



Raj Kumar / 54 / m

29/11/24
Avoid
Quercy

?SD

Vitals :

Chief Complaints :

BP - 120/70 mmHg
Weight - 58.7 kg
Height - 167 cm

H/O Present Illness :

Past History :

N/K

Investigation :

Drug Allergies : (if any)

N/K

Treatment :

Advr

→ Saldan Shampoo
weekly twice
x 4 weeks

- ONABET SD
solution

(7/5) — (2)
x 10 days

- T. ZINCovit
Once daily

x 10 days
Ryo 80s / 10 days

[Signature]



Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



c/c:- Routine health checkup

Vitals :

Chief Complaints :

O/E: Grade II mobility ut 31
Stains + Calculus +
Cavious ut 14

H/O Present Illness :

Adv. Extraction ut 31

Past History :

Scaling and Polishing
Restoration ut 14.

Investigation :

Drug Allergies : (if any)

Treatment :

L



ENT



ENT
Ear
Nose
Throat } N/A.

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. RAJ KUMAR DHANKHAR
MR No : 694242
Age/Sex : 54 Years 10 Months 20 Days / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 29/01/2024
Reporting Date : 29/01/2024
Sample ID : 241638
Bill/Req. No. : 25238908
Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|----------------------------|--------|--------------------|-------|--------------|
| BLOOD SUGAR FASTING | | | | |
| PLASMA GLUCOSE FASTING | 133 | H 60 - 110 | mg/dl | GOD TRINDERS |

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



Sample no.

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

Dr. ISHA RASTOGI
MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST

USER NM AMIT1



MC - 4830

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



DEPARTMENT OF PATHOLOGY

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| 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 | 1.010 | 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 | 0-1 | 0-5 | cells/hpf | Microscopic |
| RED BLOOD CELLS | Nil | 0-2 | cells/hpf | |
| EPITHELIAL CELLS | 1-2 | 0-5 | cells/hpf | |
| CASTS | NIL | NIL | /lpf | |
| CRYSTALS | NIL | NIL | /hpf | |
| OTHER | NIL | | | |
| AMORPHOUS URINE | Absent | | | MicroScopy |

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



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DEPARTMENT OF HAEMATOLOGY

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|-------------------------------------|-------------------|--------------------|-------|------------------|
| BLOOD GROUPING AND RH FACTOR | | | | |
| BLOOD GROUP | " A " RH POSITIVE | | | ABO/Rh (D) SLIDE |

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|------------------------------|------------------|----------|--------------------|-------------------|----------------|
| CBC | | | | | |
| HAEMOGLOBIN | 16.3 | <i>H</i> | 12 - 16 | gm/dL | COLORIMETRY |
| TOTAL LEUCOCYTE COUNT | 6940 | | 4000-11000 | / μ L | LASER FLOW |
| DIFFERENTIAL COUNT | | | | | |
| NEUTROPHILS | 90 | <i>H</i> | 40.0 - 70.0 | % | FLOW CYTOMETRY |
| LYMPHOCYTES | 06 | <i>L</i> | 20.0 - 40.0 | % | FLOW CYTOMETRY |
| MONOCYTES | 02 | <i>L</i> | 3.0 - 8.0 | % | FLOW CYTOMETRY |
| EOSINOPHILS | 02 | | 0.5 - 5.0 | % | FLOW CYTOMETRY |
| BASOPHILS | 00 | | 0.0 - 2.0 | % | FLOW CYTOMETRY |
| RED BLOOD CELL COUNT | 5.0 | | 3.5 - 5.5 | millions/ μ L | ELECTRICAL |
| PACKED CELL VOLUME | 43.1 | | 35.0 - 50.0 | % | ELECTRICAL |
| MEAN CORPUSCULAR VOLUME | 86.2 | | 83 - 101 | fL | ELECTRICAL |
| MEAN CORPUSCULAR HAEMOGLOBIN | 32.6 | <i>H</i> | 27 - 31 | Picogrammes | CALCULATED |
| MEAN CORPUSCULAR HB CONC | 37.8 | <i>H</i> | 33 - 37 | g/dl | CALCULATED |
| PLATELET COUNT | 248 | | 150 - 450 | thou/ μ L | ELECTRICAL |
| RDW | 12.2 | | 11.6 - 14.5 | % | CALCULATED |
| SAMPLE TYPE FOR C.B.C | Whole Blood EDTA | | | | |

