

27/1/24



Park Hospital

GROUP SUPER SPECIALITY HOSPITAL



694138

Mr. Parvesh Yadav
32y/M

Vitals :

B.P - 110/80
Pulse - 74
Weight - 61.8 kg
Height -

Chief Complaints :

VN → 8/6
 └ 6/6 unattached
MCT → 13
 └ 17

H/O Present Illness :

Past History :

AV → MG
 └ MG

Investigation :

Drug Allergies : (if any)

Colon history - Normal (2E)

Treatment :

fundus - WNL



Gurgaon

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

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



Name - PARVESH YADAV Dermatology

Age - 32y/m

Vitals :

Chief Complaints : ? SD

Adv. - ONABET SD solution
(A) - (N) x 5 days

H/O Present Illness :

=> SILDAN Shampoo weekly twice

Past History :

Anaphase Shampoo
Trigaine Caffein Shampoo

Investigation :

Drug Allergies : (if any)

T. ZINCOVIT x 4 weeks
once daily

Treatment :

Cure meise Han moisturizer

=> Rx. SOS

Ly





ENT

Ear }
Nose }
Throat } NAD.

Hearing with in normal limit.

Vitals :

Chief Complaints :

H/O Present illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :





Pawesh yedw

Dentist

27/01/24

Vitals :

Chief Complaints :

O/E :- Carious : 36, 37, 38,

H/O Present Illness :

46, 47, 28.

Past History :

Stains +, Calculus + +

Investigation :

Drug Allergies : (if any)

Adv.

Treatment :

Composite restoration with
36, 37, 38, 46,
47, 28

Scaling & Polishing

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

Gurgaon

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DEPARTMENT OF PATHOLOGY

Patient Name : Mr. PARVESH YADAV
 MR No : 694138
 Age/Sex : 32 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 27/01/2024
 Sample ID : 240695
 Bill/Req. No. : 25237977
 Ref Doctor : Dr.RMD

| Test | Result | Bio. Ref. Interval | Units | Method |
|-------------------------------------|-------------|--------------------|-----------|------------------------------------|
| URINE ROUTINE AND MICROSCOPY | | | | |
| PHYSICAL CHARACTERISTICS | | | | |
| QUANTITY | 20ml | 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 | mg/dl | Ehrlich Protein error indicator |
| BLOOD | NIL | NIL | | |
| 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 | cells/hpf | Microscopic |
| RED BLOOD CELLS | Nil | 0-2 | cells/hpf | |
| EPITHELIAL CELLS | 1-2 | 0-5 | cells/hpf | |
| CASTS | NIL | NIL | /pf | |
| CRYSTALS | NIL | NIL | /hpf | |
| OTHER | NIL | | | |
| AMORPHOUS URINE | Absent | | | MicroScopy |

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



Sample no.

pay

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 MBBS, MD (PATHOLOGY)

Dr. ISHA RASTOGI
 MD, MBBS MICROBIOLOGY
 CONSULTANT CLINICAL MICROBIOLOGIST

USER NM



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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. PARVESH YADAV
MR No : 694138
Age/Sex : 32 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
Reporting Date : 27/01/2024
Sample ID : 240895
Bill/Req. No. : 25237977
Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|-------------------------------------|-----------------|--------------------|-------|------------------|
| BLOOD GROUPING AND RH FACTOR | | | | |
| BLOOD GROUP | "O" RH NEGATIVE | | | ABO/Rh (D) SLIDE |

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



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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. PARVESH YADAV
 MR No : 694138
 Age/Sex : 32 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 27/01/2024
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 Bill/Req. No. : 25237977
 Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|----------------------------|--------|--------------------|-------|--------------|
| BLOOD SUGAR FASTING | | | | |
| PLASMA GLUCOSE FASTING | 98 | 60 - 110 | mg/dl | GOD TRINDERS |

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



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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. PARVESH YADAV
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 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
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 Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|-----------------------------|--------|--------------------|-------|--------|
| BLOOD SUGAR 2 HR. PP | | | | |
| BLOOD SUGAR P.P. | 117 | 80 - 150 | mg/dl | |

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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. PARVESH YADAV
 MR No : 694138
 Age/Sex : 32 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 27/01/2024
 Sample ID : 240895
 Bill/Req. No. : 25237977
 Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|---------------------------------|------------------------|--------------------|--------|------------|
| ESR (WESTERGREN) | | | | |
| E.S.R. - 1 HR. SPECIMEN TYPE | 18 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 *****



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DEPARTMENT OF MICROBIOLOGY

Patient Name : Mr. PARVESH YADAV
 MR No : 694138
 Age/Sex : 32 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 29/01/2024
 Sample ID : 240895
 Bill/Req. No. : 25237977
 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 *****

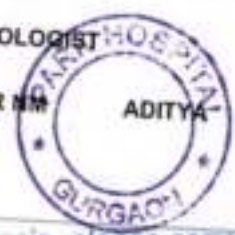


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DEPARTMENT OF IMMUNOLOGY

Patient Name : Mr. PARVESH YADAV
 MR No : 694138
 Age/Sex : 32 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 27/01/2024
 Sample ID : 240895
 Bill/Req. No. : 25237977
 Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|-----------------------------|--------|--------------------|--------|-------------------|
| THYROID PROFILE | | | | |
| TRI-IODOTHYRONINE (T3) | 0.81 | 0.60 - 1.81 | ng/ml | Chemiluminescence |
| THYROXINE (T4) | 5.5 | 5.01 - 12.45 | µg/dL | Chemiluminescence |
| THYROID STIMULATING HORMONE | 3.06 | 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 *****



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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. PARVESH YADAV
 MR No : 694138
 Age/Sex : 32 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
 Reporting Date : 27/01/2024
 Sample ID : 240895
 Bill/Req. No. : 25237977
 Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|----------------------------------|-----------|--------------------|-------|---------------|
| LFT (LIVER FUNCTION TEST) | | | | |
| LFT | | | | |
| TOTAL BILIRUBIN | 0.8 | 0 - 1.2 | mg/dL | DIAZO |
| DIRECT BILIRUBIN | 0.3 | 0 - 0.4 | mg/dL | DIAZO |
| INDIRECT BILIRUBIN | 0.5 | 0.10 - 0.6 | mg/dL | CALCULATED |
| SGOT (AST) | 44 | 0 - 45 | U/L | IFCC WITHOUT |
| SGPT (ALT) | 96 | <i>H</i> 0 - 45 | U/L | IFCC WITHOUT |
| ALKALINE PHOSPHATASE | 78 | 30 - 170 | IU/L | MODIFIED IFCC |
| TOTAL PROTEINS | 8.0 | 6.4 - 8.0 | g/dL | BIURET |
| ALBUMIN | 4.6 | 3.3 - 5.5 | g/dL | BCG DYE |
| GLOBULIN | 3.4 | 2.3 - 4.5 | g/dL | CALCULATED |
| AVG RATIO | 1.35 | 1.1 - 2.2 | g/dL | CALCULATED |
| SAMPLE TYPE: | SERUM | | | |

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



Sample no.

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DEPARTMENT OF BIOCHEMISTRY

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 MR No : 694138
 Age/Sex : 32 Years / Male
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 Reporting Date : 27/01/2024
 Sample ID : 240895
 Bill/Req. No. : 25237977
 Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|----------------------------|--------|--------------------|--------|--------------------------|
| KFT (RENAL PROFILE) | | | | |
| KFT | | | | |
| SERUM UREA | 17 | 10 - 45 | mg/dL | UREASE-GLDH |
| SERUM CREATININE | 1.0 | 0.4 - 1.4 | mg/dL | MODIFIED JAFFES |
| SERUM URIC ACID | 5.5 | 2.5 - 7.0 | mg/dL | URICASE |
| SERUM SODIUM | 139 | 135 - 150 | mmol/L | ISE |
| SERUM POTASSIUM | 4.1 | 3.5 - 5.5 | mmol/L | ISE |
| SERUM CALCIUM | 8.5 | 8.5 - 10.5 | mg/dL | ISE |
| SERUM PHOSPHORUS | 4.6 | H 2.5 - 4.5 | mg/dL | ARSENazo III AMMONIUM |
| SAMPLE TYPE: | SERUM | | | |

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



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DEPARTMENT OF BIOCHEMISTRY

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 MR No : 694138
 Age/Sex : 32 Years / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 27/01/2024
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 Sample ID : 240895
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| Test | Result | Bio. Ref. Interval | Units | Method |
|-----------------------------|--------|--------------------|-------|---------------|
| LIPID PROFILE | | | | |
| TOTAL CHOLESTEROL | 242 | 0 - 250 | mg/dL | CHOD -Trinder |
| SERUM TRIGLYCERIDES | 571 | H 60 - 165 | mg/dl | GPO-TRINDER |
| HDL-CHOLESTEROL | 49 | 30 - 70 | mg/dl | DIRECT |
| VLDL CHOLESTEROL | 114.2 | H 6 - 32 | mg/dL | calculated |
| LDL | 78.8 | 50 - 135 | mg/dl | calculated |
| LDL CHOLESTEROL/HDL RATIO | 1.61 | 1.0 - 3.0 | mg/dL | calculated |
| TOTAL CHOLESTEROL/HDL RATIO | 4.94 | 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 *****



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DEPARTMENT OF HAEMATOLOGY

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 Reporting Date : 27/01/2024
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| Test | Result | Bio. Ref. Interval | Units | Method |
|------------------------------|------------------|--------------------|-------------------|----------------|
| CBC | | | | |
| HAEMOGLOBIN | 12.9 | 12 - 16 | gm/dL | COLORIMETRY |
| TOTAL LEUCOCYTE COUNT | 4800 | 4000-11000 | / μ L | LASER FLOW |
| DIFFERENTIAL COUNT | | | | |
| NEUTROPHILS | 40 | 40.0 - 70.0 | % | FLOW CYTOMETRY |
| LYMPHOCYTES | 50 | 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 | 5.0 | 3.5 - 5.5 | millions/ μ L | ELECTRICAL |
| PACKED CELL VOLUME | 39.7 | 35.0 - 50.0 | % | ELECTRICAL |
| MEAN CORPUSCULAR VOLUME | 78.4 | 83 - 101 | fL | ELECTRICAL |
| MEAN CORPUSCULAR HAEMOGLOBIN | 25.4 | 27 - 31 | Picograms | CALCULATED |
| MEAN CORPUSCULAR HB CONC | 32.5 | 33 - 37 | g/dl | CALCULATED |
| PLATELET COUNT | 181 | 150 - 450 | thou/ μ L | ELECTRICAL |
| RDW | 13.2 | 11.6 - 14.5 | % | CALCULATED |
| SAMPLE TYPE FOR C.B.C | Whole Blood EDTA | | | |

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



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DEPARTMENT OF IMMUNOLOGY

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 Reporting Date : 27/01/2024
 Sample ID : 240895
 Bill/Req. No. : 25237977
 Ref Doctor : Dr.RMO

| Test | Result | Bio. Ref. Interval | Units | Method |
|--------------------------------|--------|--------------------|-------|-------------------|
| PSA TOTAL | | | | |
| PROSTATE SPECIFIC ANTIGEN(PSA) | 1.53 | 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 assessment 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.

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



Sample no.

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| | | | |
|--------------|---------------------|--------------|-----------------|
| NAME | : MR. PARVESH YADAV | DATE | : 27 / 1 / 2024 |
| Age Sex | : 32 Years / Male | Inpatient No | : 694138 |
| PERFORMED BY | : Dr. SACHIN BANSAL | UHID | : 25237977 |

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



Cert. No. N2019-0288

(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: customercare@parkhospital.in

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



| <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 : 5.0cm | (3.7-5.6cm) | LVOT : 1.4cm | |
| LVPW : 0.9m | (0.6-1.1cm) | AORTA : 2.7cm | (2.0-3.7cm) |
| EF ^v : 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 /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 / 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)



Cell. No. H2016-0388

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DEPARTMENT OF RADIOLOGY

| | | | |
|--------------|------------------|-------------------|--------------|
| Patient Name | Mr PARVESH YADAV | Billed Date | : 27/01/2024 |
| Reg No | 694138 | Reported Date | : 27/01/2024 |
| Age/Sex | 32 Years / Male | Req. No. | : 25237977 |
| 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 12.7cm 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 8.7cm 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 :RK:9.3x4.0cm. LK:9.5x4.5cm.

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, shape and echotexture.

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

IMPRESSION- No obvious abnormalities noted.

To be correlated clinically



Dr.ANSHU K.BHARMA
MBBS,MD
CONSULTANT RADIOLOGIST
Cert. No. H-2016-0268

Dr.MANJEET SEHRAWAT
MBBS,MD,PDCC
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Dr. NEENA SIKKA
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| 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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22/10/24 Time: 9 AM

ID : 0002

Name: Ravi Vesh
Yadav

Sex: Male

Age: 32y

HR : 269

R-R : 869

P-R : 165

QRS : 90

QT/QTc : 355/380

P/QRS/T : 86/49/57

RV5/SV1 : 1.810/0.900 mV

RV5+SV1 : 2.710 mV

- PAC-Premature Atrial Contraction
- Sinus Arrhythmia
- Slight ST Depression

Uncoloured report verified by:

