



Mr. Mukun Singh
age - 51y/M
Dr. Anurita Anand
Date - 14 Jan/23

Health checkup.

Vn $\left\{ \begin{array}{l} -6/6 \\ \text{unaided} \\ -6/6 \end{array} \right.$

Mv $\left\{ \begin{array}{l} -10/6 \\ \text{glasses} \\ -10/6 \end{array} \right.$

PCT $\left\{ \begin{array}{l} -16 \\ -16 \end{array} \right.$

Colour vision — normal

Fundus — WNL

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

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Mr. Meena Kukam

Patient has come for follow up
10 occasional chest discomfort

Gen. weak.

→ patient is on ATT.

→ pleural effusion → underwent
April 2022 decortication in
Sept 2022.

ECG:-

LAD

O/E

Chest - Breath sounds absent
in Right infrascapular
and supra axillary area

CRS - 5152 (+)

Adv

1. Review with Reports.

[Signature]

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Meena Mukam

51 Yrs.

BP 110/70
HT - 5.5 feet
wt 69kg

Carious i.r.t 16, 15, 14, 46, 45

Missing i.r.t 36, 26

Stains etc, calculus etc

Adv: scaling & polishing
filling / RCT.

1
★

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DEPARTMENT OF PATHOLOGY

Patient Name : Mr. MEENA HUKAM SINGH
 MR No : 669776
 Age/Sex : 51 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 14/01/2023
 Reporting Date : 14/01/2023
 Sample ID : 87432
 Bill/Req. No. : 24024270
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	15.3	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	6300	4000-11000	/ μ L	ELECTRICAL
DIFFERENTIAL COUNT				
NEUTROPHILS	66	40.0 - 80.0	%	FLOW CYTOMETRY
LYMPHOCYTES	25	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	07	2.0 - 10.0	%	FLOW CYTOMETRY
EOSINOPHILS	02	0.0 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00	0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	4.7	3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	43.8	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	92.4	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	32.3	<i>H</i> 27 - 31	Picogrames	CALCULATED
MEAN CORPUSCULAR HB CONC	34.9	33 - 37	g/dl	CALCULATED
PLATELET COUNT	223	150 - 450	thou/ μ L	ELECTRICAL
RDW	13.3	11.6 - 14.5	%	CALCULATED

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



Sample no.

Dr. SONIA KUMARI
 MBBS, MD (PATHOLOGY) Gold medalist

Dr. PRADIP KUMAR
 Consultant (Microbiology)

Dr. NISHA TIWARI
 MBBS, MD (Microbiology)

USER NM AMIT1

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Test	Result	Blo. Ref. Interval	Units	Method
PSA TOTAL				
PROSTATE SPECIFIC ANTIGEN(PSA)	0.96	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 & non-specific 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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Test	Result	Blo. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				UREASE-GLDH
SERUM UREA	29	10 - 45	mg/dL	MODIFIED JAFFES
SERUM CREATININE	1.1	0.4 - 1.4	mg/dL	URICASE
SERUM URIC ACID	7.0	2.5 - 7.0	mg/dL	ISE
SERUM SODIUM	151	H 136 - 148	mmol/L	ISE
SERUM POTASSIUM	4.6	3.5 - 5.5	meq/l	ARSENazo III
SERUM CALCIUM	9.1	8.5 - 10.5	mg/dL	AMMONIUM
SERUM PHOSPHORUS	4.0	2.5 - 4.5	mg/dL	

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Test	Result	Blo. Ref. Interval	Units	Method
BLOOD SUGAR 2 HR. PP				
BLOOD SUGAR P.P.	122	80 - 150	mg/dl	

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

PLASMA GLUCOSE FASTING	101	H 60 - 100	mg/dl	GOD TRINDERS
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Test	Result	Bio. Ref. Interval	Units	Method
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STOOL ROUTINE AND MICROSCOPY

STOOL ROUTINE AND MICROSCOPY

Test	Result	Bio. Ref. Interval	Units	Method
COLOUR	Yellow	Pale Yellow		Vishal
CONSISTENCY	Semi Solid	Formed		Manual
OCCULT BLOOD	NIL	NIL		Guaiaac test
MUCUS	NIL	NIL		Microscopic
PUS CELL	2-3	0-5	cells/hpf	Microscopic
RBCS	NIL	NIL		Microscopic
CYSTS	NIL	NIL		Microscopic
OVA	NIL	Nil		Microscopic
FAT GLOBULE	NIL	Nil		Microscopic
PARASITES	NIL	Nil		Microscopic

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Test	Result	Blo. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERSTICS				
QUANTITY	40ml	5 - 100	ml	Vishal
COLOUR	Pale Yellow	Pale Yellow		
TURBIDITY	Clear	clear		urinometer
SPECIFIC GRAVITY	1.020	1.000-1.030		PH PAPER
PH	Acidic	Acidic/Alkaline		
CHEMICAL EXAMINATION-1				
UROBILINOGEN	NIL	NIL	mg/dl	Ehrlich
URINE PROTEIN	NIL	NIL		Protein error indicator
BLOOD	NIL	NIL		
URINE BILIRUBIN	NIL	NIL	mg/dL	GOD-POD/Benedicts
GLUCOSE	NIL	NIL		SOD.
URINE KETONE	NIL	NIL		
MICRO.EXAMINATION				
PUS CELL	2-3	0-5	cells/hpf	Microscopic
RED BLOOD CELLS	Nil	0-2	cells/hpf	
EPITHELIAL CELLS	1-2	0-5	cells/hpf	
CASTS	NIL	NIL	/pf	
CRYSTALS	NIL	NIL	/hpf	
OTHER	NIL			

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Test	Result	Bio. Ref. Interval	Units	Method
BLOOD GROUPING AND RH FACTOR				
BLOOD GROUP	" O " RH POSITIVE			MATRIX GEL

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Test	Result	Blo. Ref. Interval	Units	Method
ESR (WESTERGREN)				
E.S.R. - II HR.	25		mm II Hr.	Westergren

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Test	Result	Blo. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-iodOTHYRONINE (T3)	1.45	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	9.4	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	2.95	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

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USER NM DINESH

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Reporting Date : 14/01/2023
Sample ID : 87432
Bill/Req. No. : 24024270
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT				
TOTAL BILIRUBIN	0.3	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.2	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.1	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	22	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	31	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	136	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.7	6.4 - 8.0	g/dL	BIURET
ALBUMIN	3.9	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.8	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.39	1.1 - 2.2		CALCULATED

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Cert. No. MC - 4830



NABH
Cert. No. H-2016-0369

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MR No : 669776

Age/Sex : 51 Years / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 14/01/2023

Reporting Date : 14/01/2023

Sample ID : 87432

Bill/Req. No. : 24024270

Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
LIPID PROFILE				
TOTAL CHOLESTEROL	238	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	152	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	43	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	30	6 - 32	mg/dL	calculated
LDL	165	<i>H</i> 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	5.5	<i>H</i> 2.0 - 5.0	mg/dl	calculated

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 MR No : 669776
 Age/Sex : 51 Years / Male
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 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 14/01/2023
 Reporting Date : 16/01/2023
 Sample ID : 87432
 Bill/Req. No. : 24024270
 Ref Doctor : Dr.RMO

Test	Result	Blo. Ref. Interval	Units	Method
URINE C/S				
NAME OF SPECIMEN	URINE			Aerobic culture
ORGANISM IDENTIFIED	NO GROWTH SEEN IN CULTURE AFTER 48 HRS OF INCUBATION AT 37 C DEGREE.			

Method : .

Note : .

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DEPARTMENT OF RADIOLOGY

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Reg No	669776	Reported Date	: 14/01/2023	
Age/Sex	51 Years / Male	Req. No.	: 24024270	
Type	OPD	Consultant Doctor	: Dr. RMO	

X-RAY CHEST AP/PA

Right CP angle is obliterated? Right pleural thickening/ effusion.

Haziness seen in right mid and lower lung zone.

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.

Adv ct chest

To be correlated clinically



Dr. ANSHU K. SHARMA
MBBS, MD
CONSULTANT RADIOLOGIST

Dr. MANJEET SEHRAWAT
MBBS, MD, PDCC
CONSULTANT RADIOLOGIST


Dr. NEENA SIKKA
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Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Haryana

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DEPARTMENT OF RADIOLOGY

Cert. No. MC-4830 Cert. No. H-2016-0369

Patient Name	Mr MEENA HUKAM SINGH	Billed Date	: 14/01/2023	10.19 AM
Reg No	669776	Reported Date	: 14/01/2023	
Age/Sex	51 Years / Male	Req. No.	: 24024270	
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 12.5cm 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.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 8.9 cm 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.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 shape, size and echotexture. It measures 21 CC.

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

Dr.MANJEET SEHRAWAT
MBBS,MD,PDCC
CONSULTANT RADIOLOGIST

Dr. NEENA SIKKA
MBBS,DNB
CONSULTANT RADIOLOGIST



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

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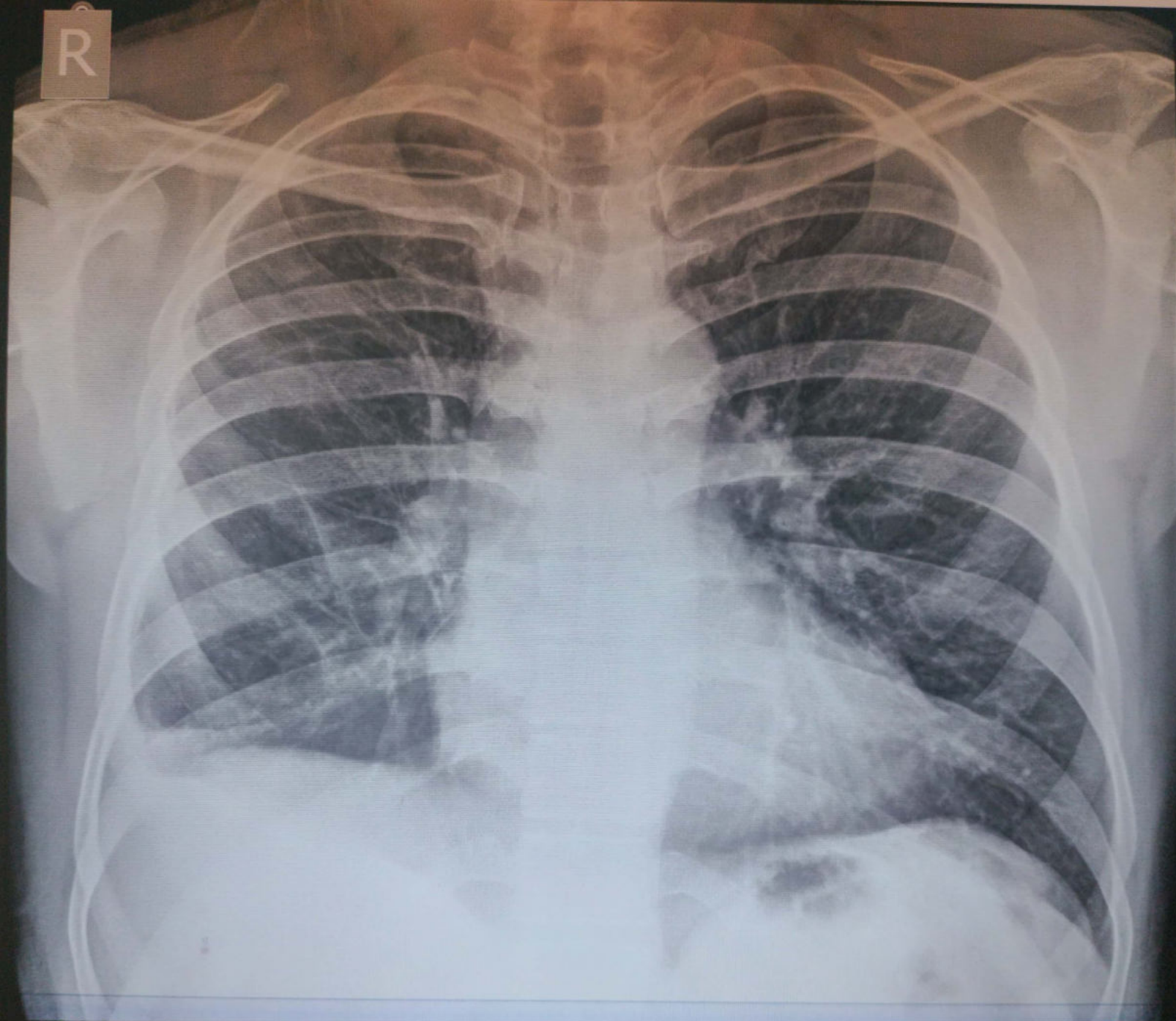
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MEENA HUKAM SINGH 51Y M M Chest PA REQ24024270 1/14/2023 11:12:35 AM
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