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| ESR (WESTERGREN) | | | | |
| E.S.R. - IHR. | 15 | 0 - 20 | mm/Hr. | Westergren |
| SPECIMEN TYPE | WHOLE BLOOD-EDTA | | | |

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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|------|--------|--------------------|-------|--------|
|------|--------|--------------------|-------|--------|

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 *****



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DEPARTMENT OF IMMUNOLOGY

Patient Name : Mr. RAJ KUMAR DHANKHAR
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|-----------------------------|--------|--------------------|--------|-------------------|
| THYROID PROFILE | | | | |
| TRI-IODOTHYRONINE (T3) | 1.30 | 0.60 - 1.81 | ng/ml | Chemiluminescence |
| THYROXINE (T4) | 9.7 | 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

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|----------------------------------|------------|--------------------|-------|---------------|
| LFT (LIVER FUNCTION TEST) | | | | |
| LFT | | | | |
| TOTAL BILIRUBIN | 0.5 | 0 - 1.2 | mg/dL | DIAZO |
| DIRECT BILIRUBIN | 0.2 | 0 - 0.4 | mg/dL | DIAZO |
| INDIRECT BILIRUBIN | 0.3 | 0.10 - 0.6 | mg/dL | CALCULATED |
| SGOT (AST) | 22 | 0 - 45 | U/L | IFCC WITHOUT |
| SGPT (ALT) | 33 | 0 - 45 | U/L | IFCC WITHOUT |
| ALKALINE PHOSPHATASE | 160 | 30 - 170 | IU/L | MODIFIED IFCC |
| TOTAL PROTEINS | 8.4 | <i>H</i> 6.4 - 8.0 | g/dL | BIURET |
| ALBUMIN | 4.8 | 3.3 - 5.5 | g/dL | BCG DYE |
| GLOBULIN | 3.6 | 2.3 - 4.5 | g/dL | CALCULATED |
| A/G RATIO | 1.33 | 1.1 - 2.2 | | CALCULATED |

SAMPLE TYPE: SERUM

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



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|----------------------------|--------|--------------------|--------|-----------------|
| KFT (RENAL PROFILE) | | | | |
| KFT | | | | |
| SERUM UREA | 36 | 10 - 45 | mg/dL | UREASE-GLDH |
| SERUM CREATININE | 1.2 | 0.4 - 1.4 | mg/dL | MODIFIED JAFFES |
| SERUM URIC ACID | 4.2 | 2.5 - 7.0 | mg/dL | URICASE |
| SERUM SODIUM | 138 | 135 - 150 | mmol/L | ISE |
| SERUM POTASSIUM | 3.7 | 3.5 - 5.5 | mmol/L | ISE |
| SERUM CALCIUM | 8.6 | 8.5 - 10.5 | mg/dL | ARSENazo III |
| SERUM PHOSPHORUS | 2.6 | 2.5 - 4.5 | mg/dL | AMMONIUM |
| SAMPLE TYPE: | SERUM | | | |

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



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| LIPID PROFILE | | | | |
| LIPID PROFILE | | | | |
| TOTAL CHOLESTEROL | 214 | 0 - 250 | mg/dL | CHOD -Trinder |
| SERUM TRIGLYCERIDES | 100 | 60 - 165 | mg/dl | GPO-TRINDER |
| HDL-CHOLESTEROL | 36 | 30 - 70 | mg/dl | DIRECT |
| VLDL CHOLESTEROL | 20 | 6 - 32 | mg/dL | calculated |
| LDL | 158 | <i>H</i> 50 - 135 | mg/dl | calculated |
| LDL CHOLESTEROL/HDL RATIO | 4.39 | <i>H</i> 1.0 - 3.0 | mg/dL | calculated |
| TOTAL CHOLESTEROL/HDL RATIO | 5.94 | <i>H</i> 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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|--|--------|--------------------|-------|------------------|
| PSA TOTAL | | | | |
| PROSTATE_SPECIFIC ANTIGEN(PSA) | 0.69 | 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.

