



Ms. Mitika

32 y/f

694137

Vitals :

Chief Complaints :

vin { 6/6
 6/6 unaided

met { 16
 15

B.P - 115/80

Pulse - 64

Height -

Weight - 55.8 kg

H/O Present Illness :

NV { MB
 MB

Past History :

Investigation :

Drug Allergies : (if any)

Colour vision - Abnormal (ISE)

Treatment :

Fundus - Normal





27/1/24

DERMATOLOGY

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :

Adv:-

- UV Doux mineral
sunscreen

8am - 12pm

- Trudema
Absenti radiance
serum

(YA) M ——— E
2 MONTH

- T. LIMCEE 500mg
Once daily
2 15 days

R/v sos



Gurgaon

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E-mail : parkmedicenters@gmail.com

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



ENT

Ear
Nose
Throat } N/A.

Hearing with in normal limit

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



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Dental.

C/O:- Routine health checkup

Vitals :

Chief Complaints : O/E: Carious wt 28, 38, 36, 46
Plaque +, Stains ++

H/O Present illness : Adv. Scaling and Polishing,
Restoration wt 28, 38, 36, 46

Past History :

Investigation : Drug Allergies : (if any)

Treatment :

[Handwritten signature]



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NIKITA 32yrs/f

27/01/2020

Vitals :

Chief Complaints :

PILI a paco NAD

MI-07/01/2020
cycles 4-5/24-26d
no flow

H/O Present Illness :

Became - NAD

Past History :

P/A - soft

PI - 1yr of
NAD,
A & H

Investigation :

Drug Allergies : (if any)

P/S - Co hypothyroidism
Eczema
Co bleed on touch

No H/O major
weakness

Treatment :

P/O -
Uterus NS
AIO
BK formic acid
No formic acid
tablets

Illness,
surgery

Rx

Ix
PAPS
taken

①

TAB ZENTOX
200mg twice daily
After meals x 7 days
or

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(2) TAB PAINTOP HOME ENTRY
SEMINAR IN MORNING &
7 DAYS 0

(3) CAPABILITY OF PESSADY FOR UACINAK
JUSTIFICATION ARE BED TIME
& SINGLES 0

Revised after 1 week

2018



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Miss. NIKITA
 MR No : 694137
 Age/Sex : 32 Years / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 27/01/2024
 Sample ID : 240894
 Bill/Req. No. : 25237978
 Ref Doctor : Dr. RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	87	60 - 110	mg/dl	GOD TRINDERS

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



Sample no.

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

Dr. ISHA RASTOGI
 MD, MBBS MICROBIOLOGY
 CONSULTANT CLINICAL MICROBIOLOGIST



USER NM AMIT1



MC - 433

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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Miss, NIKITA
 MR No : 694137
 Age/Sex : 32 Years / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 27/01/2024
 Sample ID : 240894
 Bill/Req. No. : 25237976
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR 2 HR. PP				
BLOOD SUGAR P.P.	102	80 - 150	mg/dl	

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



Sample no.

Ray

Dr. JAY PRAKASH SINGH
 MBBS, MD (PATHOLOGY)

