

Mr Rajesh Kumar 48y/M.

18/3/23

Routine Eye check up

Distant Vn (aided) - 6/6 (OU)

< 6/6 OD
6/6 OS

Near Vn (aided) - N6

Colour Vn - WNL

Ant seg - NAD

Fundal glow (+)

Binocular Exam WNL
@ present



Ado

Annual eye checkup.


Consultant
Department of Ophthalmology
SIGNATURE HOS
Gurugram

(This is only professional opinion and not the diagnosis. Please correlate clinically)

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18/03/2023

Royesh Kumar | Male | 48 years

Oral examination done

Adv.

Scaling and Polishing

Root Canal IOPA cost ₹ 6.


18/03/2023

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The Signature
ADVANCED SUPER SPECIALITY
H O S P I T A L
Prescription




GST NO : 06AAICP8687M1ZH

PAN NO : AAICP8687M

UHID : 25893	Date&Time : 18/03/2023 8.57 AM
Name : Mr. RAJESH KUMAR	Sex : Male
Doctor Name : Dr. CMO (CMO)	Age : 48Years 5Months 7Days
Address : H.NO 471 SEC 19 REWARI,Gurgaon,Gurgaon,Haryana	Mobile No : 8168595906
	Organisation : MEDIWHEEL

B.P	R.R	P.R	SPO2	Temp.	Height	Weight
106/72	20b/m	80 b/m	96+	98.2 F	—	—



Created By Chanchal1697	Create Date & Time 18/03/2023 8.57 AM	(Authorised Signatory)
Printed By CHANCHAL1697	Print Date & Time 18/03/2023 8.58 AM	 25893

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18/03/2023 09:05:52

18/03/2023 09:05:52

18/03/2023 09:05:52

SIGNATURE HOSPITAL
SEC-37(D) GURUGRAM

Rajesh Kumar

2ms K9

RATE 59 bpm SINUS RHYTHM
 R-R 1014 ms INFERIOR T-WAVE ABNORMALITY IS NONSPECIFIC
 P-R 188 ms
 QRS 78 ms
 QT 406 ms
 QTc 404 ms

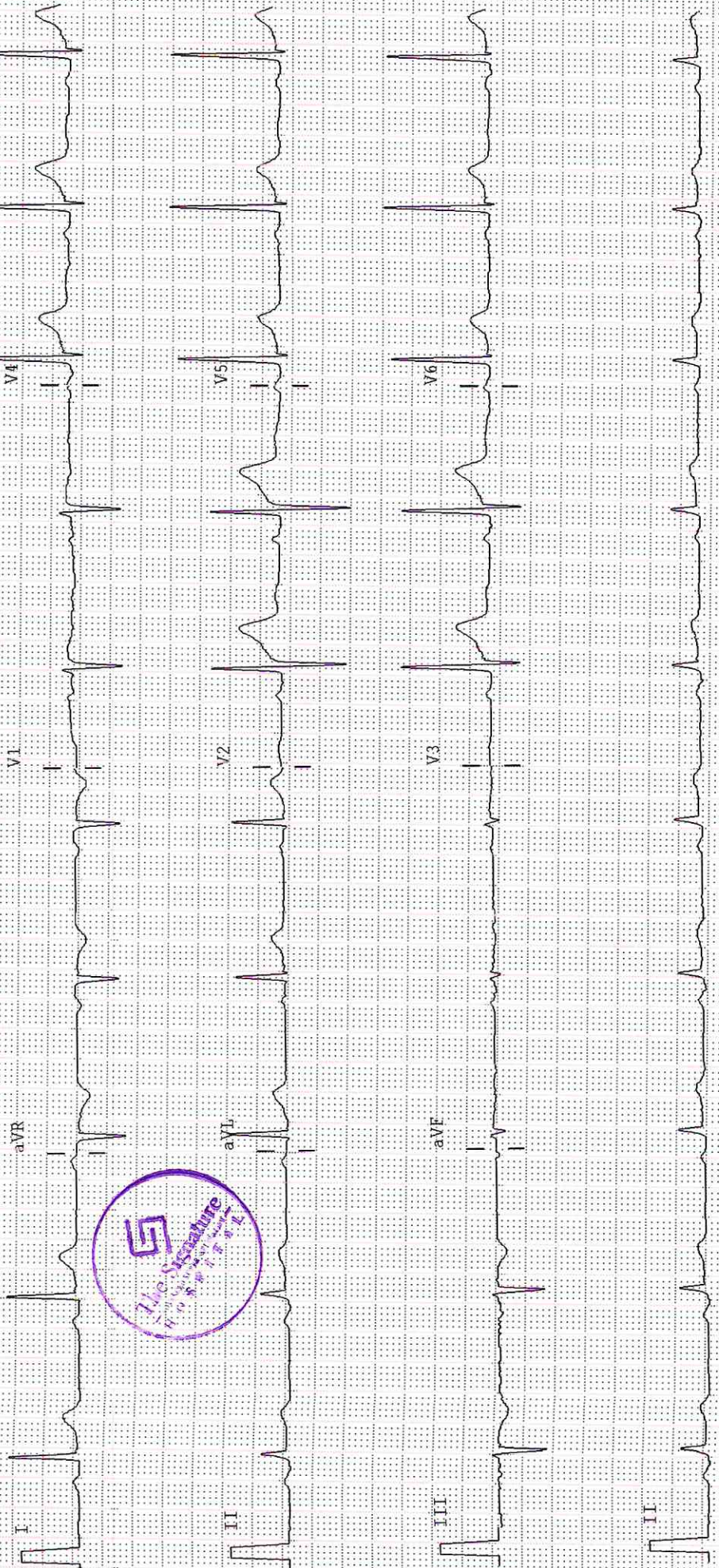
PR-Axis:-

P 06°
 QRS -03°
 T 00°

12 SL REPORT FORMAT: 3x4+1L SQ

REF

Dr. CMO



Patient Name : Mr. RAJESH KUMAR
 Age / Gender : 48 Years 5 Months 7Days / Male
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 Req.No : 23268941
 Sample ID : 2312214
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 Bed No :

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HEMATOLOGY

Complete Blood Count -CBC(HB\TLC\PCV\RBC\Platelet)

TEST NAME TEST METHOD	RESULT	UNITS	BIOLOGICAL	
			REFERENCE INTERVAL	SPECIMEN TYPE
Hemoglobin (Hb) (Colorimetry)	15.1	gm/dl	13.5 - 18.0	WHOLE BLOOD
TLC (Electrical Impedence)	6110	cell/cumm	4500 - 11000	EDTA WHOLE
<u>DIFFERENTIAL COUNT</u>				
Neutrophils (Flow Cytometry)	61	%	40 - 75	EDTA WHOLE
Lymphocytes (Flow Cytometry)	32	%	20 - 45	EDTA WHOLE
Monocytes (Flow Cytometry)	05	%	1 - 10	EDTA WHOLE
Eosinophil (Flow Cytometry)	02	%	1 - 6	EDTA WHOLE
Basophil	00	%	0 - 1	
RBC (Electrical Impedence)	4.7	millions/cumm	4.7 - 6.1	EDTA WHOLE

-**** End of Report ****-

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 (MD.Microbiology)


 Dr. Neha Gupta
 MBBS,MD(Pathology)
 (Consultant Pathologist)

Dr. Shreya Pradhan
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HEMATOLOGY

PCV (Electrical Impedance Calculation)	44.1	%	40 - 50	EDTA WHOLE
MCV (Electrical Impedance Calculation)	92.2	fl	76 - 96	EDTA WHOLE
MCH (Electrical Impedance Calculation)	31.6	pg	27 - 34	EDTA WHOLE
MCHC (Electrical Impedance Calculation)	34.2	gm/dl	30 - 36	EDTA WHOLE
RDW	12.5	%	11 - 16	
PLATELETE COUNT (Electrical Impedance)	154	1000/microLit	150 - 450	EDTA WHOLE

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BIOCHEMISTRY

Blood Sugar Fasting

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
BLOOD SUGAR FASTING (God- Trinders)	89	mg/dl	75 - 115	Flouride Plasma

Increased In:
 Diabetes Mellitus
 Stress (e.g. emotion, burns, shock, anesthesia)
 Acute Pancreatitis
 Chronic Pancreatitis
 Wernicke encephalopathy (Vitamin B1 deficiency)
 Effect of drugs (e.g. corticosterogens, alcohol, phenytoin, thiazides)

Decreased in :
 Pancreatitis disorders
 Extrapancreatic tumors
 Endocrine disorders
 Malnutrition
 Hypothalamic lesions
 Alcoholism
 Endocrine Disorders

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SEROLOGY/IMMUNOLOGY

Thyroid Profile

TEST NAME	RESULT	UNITS	BIOLOGICAL	
			REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
Triiodothyronine (T3)	1.09	ng/ml	0.60 - 1.81	SERUM
Thyroxine (T4) CLIA	8.11	ug/dL	5.01 - 12.45	
TSH (Thyroid Stimulating Hormone) CLIA	1.76	uIU/ml	0.55 - 5.55	

Remarks :
 (1) 4.2 to 15 IU/mL - Correlate clinically as physiological and other factors may falsely elevate TSH level. (2) TSH Values may be transiently altered because of non thyroidal illness. (3) Some drugs may decrease TSH values, e.g., L-dopa, Glucocorticoids. (4) Some drugs may increase TSH values, e.g., Iodine, Lithium, Amiodarone. Abbreviations.

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BIOCHEMISTRY

Renal Profile

TEST NAME TEST METHOD	RESULT	UNITS	BIOLOGICAL	
			REFERENCE INTERVAL	SPECIMEN TYPE
BLOOD UREA (Urease UV/GLDH)	19	mg/dl	13 - 45	SERUM
SERUM CREATININE (Jaffe Rate)	1.0	mg/dl	0.6 - 1.4	SERUM
URIC ACID (Enzymatic/Uricase)	3.6	mg/dl	3.6 - 7.2	SERUM
<u>ELECTROLYTES</u>				
SODIUM (ISE-Indirect)	140	mmol/L	132 - 150	SERUM
POTASSIUM (ISE-Indirect)	4.1	mmol/L	3.5 - 5.5	SERUM

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BIOCHEMISTRY

PROTEINS

TOTAL PROTEIN (Biuret)	5.8	g/dl	6.0 - 8.3	SERUM
ALBUMIN (BCG- DYE)	4.2	g/dl	3.2 - 5.0	SERUM
GLOBULIN Calculated	1.6	gm/dl	1.5 - 3.6	
A/G RATIO Calculated	2.63		0.9 - 2.0	

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OUTSOURCE

PSA, FREE AND TOTAL

TEST NAME TEST METHOD	RESULT	UNITS	BIOLOGICAL	
			REFERENCE INTERVAL	SPECIMEN TYPE
PSA (PROSTATE SPRVIFIC ANTIGEN) FREE	0.10	ng/mL	0 - 0.42	
PSA (PROSTATE SPRVIFIC ANTIGEN) TOTAL	1.49	ng/ml	0 - 4.5	

Decrease in total PSA level is seen 24 to 48 hours after ejaculation. Decrease in total PSA level occurs after prostatectomy and orchidectomy. successful radiation therapy and therapy with anti-androgen drugs result in decline in PSA levels, over a period of time.
*Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

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BIOCHEMISTRY

Glycosylated Haemoglobin

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
HbA1C (GLYCOSYLATED HEMOGLOBIN)	5.8	%	4.6 - 6.2	

Metabolically Healthy Patients 4.5 6.0
 Good Control 6.1 6.5
 Fair Control 6.6 7.0
 Poor Control > 7.0

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CLINICAL PATHOLOGY

Urine Routine And Microscopy.

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
TEST METHOD				
QUANTITY	30ML			
COLOUR	PALE YELLOW			
TURBIDITY	CLEAR			
SPECIFIC GRAVITY (Bromthymol Blue)	1.020		1.003-1.030	Urine
PH (Chromatography)	7.5		4.7-7.0	Urine

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CLINICAL PATHOLOGY

CHEMICAL EXAMINATION

UROBILINOGEN (Ehrlichs Aldehyde Reaction)	NORMAL	NORMAL	Urine
PROTEIN	NIL	NIL	
BLOOD	NIL	NIL	
KETONE (Sodium Nitroprusside)	NIL	NIL	Urine
BILIRUBIN (Diazonium Salt)	NIL	NIL	SERUM
GLUCOSE (Benedicts Test)	NIL	NIL	Urine
NITRITE	NEGATIVE		


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CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION - URINE

PUS CELLS (Microscopic)	1-2	/HPF	0 - 3	Urine
RBC- Urine (Per Oxidase Reaction)	NIL	/HPF	NIL	Urine
EPITHELIAL CELLS	0-1	/HPF	0 - 5	
CAST	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL			
OTHERS	NIL			

COMMENTS: Actual numerical values for WBCs, RBCs and Epithelial cells are not defined and must be correlated clinically.

Test Methods: Reagent strip analysis and urine sediment microscopy.
 Reagent strip / chemical analysis are based on: pH-Double Indicator principle; Specific gravity Ion exchange method; Glucose Glucose oxidase-peroxidase/Benedicts; Protein Acid-base indicator/Sulfosalicylic acid; Urobilinogen Coupling reaction/Ehrlichsreaction, Bilirubin Coupling reaction, Ketones Nitroprusside method/Rotheras test.

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BIOCHEMISTRY

Blood Group And Rh Factor

TEST NAME	RESULT	UNITS	BIOLOGICAL
TEST METHOD			REFERENCE INTERVAL SPECIMEN TYPE
BLOOD GROUP(ABORh)	"B" POSITIVE		

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TRANSTHORACIC ECHO- DOPPLER REPORT

NAME - MR RAJESH KUMAR	AGE/SEX 48/M
MR. NO. -25893	DATE 18/03/2023

M-MODE / 2-D DESCRIPTION

- ❖ **Left Ventricle:** No Regional Wall Motion Abnormality. LVEF 55%
- ❖ **Left Atrium:** Normal.
- ❖ **Right atrium:** It is Normal Sized.
- ❖ **Right ventricle:** It is Normal Sized. RV Systolic Function is Normal.
- ❖ **Aortic valve:** Aortic Cusps are Normal.
- ❖ **Mitral valve:** It Appears Normal.
- ❖ **Tricuspid valve:** It Appears Normal.
- ❖ **Pulmonic valve:** It Appears Normal.
- ❖ **Main pulmonary artery & its branches:** Appear Normal.
- ❖ **Pericardium:** No Pericardial Effusion Seen
- ❖ **Inter atrial septum:** It is Intact.
- ❖ **Inter ventricular septum:** It is Intact.
- ❖ **IVC:** It is Normal in Size, collapsing & Respiratory Variability.
- ❖ **Clot / Vegetation:** No Intracardiac Clot, Vegetation.

Measurements (mm):

LEFT HEART			RIGHT HEART		
	Observed values (mm)	Normal values		Observed values (mm)	Normal values
Aortic root	28	20-36 (22mm/M ²)	IVC size	-	17-21mm
Aortic valve opening		15-26 (mm/M ²)	IVC respiratory variability		>50%
LA size	30	19-40 (mm/M ²)	RA size	-	<18cm ²
LA volume index (ml/M ²)		<34 ml/M ²		-	
LVID(D)	45	(ED=37-56)	RV basal		24-42mm
LVID(S)	35		RV mid cavity	-	20-35mm
IVS(D)	8	(ED=6-12)	RV longitudinal	-	56-86mm
			RVOT proximal	-	18-33mm
PW(D)	8	(ED=5-10)	TAPSE	-	>15mm
			RV free wall thickness	-	<5mm
LVEF(%)	55%	55%-70%	RVEF	-	>44%

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Doppler velocities (cm/sec)

Aortic valve		Pulmonary valve	
Max/ Vel	106	Max velocity	125
Max/ PG		Max PG	
Mitral valve		Tricuspid valve	
E	60	Max Velocity	
A	58	PASP	-
DT	-	E/E' (>6)	-
E/A	-	S' Velocity (>10cm2/sec)	-

Regurgitation

MR		TR	
Severity	Nil	Severity	Nil
AR		PR	
Severity	Nil	Severity	Nil

Final Interpretation:

- No Regional Wall Motion Abnormality. LVEF 55%
- Normal Cardiac Chamber.
- No MR, No AR, No TR.
- Grade I Diastolic dysfunction
- No Vegetation, Pericardial Effusion


DR. AJAY DUA

DNB (Medicine), DNB (Cardiology)
 Sr. Consultant Interventional Cardiology

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PARK GROUP OF HOSPITAL : ★ West Delhi ★ South Delhi ★ Gurugram ★ Faridabad ★ Panipat ★ Karnat

DEPARTMENT OF IMAGING & INTERVENTIONAL RADIOLOGY, THE SIGNATURE HOSPITAL

NAME: RAJESH KUMAR	DATE: 18/03/2023
AGE: 48/M	MR NO.: 25893

USG WHOLE ABDOMEN

LIVER: is enlarged in size and shows raised in echotexture. No evidence of any focal lesion or IHBR dilation is present. Portal vein and CBD are normal in caliber at porta.

GALL BLADDER is well distended and lumen is echofree. Wall thickness is normal. No pericholecystic fluid is seen.

SPLEEN is normal in size and echotexture. No focal lesion is seen.

PANCREAS is normal in size and echotexture. Peripancreatic fat planes are clear. MPD is not dilated.

RIGHT KIDNEY: is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

LEFT KIDNEY: is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

URINARY BLADDER is well distended and lumen is echofree. Wall thickness is normal. No evidence of any focal lesion.

PROSTATE: is borderline enlarged in size 40 cc.

No free fluid is noted.

Note is made of left indirect inguinal hernia with herniation of omental fat.

IMPRESSION:

- **Grade III fatty liver.**
- **Borderline Prostatomegaly.**
- **Note is made of left indirect inguinal hernia with herniation of omental fat.**

ADVICE: LFT CORRELATION IF CLINICALLY INDICATED.

Dr. Guru
Senior Consultant
Diagnostic & Interventional Radiology

(This is only professional opinion and not the diagnosis. Please correlate clinically)

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NAME: RAJESH KUMAR	DATE: 18/03/2023
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X-RAY CHEST

Subtle reticulonodular opacities in left lower zone.

Rest of lung fields are clear.

Bilateral hilar shadows are normal.

Mediastinum and domes are normal.

Costophrenic angles appear sharp.

Cardiac silhouette appears normal.

No obvious rib fracture seen.

Adv: Clinical and lab data correlation.



Dr. Guru

Senior Consultant

Diagnostic & Interventional Radiology

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