



Vitals :

BP - 108/73

PR - 79/min.

SPO₂ 98.1.

WT - 69.40 kg

Height - 173 cm

Chief Complaints :

Shortness of breath.

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



DENTAL

Vitals :

Chief Complaints :

H/O Present Illness : - New. Arrhythm

Past History : - Adv. IHR

Investigation :

Drug Allergies : (if any) - No worst $\frac{1}{2}$

Treatment :

Rx.

Vaulty Transipaste oo 17days.

↓



Routine ^{ENT} ENT check up.

Ear
Nose
Throat } NAD.

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :


11/05/24



11/5/24

Rajendra Tewari / 52 y m

Jaw²

Vitals :

Chief Complaints :

- EXCELO MAX
LOLON

H/O Present Illness :

↔

Past History :

- R/v eos.

Investigation :

Drug Allergies : (if any)

✓

Treatment :

venous
Doppler
(R) lower limb



Park Hospital

GROUP SUPER SPECIALITY HOSPITAL



Dr. Rajendra Tiwari

52 y/M

BS - Pseudo
2 years

Vitals :

Chief Complaints :

Routine eye checkup

H/O Present Illness :

uv } 6/6
6/6 P unadduct

met } 17.2

Past History :

uv } + 2.50
- + 2.50 Ds NG

Investigation :

Drug Allergies : (if any)

Treatment :

Colour vision -

Normal (BS)

fundus - Normal

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. RAJENDRA TIWARI
MR No : 700190
Age/Sex : 52 Years 5 Months 6 Days / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 11/05/2024
Reporting Date : 13/05/2024
Sample ID : 283199
Bill/Req. No. : 25298167
Ref Doctor : Dr.RMO

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

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 *****



Sample no.

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Dr. ISHA RASTOGI
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CONSULTANT CLINICAL MICROBIOLOGIST

USER NM ADITYA



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Page 1 of 1

PARK GROUP OF HOSPITALS : West Delhi - Gurugram - Faridabad - Sonipat - Panipat - Karnal - Ambala - Patiala - Behror - Jaipur



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. RAJENDRA TIWARI

MR No : 700190

Age/Sex : 52 Years 5 Months 6 Days / Male

Type : OPD

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| Test | Result | Bio. Ref. Interval | Units | Method |
|----------------------------|--------|--------------------|-------|---------|
| BLOOD SUGAR FASTING | | | | |
| PLASMA GLUCOSE FASTING | 108 | 60 - 110 | mg/dl | GOD TRI |

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



Sample no.



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DEPARTMENT OF BIOCHEMISTRY

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| Test | Result | Bio. Ref. Interval | Units | Method |
|-----------------------------|------------|--------------------|-------|--------|
| BLOOD SUGAR 2 HR. PP | | | | |
| BLOOD SUGAR P.P. | 260 | H 80 - 150 | mg/dl | |

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

Dr. JAY PRAKASH SINGH



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DEPARTMENT OF PATHOLOGY

Patient Name : Mr. RAJENDRA TIWARI
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| Test | Result | Bio. Ref. Interval | Units | Method |
|-------------------------------------|-------------|--------------------|-----------|-----------|
| URINE ROUTINE AND MICROSCOPY | | | | |
| PHYSICAL CHARACTERSTICS | | | | |
| QUANTITY | 40ml | 5 - 100 | ml | |
| COLOUR | Pale Yellow | Pale Yellow | | Manual M |
| TURBIDITY | Clear | clear | | |
| SPECIFIC GRAVITY | 1.015 | 1.000-1.030 | | urinomet |
| PH - URINE | 6.5 | 5.0 - 9.0 | | PH PAPI |
| CHEMICAL EXAMINATION-1 | | | | |
| UROBILINOGEN | Negative | NIL | | Ehrlich |
| URINE PROTEIN | Absent | NIL | mg/dl | Protein e |
| BLOOD | NIL | NIL | | |
| URINE BILIRUBIN | NIL | NIL | | |
| GLUCOSE | ++ | NIL | mg/dL | GOD-PC |
| URINE KETONE | NIL | NIL | | SOD. |
| MICRO.EXAMINATION | | | | |
| PUS CELL | 1-2 | 0-5 | cells/hpf | Microscop |
| 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 | | | MicroSc |