Dr. JSHA RASTOGI
 MD, MBBS MICROBIOLOGY
 CONSULTANT CLINICAL MICROBIOLOGIST



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RAMKISHAN



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

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DEPARTMENT OF PATHOLOGY

Patient Name : Miss. NIKITA
 MR No : 694137
 Age/Sex : 32 Years / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 27/01/2024
 Sample ID : 240894
 Bill/Req. No. : 25237976
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERISTICS				
QUANTITY	30ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		
TURBIDITY	Clear	clear		Manual Method
SPECIFIC GRAVITY	1.015	1.000-1.030		
PH - URINE	6.5	5.0 - 9.0		urinometer PH PAPER
CHEMICAL EXAMINATION-1				
UROBILINOGEN	Negative	NIL		
URINE PROTEIN	Absent	NIL		Ehrlich
BLOOD	NIL	NIL	mg/dl	Protein error indicator
URINE BILIRUBIN	NIL	NIL		
GLUCOSE	NIL	NIL		
URINE KETONE	NIL	NIL	mg/dL	GOD-POD/Benedicts SOD.
MICRO EXAMINATION				
PUS CELL	2-4	0-5		
RED BLOOD CELLS	Nil	0-2	cells/hpf	Microscopic
EPITHELIAL CELLS	1-2	0-5	cells/hpf	
CASTS	NIL	NIL	cells/hpf	
CRYSTALS	NIL	NIL	/pf	
OTHER	NIL	NIL	/hpf	
AMORPHOUS URINE	Absent			MicroScopy

***** 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



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DEPARTMENT OF HAEMATOLOGY

Patient Name : Miss. NIKITA
MR No : 894137
Age/Sex : 32 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
Reporting Date : 27/01/2024
Sample ID : 240894
Bill/Req. No. : 25237976
Ref Doctor : Dr.RMO

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

BLOOD GROUP	* A * RH POSITIVE			ABO/Rh (D) SLIDE
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***** END OF THE REPORT *****



Sample no.

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

Dr. ISHA RASTOGI
MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST



USER NM GURGAON
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DEPARTMENT OF HAEMATOLOGY

Patient Name : Miss. NIKITA
 MR No : 694137
 Age/Sex : 32 Years / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
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Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	12.5			
TOTAL LEUCOCYTE COUNT	6370	12 - 15	gm/dL	COLORIMETRY
DIFFERENTIAL COUNT		4000-11000	/ μ L	LASER FLOW
NEUTROPHILS	55			
LYMPHOCYTES	36	40.0 - 70.0	%	FLOW CYTOMETRY
MONOCYTES	07	20.0 - 40.0	%	FLOW CYTOMETRY
EOSINOPHILS	02	3.0 - 8.0	%	FLOW CYTOMETRY
BASOPHILS	00	0.5 - 5.0	%	FLOW CYTOMETRY
		0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	5.5			
PACKED CELL VOLUME	40.9	3.5 - 5.5	millions/ μ L	ELECTRICAL
MEAN CORPUSCULAR VOLUME	74.4	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	22.7	L 83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HB CONC	30.6	L 27 - 31	Picogrammes	CALCULATED
PLATELET COUNT	301	L 33 - 37	g/dl	CALCULATED
RDW	14.1	150 - 450	thou/ μ L	ELECTRICAL
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA	11.6 - 14.5	%	CALCULATED

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



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 MD, MBBS MICROBIOLOGY
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USER:AM AMIT1



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DEPARTMENT OF HAEMATOLOGY

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 MR No : 694137
 Age/Sex : 32 Years / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 27/01/2024
 Sample ID : 240894
 Bill/Req. No. : 25237976
 Ref Doctor : Dr.RMD

Test	Result	Bio. Ref. Interval	Units	Method
ESR (WESTERGREN)				
E.S.R. - 1 HR. SPECIMEN TYPE	12 WHOLE BLOOD-EDTA	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

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



Sample no.

pan

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 MBBS, MD (PATHOLOGY)

Dr. ISHA RASTOGI
 MD, MBBS MICROBIOLOGY
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DEPARTMENT OF MICROBIOLOGY

Patient Name : Miss. NIKITA
 MR No : 694137
 Age/Sex : 32 Years / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 29/01/2024
 Sample ID : 240894
 Bill/Req. No. : 25237976
 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 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 or urine sample collection from catheter or 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.

Dr. JAY PRAKASH SINGH
 MBBS, MD (PATHOLOGY)

Dr. ISHA RASTOGI
 MD, MBBS MICROBIOLOGY
 CONSULTANT CLINICAL MICROBIOLOGIST



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MC-4831

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DEPARTMENT OF IMMUNOLOGY

Patient Name : Miss, NIKITA
 MR No : 694137
 Age/Sex : 32 Years / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 27/01/2024
 Sample ID : 240894
 Bill/Req. No. : 25237976
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-IODOOTHYRONINE (T3)	1.22	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	10.4	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	2.77	0.5-5.50	µIU/ml	Chemiluminescence
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 *****



Sample no.

