



@Phthal

Pt - Anil Sharma

age - 33y/M.

Health checkup.

Date - 24/7/23.

Dr. Amrita Anuja

uvq → G/G unaddcd
 — G/G

rectg → 20
 — 20

nvq → N6
 — N6

Colour vision — Normal BS

Fundus - Normal



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Arpit Sharma 33/M

For routine health check up

No fresh complaints

No H/O T2DM, HTN, BA

O/E

BP- 118/76 mmHg

Chest]
cvs] NAD.

ECG
- (N)

Adv

1. ~~Continues~~ Review with reports



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ARPIT SHARMA

DERMATOLOG Y

29/7/23
NO skin complaints at present

Adv.

NO skin intervention required at present



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Mr Aspit Sharma / 33 M.

29/7/23.

o/e 6+

TOP +ve. in filling tooth.
xray taken → periapical radiolucency
+ gingival abscess clinically.

Ado extraction ↓ LA.

Dr. PANKAJ GOYAL
Senior Consultant
Park Hospital, Gurgaon
Reg. No. A12674

Swish
29/7/23



Cert. No. H-2016-0369

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BNT

Ear
nose
thro

} NAD.


29/07/23



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DEPARTMENT OF MICROBIOLOGY

Patient Name : Mr. ARPIT SHARMA
MR No : 683273
Age/Sex : 33 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 29/07/2023
Reporting Date : 31/07/2023
Sample ID : 168905
Bill/Req. No. : 24137034
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	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. SONIA KUMARI
MBBS, MD (PATHOLOGY) Gold medalist

Dr.ISHA RASTOGI
MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST

USER NM SHOAI BPA166



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DEPARTMENT OF IMMUNOLOGY

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Ref Doctor : Dr.RMO

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THYROID PROFILE

TRI-IODOTHYRONINE (T3)	1.09	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	9.0	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	2.77	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 *****



Sample no.



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

Dr. ISHA RASTOGI
 MD, MBBS MICROBIOLOGY
 CONSULTANT CLINICAL MICROBIOLOGIST

USER NM DINESH



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DEPARTMENT OF BIOCHEMISTRY

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Type : OPD
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Sample ID : 168905
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Test	Result	Bio. Ref. Interval	Units	Method
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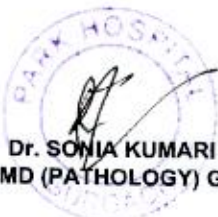
LFT (LIVER FUNCTION TEST)

Test	Result	Bio. Ref. Interval	Units	Method
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 L	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	39	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	56 H	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	98	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	5.8 L	6.4 - 8.0	g/dL	BIURET
ALBUMIN	3.5	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.3	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.52	1.1 - 2.2		CALCULATED

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



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Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	26	10 - 45	mg/dL	UREASE-GLDH
SERUM CREATININE	1.1	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	6.1	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	140	136 - 148	mmol/L	ISE
SERUM POTASSIUM	4.0	3.5 - 5.5	meq/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

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



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DEPARTMENT OF BIOCHEMISTRY

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Sample ID : 168905
Bill/Req. No. : 24137034
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
LIPID PROFILE				
TOTAL CHOLESTEROL	283	H 0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	192	H 60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	62	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	38.4	H 6 - 32	mg/dL	calculated
LDL	182.6	H 50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.95	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	4.56	2.0 - 5.0	mg/dl	calculated

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



Sample no.



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DEPARTMENT OF IMMUNOLOGY

Patient Name :	Mr. ARPIT SHARMA	Bill Date :	29/07/2023 8.46 AM
MR No :	683273	Sample Col Dt/Tm :	29/07/2023 10:53 am
Age/Sex :	33 Years / Male	Sample Rec Dt/Tm :	29/07/2023 09:24 am
Type :	OPD	Reporting Date :	2023-07-29 00:28:00-01 19:23:00
TPA/Corporate :	MEDIWHEEL PVT LTD	Sample ID :	1688905
Ref Doctor :	Dr.RMO	Bill/Req. No. :	24137034

Test	Result	Bio. Ref. Interval	Units	Method
PSA TOTAL				
PROSTATE SPECIFIC ANTIGEN(PSA)	0.41 L	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 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 & non-specific 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 *****

Dr. PRADIP KUMAR
Consultant (Microbiology)



Dr. NISHA TIWARI
MBBS, MD (Microbiology)
USER NM DINESH



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DEPARTMENT OF BIOCHEMISTRY

Patient Name :	Mr. ARPIT SHARMA	Bill Date :	29/07/2023 8:46 AM
MR No :	683273	Sample Col Dt/Tm :	29/07/2023 10:53 am
Age/Sex :	33 Years / Male	Sample Rec Dt/Tm :	29/07/2023 09:24 am
Type :	OPD	Reporting Date :	2023-07-29 00:28:00-01 14:30:
TPA/Corporate :	MEDIWHEEL PVT LTD	Sample ID :	168905
Ref Doctor :	Dr.RMO	Bill/Req. No. :	24137034

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	89	60 - 110	mg/dl	GOD TRINDERS

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

Dr. PRADIP KUMAR
Consultant (Microbiology)

Dr. SONIA KUMARI
MD Pathology (Gold Medalist)

Dr. NISHA TIWARI
MBBS, MD (Microbiology)
USER NM VIJAYA



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DEPARTMENT OF PATHOLOGY

Patient Name : Mr. ARPIT SHARMA
MR No : 683273
Age/Sex : 33 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 29/07/2023
Reporting Date : 29/07/2023
Sample ID : 168905
Bill/Req. No. : 24137034
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERSTICS				
QUANTITY	30ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		Vishal
TURBIDITY	Clear	clear		
SPECIFIC GRAVITY	1.010	1.000-1.030		urinometer
PH	6.0	5.0 - 8.0		PH PAPER
CHEMICAL EXAMINATION-1				
UROBILINOGEN	NIL	NIL		Ehrlich
URINE PROTEIN	NIL	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	1-2	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/hpf	
OTHER	NIL			

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



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Dr. ISHA RASTOGI
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CONSULTANT CLINICAL MICROBIOLOGIST

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DEPARTMENT OF HAEMATOLOGY

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

BLOOD GROUP	" O " RH POSITIVE	ABO/Rh (D) SLIDE
-------------	-------------------	------------------

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



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USER NM SHOAI BPA166



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Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	14.4	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	4800	4000-11000	/ μ L	ELECTRICAL
DIFFERENTIAL COUNT				
NEUTROPHILS	57	40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	34	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	07	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	5.3	3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	48.0	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	89.9	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	27.0	27 - 31	Picogrames	CALCULATED
MEAN CORPUSCULAR HB CONC	30.0	L 33 - 37	g/dl	CALCULATED
PLATELET COUNT	338	150 - 350	thou/ μ L	ELECTRICAL
RDW	13.1	11.6 - 14.5	%	CALCULATED

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Test	Result	Bio. Ref. Interval	Units	Method
ESR (WESTERGREN)				
E.S.R. - II HR.	20		mm II Hr.	Westergren

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



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DEPARTMENT OF RADIOLOGY

Patient Name	Mr ARPIT SHARMA	Billed Date	: 29/07/2023	8.46 AM
Reg No	683273	Reported Date	: 29/07/2023	
Age/Sex	33 Years / Male	Req. No.	: 24137034	
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 enlarged in size(17cm), with fatty infiltrations . 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(9.7cm) 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 partially 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 shape, size and echotexture. No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

IMPRESSION- Hepatomegaly with grade I fatty liver.

To be correlated clinically

Dr.ANSHU K.SHARMA
MBBS,MD
CONSULTANT RADIOLOGIST

Dr.MANJEET SEHRAWAT
MBBS,MD,PDCC
CONSULTANT RADIOLOGIST


Dr.NEENA SIKKA
MBBS,ONB
CONSULTANT RADIOLOGIST



Cert. No. H-2016-0369

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

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

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

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



Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

DEPARTMENT OF RADIOLOGY

Patient Name	Mr ARPIT SHARMA	Billed Date	: 29/07/2023	8.46 AM
Reg No	683273	Reported Date	: 29/07/2023	
Age/Sex	33 Years / Male	Req. No.	: 24137034	
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

Dr. MANJEET SEHRAWAT
MBBS, MD, PDCC
CONSULTANT RADIOLOGIST



Cert. No. H-2016-0369 Cert. No. MC - 4830

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the health care providers

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