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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. RAJENDRA TIWARI

MR No : 700190

Age/Sex : 52 Years 5 Months 6 Days / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 11/05/2024

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Sample ID : 283199

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Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|-------------------------------------|-------------------|--------------------|-------|----------|
| BLOOD GROUPING AND RH FACTOR | | | | |
| BLOOD GROUP | " B " RH POSITIVE | | | ABO/Rh (|

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



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| Test | Result | | Bio. Ref. Interval | Units | Method |
|------------------------------|------------------|---|--------------------|-------------------|---------|
| CBC | | | | | |
| HAEMOGLOBIN | 11.6 | L | 12 - 16 | gm/dL | COLORI |
| TOTAL LEUCOCYTE COUNT | 4410 | | 4000-11000 | / μ L | LASER I |
| DIFFERENTIAL COUNT | | | | | |
| NEUTROPHILS | 65 | | 40.0 - 70.0 | % | FLOW C |
| LYMPHOCYTES | 25 | | 20.0 - 40.0 | % | FLOW C |
| MONOCYTES | 08 | | 3.0 - 8.0 | % | FLOW C |
| EOSINOPHILS | 02 | | 0.5 - 5.0 | % | FLOW C |
| BASOPHILS | 00 | | 0.0 - 2.0 | % | FLOW C |
| RED BLOOD CELL COUNT | 4.5 | | 3.5 - 5.5 | millions/ μ L | ELECTR |
| PACKED CELL VOLUME | 39.7 | | 35.0 - 50.0 | % | ELECTR |
| MEAN CORPUSCULAR VOLUME | 88.0 | | 83 - 101 | fL | ELECTR |
| MEAN CORPUSCULAR HAEMOGLOBIN | 25.7 | L | 27 - 31 | Picogrames | CALCUL |
| MEAN CORPUSCULAR HB CONC | 29.2 | L | 33 - 37 | g/dl | CALCUL |
| PLATELET COUNT | 185 | | 150 - 450 | thou/ μ L | ELECTR |
| RDW | 14.3 | | 11.6 - 14.5 | % | CALCUL |
| SAMPLE TYPE FOR C.B.C | Whole Blood EDTA | | | | |

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



Sample no.



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| Test | Result | Bio. Ref. Interval | Units | Method |
|---------------------------------|-----------|--------------------|--------|------------|
| ESR (WESTERGREN) | | | | |
| E.S.R .1ST HRS. | 24 | H 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 *****



MC - 4830

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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 c |

Method :

Note : URINE CULTURE :

Presence of >105 cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptom compromised or diabetic patients & patients with indwelling catheters, even a smaller count of bacteria may signify in (10000cfu/ml). Kindly correlate clinically.

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



Sample no.



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PARK GROUP OF HOSPITALS : West Delhi - Gurugram - Faridabad - Sonipat - Panipat - Karnal - Ambala - Patiala - Behror - Jaipur



DEPARTMENT OF IMMUNOLOGY

Patient Name : Mr. RAJENDRA TIWARI
MR No : 700190
Age/Sex : 52 Years 5 Months 6 Days / Male
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| Test | Result | Bio. Ref. Interval | Units | Method |
|------|--------|--------------------|-------|--------|
|------|--------|--------------------|-------|--------|

THYROID PROFILE

| | | | | |
|-----------------------------|-------|--------------|--------|----------|
| TRI-IODOETHYRONINE (T3) | 1.33 | 0.60 - 1.81 | ng/ml | Chemilum |
| THYROXINE (T4) | 8.5 | 5.01 - 12.45 | µg/dL | Chemilum |
| THYROID STIMULATING HORMONE | 1.33 | 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 used 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 depression 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 practice.

Note: Please correlate with clinical condition

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



Sample no.



