



7/11/23



68 9950

Mr. Sanyam

34/M

Routine eye checkup

Vitals :

BP 100/60 mmHg
wt - 63 kg
HT - 178 cm
RBS - 117 mg/dl

Chief Complaints :

hwy → 6/6
 → 6/6
 unaided

H/O Present Illness :

NCT → 12
 → 13

Past History :

MV → Me
 → Me

Investigation :

Drug Allergies : (if any)

Colour vision - Normal (SE)

Treatment :

Fundus Examination - Normal



Gurgaon

Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Haryana Ph.: 0124-4900000 Fax : 0124-2218733
E-mail : parkmedcenters@gmail.com

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

① SID Refresh Team

② Call Reschedule
c 24 June





EART

Exam

RH ear canal dry.
Mild dry wax (+)

Vitals :

Chief Complaints :



H/O Present Illness :

Past History : Oral ———— NAD

Investigation :

Drug Allergies : (if any)

Nose — RH Inf. turbinate
hypertrophy (+)

Treatment :

Left NAD



Idu

Clearwax ear drops
2 drops TID.
x 5 days



DERMATOLOGY

6/11/23

? AGA
+ 9 SD =

Adv:-

Vitals :

Chief Complaints :

=> C WIN Shampoo
alternate day
Head wash.

H/O Present Illness :

Past History :

NIS

=> ONABET SD
SOLUTION

Investigation :

Drug Allergies : (if any)

NK

— (2)
x 10 days

Treatment :

=> Rx = reports

CBC
S. cur D
S cur B2
Thyreoid
Profile





c/c: Routine dental checkup.

o/e: Plaque / Calculus.

Cavities rest. 28.

Vitals :

Chief Complaints :

Adv. Scaling.

H/O Present Illness :

Restoration rest 28.

Past History :



Investigation :

Drug Allergies : (if any)

Treatment :



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. SATYAVAN

MR No : 689950

Age/Sex : 34 Years 11 Months 4 Days / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 06/11/2023

Reporting Date : 06/11/2023

Sample ID : 212070

Bill/Req. No. : 24197096

Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	71	60 - 110	mg/dl	GOD TRINDERS

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



Sample no.

Dr. SONIA KUMARI
MBBS, MD (PATHOLOGY) Gold medalist



Dr. ISHA RASTOGI
MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST



MC - 4830

USER NM ARUN

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

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Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR 2 HR. PP				
BLOOD SUGAR P.P.	84	80 - 150	mg/dl	

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DEPARTMENT OF PATHOLOGY

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Sample ID : 212070
Bill/Req. No. : 24197096
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERSTICS				
QUANTITY	20ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		
TURBIDITY	Clear	clear		Vishal
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	mg/dl	Ehrlich Protein error indicator
BLOOD	NIL	NIL		
URINE BILIRUBIN	NIL	NIL		
GLUCOSE	NIL	NIL	mg/dL	
URINE KETONE	NIL	NIL		GOD-POD/Benedicts SOD.
MICRO.EXAMINATION				
PUS CELL	2-4	0-5	cells/hpf	
RED BLOOD CELLS	Not Seen	0-2	cells/hpf	Microscopic
EPITHELIAL CELLS	1-2	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/hpf	
OTHER	NIL			

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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. SATYAVAN

MR No : 689950

Age/Sex : 34 Years 11 Months 4 Days / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 06/11/2023

Reporting Date : 06/11/2023

Sample ID : 212070

Bill/Req. No. : 24197096

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

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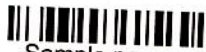
DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. SATYAVAN
MR No : 689950
Age/Sex : 34 Years 11 Months 4 Days / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 06/11/2023
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Sample ID : 212070
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Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	13.2	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	5310	4000-11000	/µL	LASER FLOW
DIFFERENTIAL COUNT				
NEUTROPHILS	50	40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	40	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	08	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	4.8	3.5 - 5.5	millions/µL	ELECTRICAL
PACKED CELL VOLUME	41.1	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	84.8	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	27.2	27 - 31	Picogrammes	CALCULATED
MEAN CORPUSCULAR HB CONC	32.1	L 33 - 37	g/dl	CALCULATED
PLATELET COUNT	126	L 150 - 450	thou/µL	ELECTRICAL
RDW	12.9	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA			

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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. SATYAVAN
MR No : 689950
Age/Sex : 34 Years 11 Months 4 Days / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 06/11/2023
Reporting Date : 06/11/2023
Sample ID : 212070
Bill/Req. No. : 24197096
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
ESR (WESTERGREN)				
E.S.R. - I HR.	18	0 - 20	mm/Hr.	Westergren
SPECIMEN TYPE	SODIUM CITRATE (Plasma)			

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. SATYAVAN
MR No : 689950
Age/Sex : 34 Years 11 Months 4 Days / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD
Bill Date : 06/11/2023
Reporting Date : 08/11/2023
Sample ID : 212070
Bill/Req. No. : 24197096
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	Growth of Non albicans Candida Spp. 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 patients urine sample collection from catheter or patients with indwelling catheters, even a smaller count of bacteria may signify infection (10000cfu/ml). Kindly correlate clinically.

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



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DEPARTMENT OF IMMUNOLOGY

Patient Name : Mr. SATYAVAN
MR No : 689950
Age/Sex : 34 Years 11 Months 4 Days / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD
Bill Date : 06/11/2023
Reporting Date : 06/11/2023
Sample ID : 212070
Bill/Req. No. : 24197096
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-IODOTHYRONINE (T3)	0.99	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	8.3	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	7.16	<i>H</i> 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. SATYAVAN

MR No : 689950

Age/Sex : 34 Years 11 Months 4 Days / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 06/11/2023

Reporting Date : 06/11/2023

Sample ID : 212070

Bill/Req. No. : 24197096

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)	33		0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	49	H	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	96		30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	5.9	L	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.2		3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	1.7	L	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	2.47	H	1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM				

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



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Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	30	10 - 45	mg/dL	UREASE-GLDH
SERUM CREATININE	1.0	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	5.0	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	143	135 - 150	mmol/L	ISE
SERUM POTASSIUM	3.5	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.6	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	3.0	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	193	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	117	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	42	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	23.4	6 - 32	mg/dL	calculated
LDL	127.6	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	3.04	<i>H</i> 1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	4.6	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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Bill/Req. No. : 24197096
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
PSA TOTAL				
PROSTATE SPECIFIC ANTIGEN(PSA)	0.60	0.57 - 4.0	ng/ml	Chemiluminescence
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 metastatic resistant 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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Park
GROUP SUPER



Vitals :

Cheif Complaints :

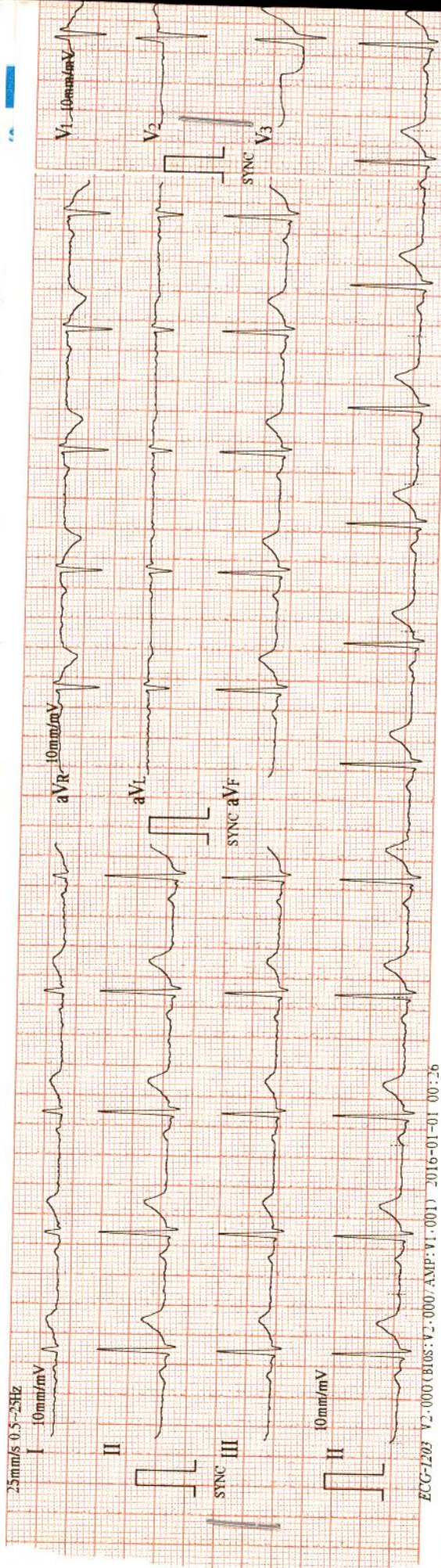
H/O Present Illness :

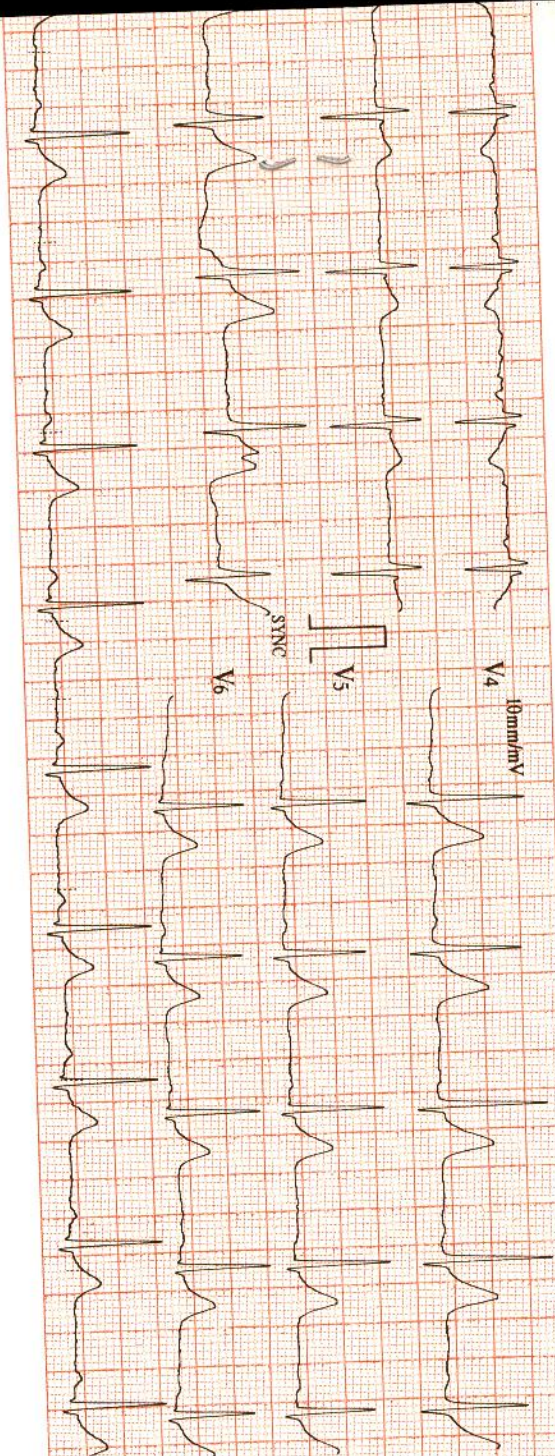
Past History :

Investigation :

Drug Allergies : (if any)

Treatment :





06/11/23

ID : 2073

Name: SATYANAR

Sex : male

Age :

34Y/M

Unconfirmed report Verified by:

HR : 73 bpm

R-R : 811 ms

P-R : 152 ms

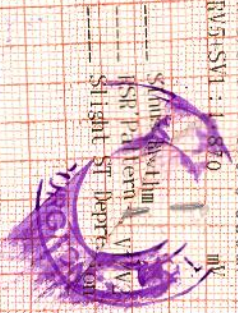
QRS : 93 ms

QT/QTc : 328/364 ms

P/QRS/T : 66/72/73

RV5/SV1 : 1.190/0.680 mV

RV1/SV1 : 1.870 mV





DEPARTMENT OF RADIOLOGY

Patient Name	Mr SATYAVAN	Billed Date	: 06/11/2023
Reg No	689950	Reported Date	: 06/11/2023
Age/Sex	34 Years 11 Months 4Days / Male	Req. No.	: 24197096
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 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 (9.9cm) 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 hydronephrosis.

Right kidney shows 8.0 mm calculus in upper calyx.

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- Right renal calculus.

To be correlated clinically

Dr.ANSHU K.SHARMA
MBBS,MD
CONSULTANT RADIOLOGIST

Dr.MANJEET SEHRAWAT
MBBS,MD,PDCC
CONSULTANT RADIOLOGIST



Dr. NEENA SIKKA
MBBS,DNB
CONSULTANT RADIOLOGIST



(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 - Anupat - Karnal - Ambala - Patiala - Mohali - Behror - Jaipur



NAME	: MR. SATYVAN	DATE	: 6 / 11 / 2023
Age Sex	: 34 Years / Male	MR No	: 689950
PERFORMED BY	: Dr. ELA MADAAN	BILL NO.	: 2417096

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



H-2016-0369

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<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Value</u>
IVSD : 0.9cm	(0.6-1.1cm)	LA : 2.7cm	(1.9-4.0cm)
LVID : 3.6cm	(3.7-5.6cm)	LVOT : 1.4cm	
LVPW : 1.0cm	(0.6-1.1cm)	AORTA : 2.7cm	(2.0-3.7cm)
EF : 55%	(55% - 80%)	IVSmotion :	Normal / Flat / Paradoxical
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 – 58%
- NO RWMA
- NORMAL LV FUNCTION
- NO MR / NO AR
- MILD 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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DEPARTMENT OF RADIOLOGY

Patient Name	Mr SATYAVAN	Billed Date	: 06/11/2023
Reg No	689950	Reported Date	: 06/11/2023
Age/Sex	34 Years 11 Months 4Days / Male	Req. No.	: 24197096
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

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