



Sexual

Routine health checkup

Vitals :

Chief Complaints :

BP. 120/80

H/O Present Illness :

Pulse 71

SpO2 98%

Weight 81.4 kg

Past History :

O/E:- Carious wt 17, 18, 27
Stains ++ Calculus ++
Adv. Scaling & Polishing.
Restoration dent. 17, 18, 27

Investigation :

Drug Allergies : (if any)

Treatment :

L



BAT
→ Routine health check up.
BAT } NDC.

Vitals :

Chief Complaints :


H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :


09/04/24



Suenden Singh
43/m

DERMATOLOGY

9/14/24

No skin complaints/
lesions are present

Vitals :

Chief Complaints :

H/O Present Illness :

ly

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



MR Suresh Singh

43 y/M

Routine eye checkup

Vitals :

Chief Complaints :

MM → 6/6
unaided
6/6

MT → 16.3
18.3

H/O Present Illness :

Past History :

MM → NB
NB = glasses
NB

Investigation :

Drug Allergies : (if any)

Treatment :

Color vision - Normal (RE)

Fundus - P
Normal (RE)



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. SURENDER SINGH JOON

MR No : 698255

Age/Sex : 43 Years / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 09/04/2024

Reporting Date : 09/04/2024

Sample ID : 270059

Bill/Req. No. : 25279022

Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|----------------------------|--------|--------------------|-------|--------------|
| BLOOD SUGAR FASTING | | | | |
| PLASMA GLUCOSE FASTING | 98.8 | 60 - 110 | mg/dl | GOD TRINDERS |

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



Sample no.

Jay Prakash Singh
Dr. JAY PRAKASH SINGH
MBBS, MD (PATHOLOGY)

Dr. ISHA RASTOGI
MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST

USER NM GAURAV



MC - 4830

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

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|-------------------------------------|-------------|--------------------|-----------|-------------------------|
| URINE ROUTINE AND MICROSCOPY | | | | |
| PHYSICAL CHARACTERSTICS | | | | |
| QUANTITY | 30ml | 5 - 100 | ml | |
| COLOUR | Pale Yellow | Pale Yellow | | Manual Method |
| TURBIDITY | Clear | clear | | |
| SPECIFIC GRAVITY | 1.015 | 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 | 1-3 | 0-5 | cells/hpf | |
| CASTS | NIL | NIL | /lpf | |
| CRYSTALS | NIL | NIL | /Lpf | |
| OTHER | NIL | | | |
| AMORPHOUS URINE | Absent | | | MicroScopy |

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



Sample no.

[Signature]
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 CONSULTANT CLINICAL MICROBIOLOGIST



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DEPARTMENT OF HAEMATOLOGY

| | | | |
|------------------------|-------------------------|-------------------------|------------|
| Patient Name : | Mr. SURENDER SINGH JOON | Bill Date : | 09/04/2024 |
| MR No : | 698255 | Reporting Date : | 09/04/2024 |
| Age/Sex : | 43 Years / Male | Sample ID : | 270059 |
| Type : | OPD | Bill/Req. No. : | 25279022 |
| TPA/Corporate : | MEDIWHEEL PVT LTD | 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 *****



Sample no.

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DEPARTMENT OF MICROBIOLOGY

Patient Name : Mr. SURENDER SINGH JOON
MR No : 698255
Age/Sex : 43 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 09/04/2024
Reporting Date : 11/04/2024
Sample ID : 270059
Bill/Req. No. : 25279022
Ref Doctor : Dr.RMO

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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. SURENDER SINGH JOON
MR No : 698255
Age/Sex : 43 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 09/04/2024
Reporting Date : 10/04/2024
Sample ID : 270059
Bill/Req. No. : 25279022
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|------|--------|--------------------|-------|--------|
|------|--------|--------------------|-------|--------|

THYROID PROFILE

| | | | | |
|-----------------------------|-------|--------------|--------|-------------------|
| TRI-IODOTHYRONINE (T3) | 1.19 | 0.60 - 1.81 | ng/ml | Chemiluminescence |
| THYROXINE (T4) | 6.9 | 5.01 - 12.45 | µg/dL | Chemiluminescence |
| THYROID STIMULATING HORMONE | 2.74 | 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. SURENDER SINGH JOON

MR No : 698255

Age/Sex : 43 Years / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 09/04/2024

Reporting Date : 09/04/2024

Sample ID : 270059

Bill/Req. No. : 25279022

Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|------|--------|--------------------|-------|--------|
|------|--------|--------------------|-------|--------|

LFT (LIVER FUNCTION TEST)

| Test | Result | Bio. Ref. Interval | Units | Method |
|----------------------|--------|--------------------|-------|---------------|
| LFT | | | | |
| TOTAL BILIRUBIN | 0.62 | 0 - 1.2 | mg/dL | DIAZO |
| DIRECT BILIRUBIN | 0.31 | 0 - 0.4 | mg/dL | DIAZO |
| INDIRECT BILIRUBIN | 0.31 | 0.10 - 0.6 | mg/dL | CALCULATED |
| SGOT (AST) | 21.1 | 0 - 45 | U/L | IFCC WITHOUT |
| SGPT (ALT) | 38.0 | 0 - 45 | U/L | IFCC WITHOUT |
| ALKALINE PHOSPHATASE | 69.4 | 30 - 170 | IU/L | MODIFIED IFCC |
| TOTAL PROTEINS | 7.2 | 6.4 - 8.0 | g/dL | BIURET |
| ALBUMIN | 4.1 | 3.3 - 5.5 | g/dL | BCG DYE |
| GLOBULIN | 3.1 | 2.3 - 4.5 | g/dL | CALCULATED |
| A/G RATIO | 1.32 | 1.1 - 2.2 | | CALCULATED |

SAMPLE TYPE: SERUM

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



Sample no.

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Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. SURENDER SINGH JOON

MR No : 698255

Age/Sex : 43 Years / Male

Type : OPD

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| Test | Result | Bio. Ref. Interval | Units | Method |
|------|--------|--------------------|-------|--------|
|------|--------|--------------------|-------|--------|

KFT (RENAL PROFILE)

| Test | Result | Bio. Ref. Interval | Units | Method |
|------------------|--------|--------------------|--------|-----------------|
| SERUM UREA | 14.8 | 10 - 45 | mg/dL | |
| SERUM CREATININE | 0.9 | 0.4 - 1.4 | mg/dL | MODIFIED JAFFES |
| SERUM URIC ACID | 5.4 | 2.5 - 7.0 | mg/dL | URICASE |
| SERUM SODIUM | 139 | 135 - 150 | mmol/L | ISE |
| SERUM POTASSIUM | 3.9 | 3.5 - 5.5 | mmol/L | ISE |
| SERUM CALCIUM | 8.6 | 8.5 - 10.5 | mg/dL | ARSENAZO III |
| SERUM PHOSPHORUS | 3.3 | 2.5 - 4.5 | mg/dL | AMMONIUM |

SAMPLE TYPE: SERUM

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



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the health care providers

the health care providers



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. SURENDER SINGH JOON
MR No : 698255
Age/Sex : 43 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 09/04/2024
Reporting Date : 09/04/2024
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Bill/Req. No. : 25279022
Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|-----------------------------|--------------|--------------------|-------|---------------|
| LIPID PROFILE | | | | |
| TOTAL CHOLESTEROL | 177.8 | 0 - 250 | mg/dL | CHOD -Trinder |
| SERUM TRIGLYCERIDES | 201.1 | H 60 - 165 | mg/dl | GPO-TRINDER |
| HDL-CHOLESTEROL | 56.2 | 30 - 70 | mg/dl | DIRECT |
| VLDL CHOLESTEROL | 40.22 | H 6 - 32 | mg/dL | calculated |
| LDL | 81.38 | 50 - 135 | mg/dl | calculated |
| LDL CHOLESTEROL/HDL RATIO | 1.45 | 1.0 - 3.0 | mg/dL | calculated |
| TOTAL CHOLESTEROL/HDL RATIO | 3.16 | 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

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



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|--------------------------------|------------------------------|--------------------|-------|------------------|
| PSA TOTAL | | | | |
| PROSTATE SPECIFIC ANTIGEN(PSA) | 0.18 | L 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 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.

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



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DEPARTMENT OF RADIOLOGY

| | | | |
|--------------|------------------------|-------------------|--------------|
| Patient Name | Mr SURENDER SINGH JOON | Billed Date | : 09/04/2024 |
| Reg No | 698255 | Reported Date | : 09/04/2024 |
| Age/Sex | 43 Years / Male | Req. No. | : 25279022 |
| 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 mild enlarged in size (15.8cm) and shows raised 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 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 size, shape and echotexture.

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

IMPRESSION- Mild hepatomegaly with grade I fatty liver.

To be correlated clinically

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CONSULTANT RADIOLOGIST



Dr. MANJEET SEHRAWAT
MBBS, MD, PDCC
CONSULTANT RADIOLOGIST

ALISHA KHAN
MEDICAL TRANSCRIPTIONIST

Dr. NEENA SIKKA
MBBS, DNB
CONSULTANT RADIOLOGIST

RAJNISH SHARMA
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DEPARTMENT OF RADIOLOGY

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|--------------|------------------------|-------------------|--------------|
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| Reg No | 698255 | Reported Date | : 09/04/2024 |
| Age/Sex | 43 Years / Male | Req. No. | : 25279022 |
| 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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Vitals :

Chief Complaints :

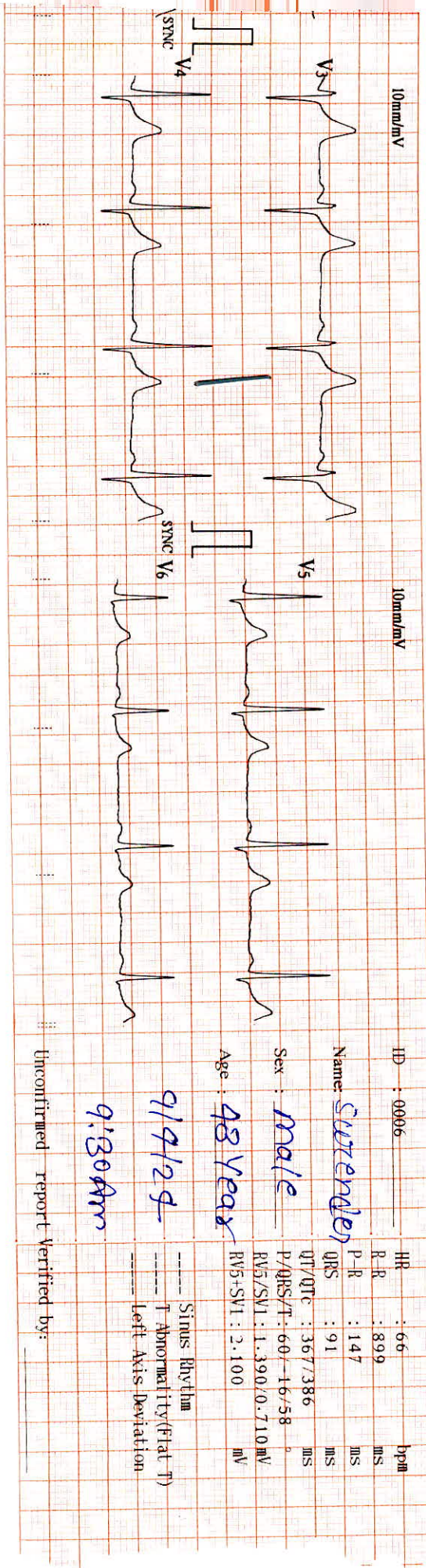
H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



25mm/s 0.5-25Hz

10mm/mV

10mm/mV

10mm/mV

I

aVR

II

aVL

III

SYNC

V1

V2

SYNC

V2

ECG-1202 LV2-0001.MUS-NO-0000/AMP:V1-001 2016-00-00 00:00