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DEPARTMENT OF BIOCHEMISTRY

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 Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|----------------------------------|------------|--------------------|-------|----------|
| LFT (LIVER FUNCTION TEST) | | | | |
| LFT | | | | |
| TOTAL BILIRUBIN | 0.4 | 0 - 1.2 | mg/dL | DIAZO |
| DIRECT BILIRUBIN | 0.1 | 0 - 0.4 | mg/dL | DIAZO |
| INDIRECT BILIRUBIN | 0.3 | 0.10 - 0.6 | mg/dL | CALCULA |
| SGOT (AST) | 24 | 0 - 45 | U/L | IFCC WIT |
| SGPT (ALT) | 20 | 0 - 45 | U/L | IFCC WIT |
| ALKALINE PHOSPHATASE | 76 | 30 - 170 | IU/L | MODIFIE |
| TOTAL PROTEINS | 6.3 | L 6.4 - 8.0 | g/dL | BIURET |
| ALBUMIN | 4.2 | 3.3 - 5.5 | g/dL | BCG DYE |
| GLOBULIN | 2.1 | L 2.3 - 4.5 | g/dL | CALCULA |
| A/G RATIO | 2.0 | 1.1 - 2.2 | | CALCULA |
| SAMPLE TYPE: | SERUM | | | |

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



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DEPARTMENT OF BIOCHEMISTRY

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| Test | Result | Bio. Ref. Interval | Units | Method |
|----------------------------|--------|--------------------|--------|----------|
| KFT (RENAL PROFILE) | | | | |
| KFT | | | | |
| SERUM UREA | 21 | 10 - 45 | mg/dL | |
| SERUM CREATININE | 0.9 | 0.4 - 1.4 | mg/dL | MODIFIED |
| SERUM URIC ACID | 3.5 | 2.5 - 7.0 | mg/dL | URICASE |
| SERUM SODIUM | 138 | 135 - 150 | mmol/L | ISE |
| SERUM POTASSIUM | 3.5 | 3.5 - 5.5 | mmol/L | ISE |
| SERUM CALCIUM | 8.5 | 8.5 - 10.5 | mg/dL | ARSENAL |
| SERUM PHOSPHORUS | 3.3 | 2.5 - 4.5 | mg/dL | AMMONI |
| SAMPLE TYPE: | SERUM | | | |

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



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|-----------------------------|-------------|--------------------|-------|------------|
| LIPID PROFILE | | | | |
| LIPID PROFILE | | | | |
| TOTAL CHOLESTEROL | 132 | 0 - 250 | mg/dL | CHOD - T |
| SERUM TRIGLYCERIDES | 86 | 60 - 165 | mg/dl | GPO-TRI |
| HDL-CHOLESTEROL | 35 | 30 - 70 | mg/dl | DIRECT |
| VLDL CHOLESTEROL | 17.2 | 6 - 32 | mg/dL | calculated |
| LDL | 79.8 | 50 - 135 | mg/dl | calculated |
| LDL CHOLESTEROL/HDL RATIO | 2.28 | L 1.0 - 3.0 | mg/dL | calculated |
| TOTAL CHOLESTEROL/HDL RATIO | 3.77 | 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) | 0.51 | L 0.57 - 4.0 | ng/ml | Chemiluminescent immunoassay |
| 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 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. Results may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein aggregates regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values related with clinical findings and results of other investigations.

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



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(This is only professional opinion and not the diagnosis, please correlate clinically)
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PARK GROUP OF HOSPITALS : West Delhi - Gurugram - Faridabad - Sonipat - Panipat - Karnal - Ambala - Patiala - Behror - Jaipur



DEPARTMENT OF RADIOLOGY

| | | | |
|--------------|--------------------------------|-------------------|--------------|
| Patient Name | Mr RAJENDRA TIWARI | Billed Date | : 11/05/2024 |
| Reg No | 700190 | Reported Date | : 11/05/2024 |
| Age/Sex | 52 Years 5 Months 6Days / Male | Req. No. | : 25298167 |
| 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 (14.8cm), shape 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 (10.2cm) 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 11.1 x 4.5 cm. Left kidney measures 10.6 x 5.3 cm. The bilateral kidneys are normal in size and echotexture. Cortico-medullary differentiation is maintained.There is no evidence of obvious calculus.