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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Miss. NIKITA
 MR No : 694137
 Age/Sex : 32 Years / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 27/01/2024
 Sample ID : 240894
 Bill/Req. No. : 25237976
 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	0.2	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.2	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	23	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	17	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	83	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	7.1	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.2	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN -	2.9	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.45	1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM			

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



Sample no.

Jay
 Dr. JAY PRAKASH SINGH
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Dr. JISHA RASTOGI
 MD, MBBS MICROBIOLOGY
 CONSULTANT CLINICAL MICROBIOLOGIST

USER NM AMIT1



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



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Miss. NIKITA
 MR No : 694137
 Age/Sex : 32 Years / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 27/01/2024
 Sample ID : 240894
 Bill/Req. No. : 25237976
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	17	10 - 45		
SERUM CREATININE	0.5	0.4 - 1.4	mg/dL	UREASE-GLDH
SERUM URIC ACID	3.3	2.5 - 7.0	mg/dL	MODIFIED JAFFES
SERUM SODIUM	138	135 - 150	mg/dL	URICASE
SERUM POTASSIUM	3.9	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.3	8.5 - 10.5	mmol/L	ISE
SERUM PHOSPHORUS	3.4	2.5 - 4.5	mg/dL	ARSENazo III
			mg/dL	AMMONIUM
SAMPLE TYPE:	SERUM			

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



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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Miss. NIKITA
 MR No : 694137
 Age/Sex : 32 Years / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 27/01/2024
 Sample ID : 240694
 Bill/Req. No. : 25237976
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
TOTAL CHOLESTEROL	147	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	84	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	39	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	16.8	6 - 32	mg/dL	calculated
LDL	91.2	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.34	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 *****



Sample no.

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

Name : Ms.NIKITA 25237976
Age/Gender : 32 Y(s) /Female
Reg No : 270124515
Lab ID No : KP0432827
Sample ID : 220353850
Sample Type :



Location : KPL A43
Registered On : 27-01-2024 17:44
Collected On : 27-01-2024 17:44
Reported On : 29-01-2024 16:19
Referred By : PARK HOSPITAL
Client Name : PARK HOSPITAL GUR
Reference No :

Test	Result	Unit	Reference Range
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CYTOPATHOLOGY NO.: C-151/24

SPECIMEN SUBMITTED: 2 Conventional cervical smears.

SPECIMEN ADEQUACY: Satisfactory for evaluation; Endocervical /transformation zone component present.

MICROSCOPIC EXAMINATION:

Squamous cell population:

Superficial – Present.

Intermediate – Present.

Inflammation – Severe.

Atypical cells – Not present.

Background bacterial flora – Maintained.

INTERPRETATION:

- Negative for squamous intraepithelial lesion or malignancy.

- Inflammation with associated reactive cellular changes.

ADVICE: Kindly repeat 6 weeks after antibiotic treatment.



Print Date :

Page 1 of 2



ON PANEL : C.G.H.S., D.G.E.H.S., ECHS, B.H.E.L, INDIAN RAILWAY, E.S.I, NDMC, DELHI JAL BOARD, ONGC, NTPC, SAIL, NIFT

1. All reports are for interpretation by the treating doctor only and have to be viewed and correlated with clinical examination and other investigations. 2. All investigations have their limitation which is imposed by the limits to sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. 3. If the result (x) of tests are alarming or unexpected the doctor is advised to contact the lab immediately for needful and necessary action.
This Report is not subject to use for any medico-legal purpose

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A-43, HAUZ KHAS (Near HAUZ KHAS Police Stn.), New Delhi - 16, C.S. Rana Complex, I block, Sector 22, Noida (UP)
Email : info@pathcareindia.com Website : www.pathcareindia.com



