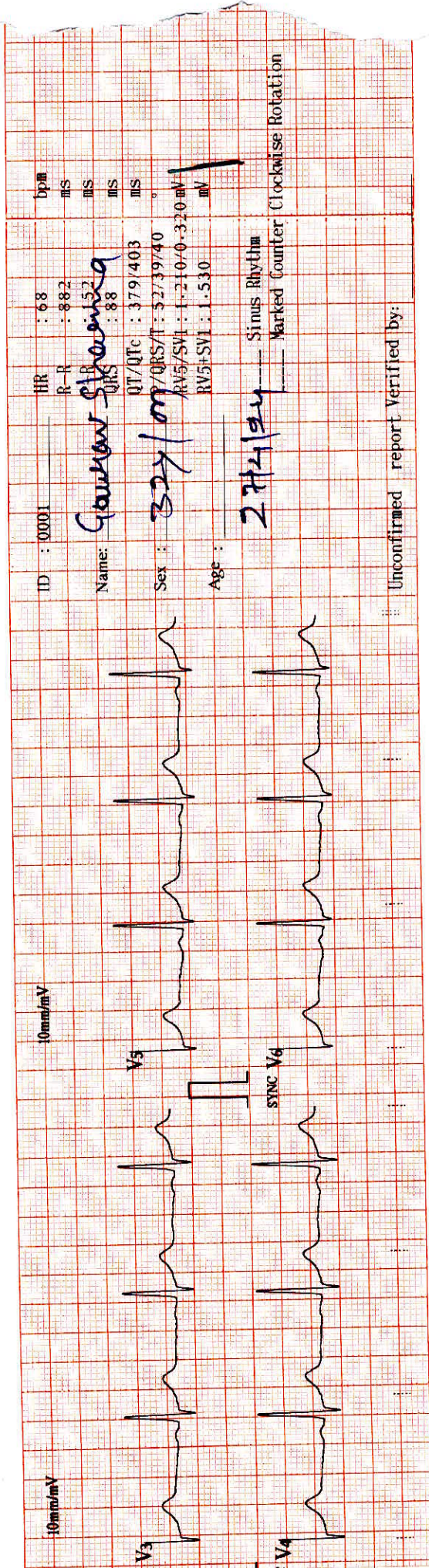


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Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

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ID : 0001
 HR : 68 bpm
 R-R : 882 ms
 PR : 152 ms
 QRS : 88 ms
 QT/QTc : 379/403 ms
 Sex : M
 QRS/T : 52/39/40 °
 RV5/SVI : +210-0-320 mV
 RV5+SVI : 1.530 mV
 Age : 27/4/94

Sinus Rhythm
 Marked Counter Clockwise Rotation

Unconfirmed report verified by:



Vitals :

Chief Complaints :

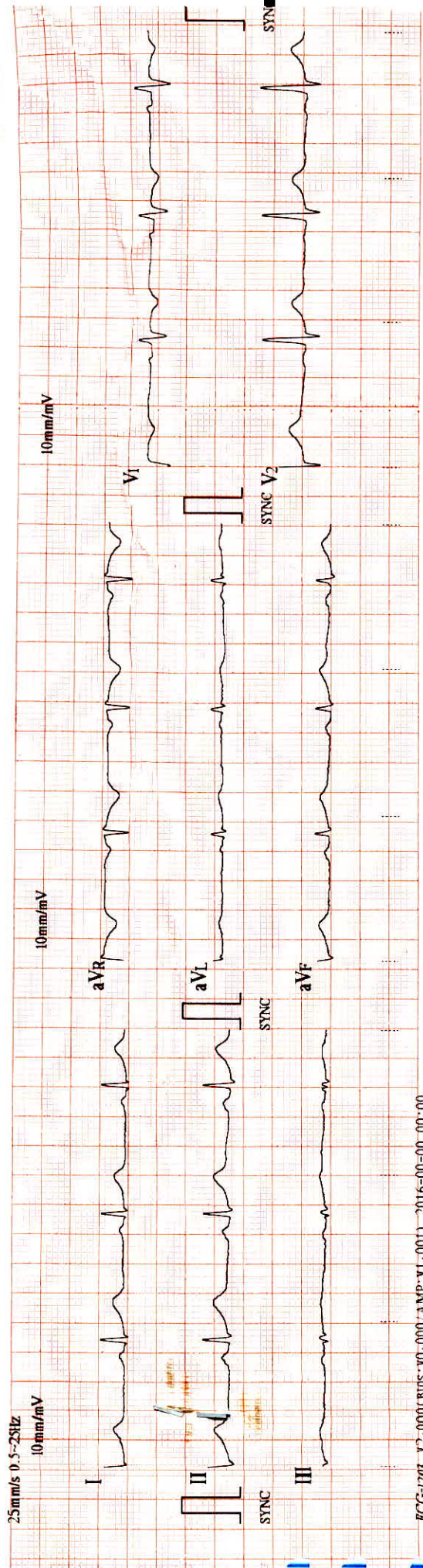
H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



Gurgaon

Q Block South City 11, Sohna Road, Mam Sector-47, Gurgaon, Haryana Ph.: 0124-4900000 Fax : 0124-2218733
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● West Delhi ● South Delhi ● Faridabad ● Panipat ● Karnal



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

USG WHOLE ABDOMEN

The real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER : The liver is normal in size (12.7cm), 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 within 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 (8.8cm) 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 : Right kidney measures 9.7 x 4.0 cm. Left kidney measures 10.0 x 4.3 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.



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UTERUS: The uterus is anteverted. It measures 6.1 x 4.3 x 4.2 cms. in the longitudinal, anteroposterior and transverse dimensions respectively. The uterine margins are smooth and does not reveal any contour abnormalities.

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 7.4 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



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Park Hospital
Advance Super Speciality Hospital



Unique Wellness Pvt. Ltd.
Managing Department of Radiology

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

X-RAY CHEST AP/PA

Bilateral lungs appears normal.

No focal lung lesion seen.

No evidence of free fluid is seen.

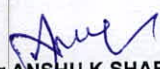
Both hila are normal in size, have equal density and bear normal relationship.

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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