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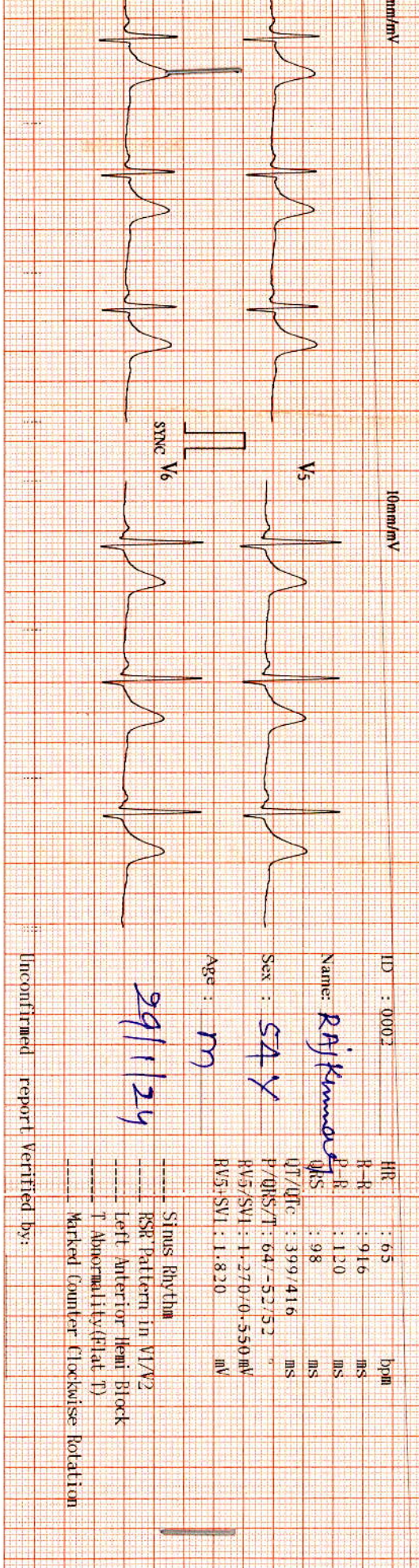
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Park
GROUP SUPER



ID : 0002

Name: *Raj Kumar*

Sex : *MALE*

Age : *29/11/24*

HR : 65 bpm

R-R : 916 ms

P-R : 120 ms

QRS : 98 ms

QT/QTc : 399/416 ms

P/QTs/T : 64/-52/52

RV5/SV1 : 1.270/-0.550 mV

RV5/SV1 : 1.820 mV

- Sinus Rhythm
- RSR Pattern in V1/V2
- Left Anterior Hemiblock
- Abnormality (Flat T)
- Marked Counter Clockwise Rotation

Unconfirmed report Verified by: _____



Cert. No. H-2016-0369

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the **health** care providers

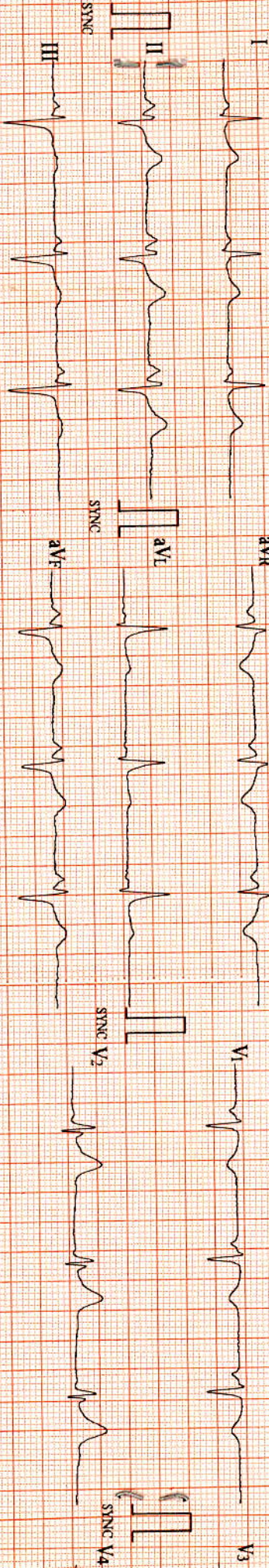
the **health** care providers

25mm/s 0.5-25Hz

10mm/mV

10mm/mV

10mm/mV



ECG-120F V2:000(BIOS:V0:000/AMP:V1:001) 2016-00-00 00:30



| | | | |
|--------------|-------------------|--------------|-----------------|
| NAME | : MR. RAJ KUMAR | DATE | : 29 / 1 / 2024 |
| Age Sex | : 54 Years / Male | Inpatient No | : 694242 |
| PERFORMED BY | : Dr. ELA MADAAN | BILL NO. | : 25238908 |

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-2016-0369

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

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



Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

| <u>Measurements</u> | <u>Normal Values</u> | <u>Measurements</u> | <u>Normal Value</u> |
|---------------------|----------------------|---------------------|------------------------------------|
| IVSD : 1.0cm | (0.6-1.1cm) | LA : 2.9cm | (1.9-4.0cm) |
| LVID : 4.1cm | (3.7-5.6cm) | LVOT : 1.3cm | (2.0-3.7cm) |
| LVPW : 0.9cm | (0.6-1.1cm) | AORTA : 2.5cm | Normal / Flat / Paradoxical |
| EF : 56% | (55% - 80%) | IVSmotion : | |
| 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.

COMMENTS & SUMMARY:-

- All Cardiac Chambers dimensions are within normal limits.
- Global LVEF – 56%
- NO RWMA
- NORMAL LV FUNCTION
- NO LVDD
- NO MR / NO AR
- TRACE TR
- GOOD RV FUNCTION
- IAS/IVS. No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

Please correlate clinically

Dr. ELA MADAAN
 MBBS, PGDCC
 Fellowship in non Invasive
 Cardiology

Dr. JOGINDER S. DUHAN
 M.D.(Medicine)
 D.M (Cardiology)

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



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the **health** care providers

the **health** care providers



DEPARTMENT OF RADIOLOGY

| | | | |
|---------------------|----------------------------------|--------------------------|--------------|
| Patient Name | Mr RAJ KUMAR DHANKHAR | Billed Date | : 29/01/2024 |
| Reg No | 694242 | Reported Date | : 29/01/2024 |
| Age/Sex | 54 Years 10 Months 20Days / Male | Req. No. | : 25238908 |
| 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



Dr. MANJEET SEHRAWAT
MBBS, MD, PDCC
CONSULTANT RADIOLOGIST

Dr. NEENA SIKKA
MBBS, DNB
CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGY

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USG WHOLE ABDOMEN

The Real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER : The liver is normal in size (13.2cm) and shows bright echotexture. No evidence of any focal lesion. IHBR is not dilated.

GALL BLADDER :The gall bladder is well distended. Echogenic lesion of size 4.5 mm seen along GB wallsuggest polyp. 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 (7.6cm) 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 (volume 18 cc), shape and echotexture. No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

IMPRESSION-

- Grade I fatty liver.
- Gall bladder polyp.

To be correlated clinically

Dr.ANSHUK SHARMA
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CONSULTANT RADIOLOGIST
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