Left kidney shows prominent renal pelvis.

URINARY BLADDER :The urinary bladder is well distended and shows mildly thickened irregular wall.

PROSTATE: Prostate appears enlarged in size (volume 51 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.

A defect of size 21 mm is seen in abdominal wall in umbilical region with herniation of omentum fat.

IMPRESSION-

- Grade I fatty liver.
 - Prominent left renal pelvis.
 - Changes of cystitis with prostatomegaly.
 - Umbilical hernia.
- Advice: NCCT KUB

To be correlated clinically

Dr.ANSHU K.SHARMA
MBBS,MD
CONSULTANT RADIOLOGIST

Cert. No. H-2016-0369

Dr.MANJEET SEHRAWAT
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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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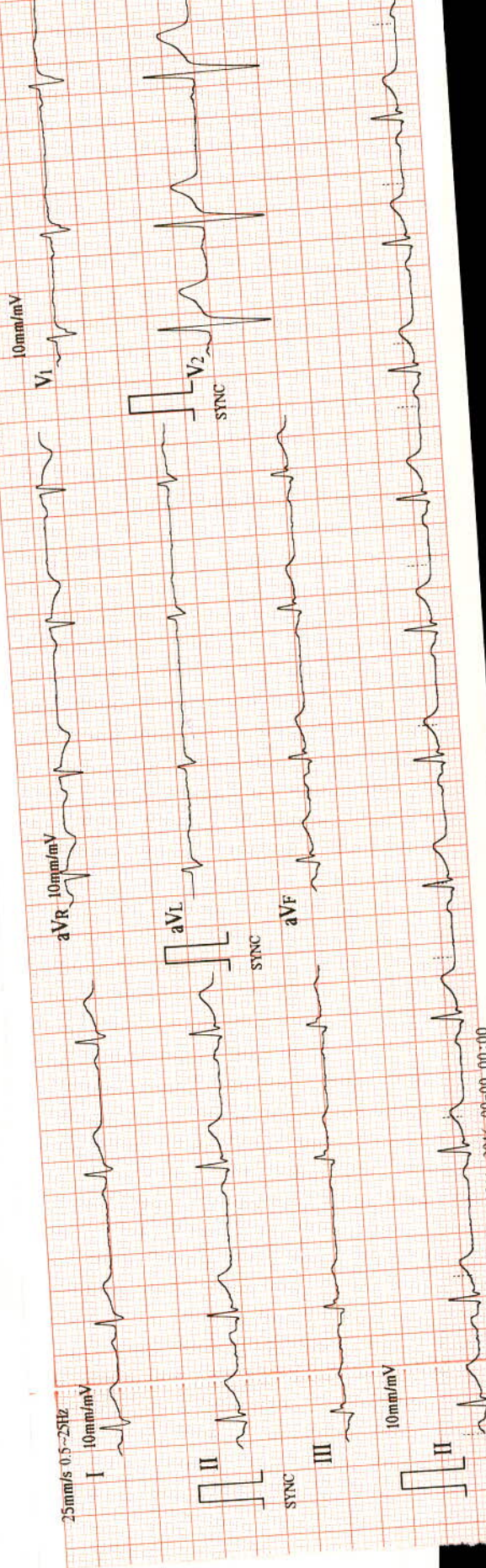
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1504
G. B. M.



11/5/24 Time: 9:30pm

ID : 0006

HR : 74 bpm
R-R : 803 ms
P-R : 155 ms
QRS : 106 ms
QT/QTc : 352/392 ms
P/QRS/T : 46/68/47 °

Name: *Kajanting Hudson*
Sex : *male*

Age : *52y*
RV5/SV1 : 0.970/0.380 mV
RV5+SV1 : 1.350 mV

----- PAC-Premature Atrial Contraction
----- Sinus Rhythm

Unconfirmed report Verified by:

