



Dental

Routine health checkup.

O/E:- Crown ut II
Stains ++. Calculus ++

Vitals :

Chief Complaints :

H/O Present Illness : Adv.

Scaling and Polishing.
Crown replacement ut II

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :





ENT

Nose — DNS to (AP)
Throat / Ear

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :

AP
24 | 02 | 24
PARK HOSPITAL
GURGAON

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

Refresh leaves erd



x 3mlbs



24/2/24



Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

Dermatology



Name - Jitender Yadav
Age - 31y/m

Vitals :

Chief Complaints :

Adv:-

ADZORB

H/O Present Illness :

DUSTING
POWDER

Past History :

✓—————✓

Investigation :

Drug Allergies : (if any)

- Rv cos

Treatment :



Gurgaon

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- West Delhi
- South Delhi
- Faridabad
- Panipat
- Karnal



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. JITENDER YADAV
MR No : 695697
Age/Sex : 31 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 24/02/2024
Reporting Date : 24/02/2024
Sample ID : 252419
Bill/Req. No. : 25253946
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	104	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 ARUN



NC - 4830

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

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Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR 2 HR. PP				
BLOOD SUGAR P.P.	97	80 - 150	mg/dl	

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



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DEPARTMENT OF PATHOLOGY

Patient Name : Mr. JITENDER YADAV
 MR No : 695697
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 TPA/Corporate : MEDIWHEEL PVT LTD

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 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERSTICS				
QUANTITY	30ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		Manual Method
TURBIDITY	Clear	clear		
SPECIFIC GRAVITY	1.030	1.000-1.030		urinometer
PH - URINE	6.5	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	/pf	
CRYSTALS	NIL	NIL	/hpf	
OTHER	NIL			
AMORPHOUS URINE	Absent			MicroScopy

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



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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. JITENDER YADAV
MR No : 695697
Age/Sex : 31 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 24/02/2024
Reporting Date : 24/02/2024
Sample ID : 252419
Bill/Req. No. : 25253946
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD GROUPING AND RH FACTOR				
BLOOD GROUP	"AB" RH POSITIVE			ABO/Rh (D) SLIDE

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



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Test	Result	Bio. Ref. Interval	Units	Method
ESR (WESTERGREN)				
E.S.R. - I HR.	16	0 - 20	mm/Hr.	Westergren

Note : 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 : Mr. JITENDER YADAV
MR No : 695697
Age/Sex : 31 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 24/02/2024
Reporting Date : 26/02/2024
Sample ID : 252419
Bill/Req. No. : 25253946
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 48HRS 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 patients of urine sample collection from catheter or patients with indwelling catheters, even a smaller count of bacteria may signify infection (10⁴ to 10⁵ cfu/ml). Kindly correlate clinically.

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



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DEPARTMENT OF IMMUNOLOGY

Patient Name : Mr. JITENDER YADAV
 MR No : 695697
 Age/Sex : 31 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 24/02/2024
 Reporting Date : 25/02/2024
 Sample ID : 252419
 Bill/Req. No. : 25253946
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-IODOTHYRONINE (T3)	0.85	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	7.6	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	7.38	H 0.5-5.50	µIU/ml	
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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 MR No : 695697
 Age/Sex : 31 Years / Male
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 TPA/Corporate : MEDIWHEEL PVT LTD

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Test	Result	Bio. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT				
TOTAL BILIRUBIN	0.9	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.4	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.5	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	66	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	116	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	107	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	7.0	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.3	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.7	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.59	1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM			

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DEPARTMENT OF BIOCHEMISTRY

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 Ref Doctor : Dr.RMO

Test	Result	Blo. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	26	10 - 45	mg/dL	MODIFIED JAFFES
SERUM CREATININE	1.1	0.4 - 1.4	mg/dL	URICASE
SERUM URIC ACID	8.2	<i>H</i> 2.5 - 7.0	mg/dL	ISE
SERUM SODIUM	140	135 - 150	mmol/L	ISE
SERUM POTASSIUM	3.9	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.7	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	2.9	2.5 - 4.5	mg/dL	AMMONIUM
SAMPLE TYPE:	SERUM			

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Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
LIPID PROFILE				
TOTAL CHOLESTEROL	260	<i>H</i> 0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	246	<i>H</i> 60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	52	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	49.2	<i>H</i> 6 - 32	mg/dL	calculated
LDL	158.8	<i>H</i> 50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	3.05	<i>H</i> 1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	5.0	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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DEPARTMENT OF IMMUNOLOGY

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MR No : 695697
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Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

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Reporting Date : 25/02/2024
Sample ID : 252419
Bill/Req. No. : 25253946
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
PSA TOTAL				
PROSTATE SPECIFIC ANTIGEN(PSA)	2.12	0.57 - 4.0	ng/ml	Chemiluminescence
Method : chemiluminescent immunoassay				

Note : Clinical Use: -

An aid in the early detection of Prostate cancer in Male. Follow up and assessment 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 level 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 related with clinical findings and results of other investigations.

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DEPARTMENT OF RADIOLOGY

Patient Name	Mr JITENDER YADAV	Billed Date	: 24/02/2024
Reg No	695697	Reported Date	: 24/02/2024
Age/Sex	31 Years / Male	Req. No.	: 25253946
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 enlarged in size (15.6cm) and shows raised echotexture. No evidence of any focal lesion. IHBR is not dilated.

GALL BLADDER :The gall bladder is partially distended.

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 (10.0 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 : Right kidney measures 8.2 x 4.1 cm. Left kidney measures 9.7 x 4.2 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.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- Hepatomegaly with grade I fatty liver.

To be correlated clinically

MS

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DEPARTMENT OF RADIOLOGY

Patient Name	Mr JITENDER YADAV	Billed Date	: 24/02/2024
Reg No	695697	Reported Date	: 24/02/2024
Age/Sex	31 Years / Male	Req. No.	: 25253946
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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Dr. NEENA SIKKA
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Vitals :

Chief Complaints :

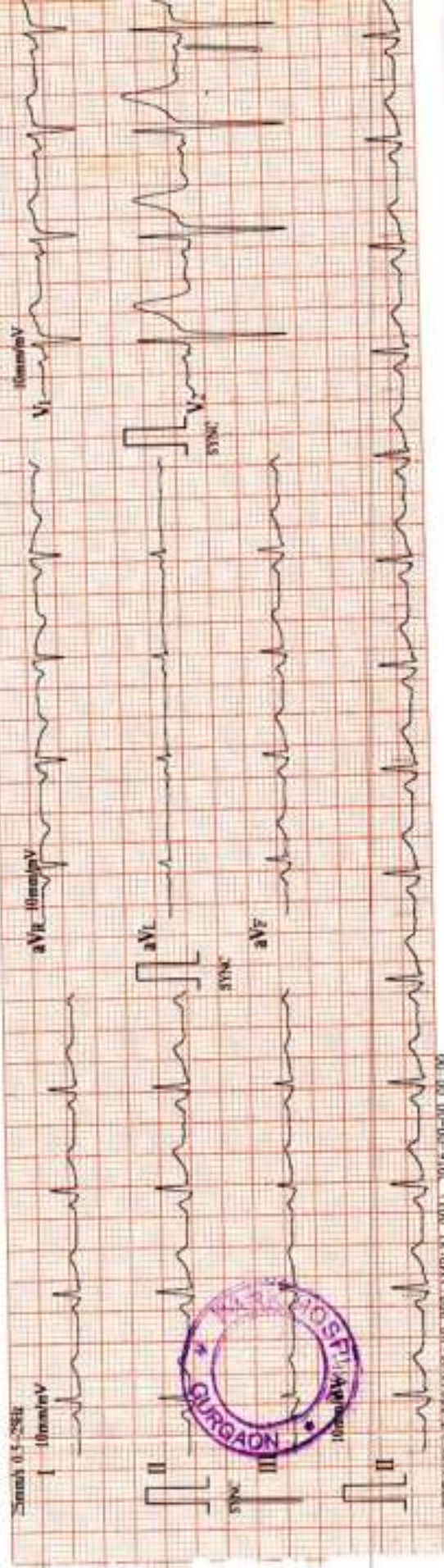
H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

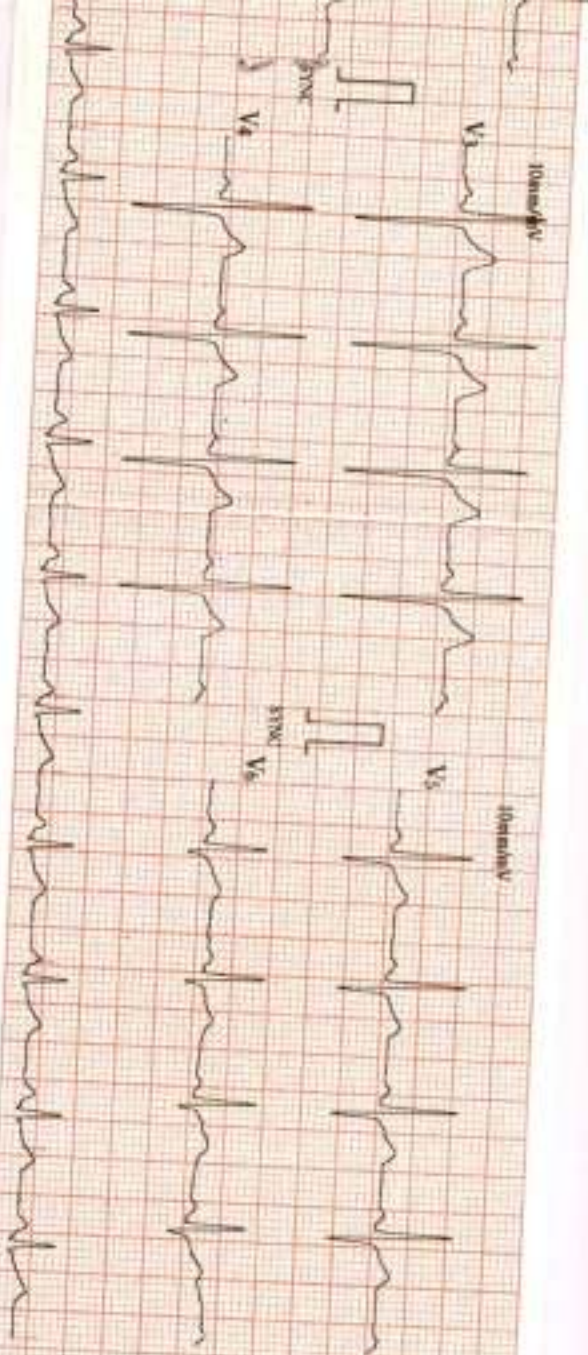
Treatment :



Gurgaon

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● West Delhi ● South Delhi ● Faridabad ● Panipat ● Karnal



ID: 0006
 Name: **Ditendery**
 Sex: **male**
 Age: **31 Year**
 24/2/29
 10:29Am
 HR: 88
 E/R: 670
 P/R: 128
 QRS: 100
 QT/QTc: 338/409
 P/QRS/T: 60/47/50
 AV/SA: 1-0/0/1-50ms
 AV/ST: 1-680
 ST: ST segment ECG T
 T: Abnormal ECG T
 Inconformed report verified by:



NAME	: MR. JITENDER YADAV	DATE	: 24 / 2 / 2024
Age Sex	: 31 Years / Male	Inpatient No	: 695697
PERFORMED BY	: Dr. SWATI SINGH	BILL NO.	: 25253946

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

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-2016-0269

(This is only professional opinion and not the diagnosis, please correlate clinically)
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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 : 3.6cm	(1.9-4.0cm)
LVIDd : 4.3cm	(3.7-5.6cm)	AORTA : 2.6cm	(2.0-3.7cm)
LVIDs : 3.6cm	(0.6-1.1cm)	IVSmotion :	Normal / Flat / Paradoxical
EF : 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.
- LVEF -60%
- NORMAL LV FUNCTION
- NO RWMA
- NO LVDD
- NO AR / NO MR / 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


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