Name : **Ms.NIKITA 25237976**
Age/Gender : **32 Y(s) /Female**
Reg No : 270124515
Lab ID No : KP0432827
Sample ID : 220353850
Sample Type : Serum



Location : KPL A43
Registered On : 27-01-2024 17:44
Collected On : **27-01-2024 17:44**
Reported On : **29-01-2024 16:19**
Referred By : PARK HOSPITAL
Client Name : PARK HOSPITAL GUR
Reference No :

COMMENT:

1. The smears are reported using the Bethesda system (2014) for reporting cervical cytology.
2. Cervical cytology is a screening test primarily for squamous cancer and its precursors and has associated false-negative and false-positive results. Technologies such as liquid-based preparations may decrease but will not eliminate all false negative results. Follow-up of unexplained clinical signs and symptoms is recommended to minimize false-negative results.
3. In patients with squamous or glandular intraepithelial abnormalities, further diagnostic follow-up procedures, such as HPV testing, colposcopy / biopsy with endocervical sampling are suggested, as clinically indicated.

**** End Of The Report ****



Preeti

Dr.Preeti
M.D. DNB. (Pathology)
Consultant Pathologist
DMC/R/10909



Print Date : 30-01-2024 13:15

Page 2 of 2

ON PANEL : C.G.H.S., D.G.E.H.S., ECHS, B.H.E.L, INDIAN RAILWAY, E.S.I., NDMC, DELHI JAL BOARD, ONGC, NTPC, SAIL, NIFT

1. All reports are for interpretation by the treating doctor only and have to be viewed and correlated with clinical examination and other investigations. 2. All investigations have their limitation which is imposed by the limits to sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. 3. If the result (O) of tests are alarming or unexpected the doctor is advised to contact the lab immediately for retest and necessary action.
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A-43, Hauz Khas (Near Hauz Khas Police Stn.), New Delhi - 16, C.S. Rana Complex, I block, Sector 22, Noida (UP)
Email : info@pathcareindia.com Website : www.pathcareindia.com





NAME	: MISS. NIKITA	DATE	: 27 / 1 / 2024
Age Sex	: 32 Years / Female	Inpatient No	: 694137
PERFORMED BY	: Dr. SACHIN BANSAL	UHID	: 25237976

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 / Trivial

TRICUSPID VALVE

Morphology Normal / Atresia / Thickening / Calcification / Prolapse / Vegetation / Doming.

Doppler Normal / Abnormal

Tricuspid Stenosis : Present / Absent.

Tricuspid Regurgitation; Absent / Normal / Mild / Trace / Moderate / Severe.

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



Cont. No. 14-2010-0388

(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 : 2.8cm	(1.9-4.0cm)
LVID : 4.5cm	(3.7-5.6cm)	LVOT : 1.3cm	
LVPW : 0.7m	(0.6-1.1cm)	AORTA : 2.5cm	(2.0-3.7cm)
EF : 60%	(55% - 80%)	IVSmotion :	Normal / Flat / Paradoxical
Any Other			

CHAMBERS:-

- LV** Normal / Enlarged / Clear / Thrombus / Contraction Normal LV shows concentric LVH, no gradient across LVOT /Intic / Intra capillary Regional wall motion abnormality: Absent / Present
- LA** Normal /Enlarged / Clear /Thrombus / Myxoma; LAA: Clear / Thrombus
- RA** Normal / Clear / Thrombus, Dilated.
- RV** Normal / Enlarged / Clear / Thrombus / Hypertrophied/ Dilated.
- PERICARDIUM** Normal / Thickening / Calcification / Effusion.

COMMENTS & SUMMARY:-

- All cardiac chambers dimensions are with in normal limits.
- Global LVEF - 60%
- No RWMA
- NORMAL LV FUNCTION
- NO MR / NO AR / NO TR
- GOOD RV FUNCTION
- No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

Please correlate clinically


Dr. SACHIN BANSAL
 M.D.(Medicine)
 D.M (Cardiology)



Cont. No. H-2016-0388

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the health care providers

the health care providers



DEPARTMENT OF RADIOLOGY

Patient Name	Miss NIKITA	Billed Date	: 27/01/2024
Reg No	694137	Reported Date	: 27/01/2024
Age/Sex	32 Years / Female	Req. No.	: 25237976
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 11.6cm 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 8.5cm 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 : A small cortical cyst of size 8mm seen at upper pole of right kidney. Tiny concretion of size 3mm seen at mid pole of left kidney.

The bilateral kidneys are normal in size and echotexture. Cortico-medullary differentiation is maintained. There is no evidence of obvious 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.

UTERUS : The uterus is anteverted. It measures 7.5x4.2x2.8__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 _6_mm.

The ovaries on either side show normal echotexture.

Right ovary measures : 2.1x1.8cm.

Left ovary measures : 1.9x1.5cm.

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No adnexal mass is seen.No cyst is seen in ovaries.



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No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

IMPRESSION- Small right renal cortical cyst

Left renal tiny concretion

To be correlated clinically.

Dr.ANSHU KESHARMA
MBBS,MD
CONSULTANT RADIOLOGIST

Cert. No. W-2016-0288

Dr.MANJEET SEHRAWAT
MBBS,MD,PDCC
CONSULTANT RADIOLOGIST

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

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



Dr. NEENA SIKKA
MBBS,DNB
CONSULTANT RADIOLOGIST

Ph.: 0124-4900000 (100 Lines), Toll Free No. : 1800-102-6767, Mob.: 62 62 82 82 35, Email: customercare@parkhospital.in

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DEPARTMENT OF RADIOLOGY

Patient Name	Miss NIKITA	Billed Date	27/01/2024
Reg No	694137	Reported Date	27/01/2024
Age/Sex	32 Years / Female	Req. No.	25237976
Type	OPD	Consultant Doctor	Dr. RMO

X-RAY CHEST AP/PA

X-RAY CHEST P.A. VIEW

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


 Dr. ANSHU K. SHARMA
 MBBS, MD
 CONSULTANT RADIOLOGIST



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 MBBS, MD, PDCC
 CONSULTANT RADIOLOGIST

Dr. NEENA SIKKA
 MBBS, DNB
 CONSULTANT RADIOLOGIST



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27/10/24 Time: 9:50am

ID: 0002

HR: 77 bpm

R-R: 77 ms

P-R: 132 ms

QRS: 80 ms

QT/QTc: 363/411 ms

P/QRS/T: 81/74/53

RV5/SVI: 1.110.0.790 mV

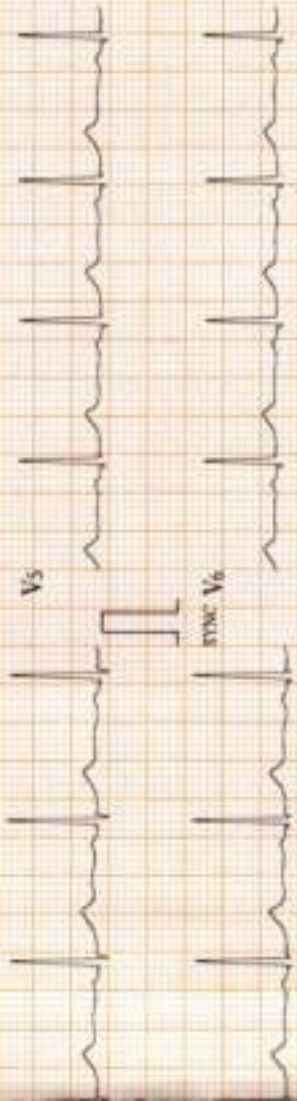
RV5+SVI: 1.900 mV

Name: Nikkita

Sex: female

Age: 32y

10mm/mV



----- Sinus Rhythm

----- T Abnormality (Flat T)

Unconfirmed report verified by:

