



MR SHUBHAM BANSAK
32 Y/M

18/2/23

Vitals :

BP-130/70

Weight-72.2 kg

Height-162cm

Chief Complaints :

Routine eyes checkup

H/O Present Illness :

WNL $\left\{ \begin{array}{l} 6/6 \\ -6/6 \end{array} \right.$ unaided

Past History :

NK $\left\{ \begin{array}{l} M6 \\ -M6 \end{array} \right.$

Investigation :

Drug Allergies : (if any)

Treatment :

Colour vision - Normal (OE)

fundus - WNL





Mr. Shubham Bansal.

KIDNEY T2DM since age of 25. on OHA's

c/o E.D. H/O CAD post PTCA status

H/O Smoking (+)

Family H/O Type 2DM (+)

ECG - LAD
RBBB

OIE

BP - 118/80 mmHg

Chest - BIL vesicular Bneath sounds

CNS - S1 S2 (+)

P/A - soft,

Adv

1. Review with reports.



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

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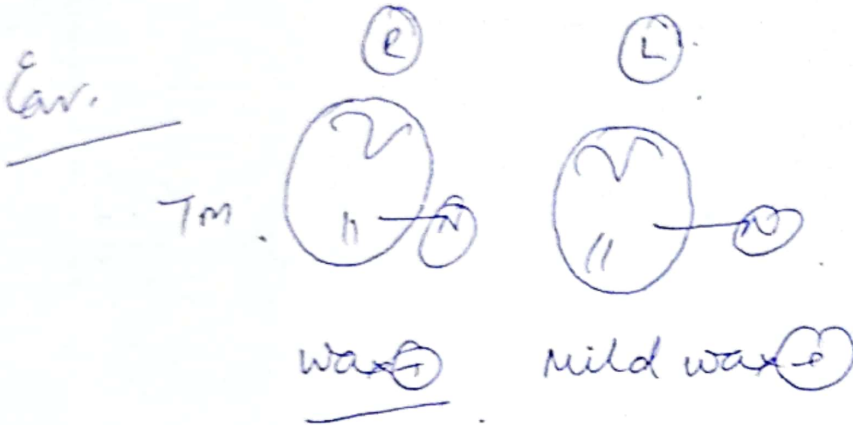
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oral - NBD

Nose - septum - middle
Rin NBD.

Adv
P-TA

2

- Clear wax ear drops
3-3-3
B/L ear.
x 3-4 day.



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18/1/23

98 DERMATOLOGY

ZAN
Vitals: → ?
PDL
Chief Complaints:

Adm:

→ S fasting
Insulin
→ RBS, S. Lit B12

H/O Present Illness :

Past History :

→ Rv E reports

Investigation : Drug Allergies : (if any)

Treatment :



Gurgaon

Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Haryana Ph.: 0124-49000000 Fax : 0124-2218733
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Vitals :

Chief Complaints :

Dental
ofe Carious 36
family history in 26
Admission

H/O Present Illness :

Swelling & Pain
complicated restor. in 36, 26

Past History :

Investigation :

Drug Allergies : (if any)

|

Treatment :

Rxo



ENTH - NM for implants



Gurgaon

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NAME	: MR. SHUBHAM BANSAL	DATE	: 18 / 2 / 2023
Age Sex	: 32Years / Male	Inpatient No	:
PERFORMED BY	: Dr. ELA MADAAN	BILL NO.	: 24043731

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



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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 : 3.7cm	(1.9-4.0cm)
LVID : 4.6cm	(3.7-5.6cm)	LVOT : 1.4cm	
LVPW : 0.7cm	(0.6-1.1cm)	AORTA : 2.5cm	(2.0-3.7cm)
EF : 40-42%	(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:-

- MODERATE LV DYSFUNCTION
- DISTAL OF IVS + APEX + DISTAL 1/2 OF ANTERIOR WALL HYPOKINETIC
- Global LVEF 40-42%
- LVDD GRADE – I (E<A)
- MILD MR
- AORTIC SCLEROSIS
- MILD AR
- MILD TR
- PASP – 28mm Hg + RAP
- 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. Navjeet Singh Ahluwalia
 M.D.(Medicine) D.M (Cardiology).
 HOD & Director Interventional cardiology.



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DEPARTMENT OF RADIOLOGY

Patient Name	Mr SHUBHAM BANSAL	Billed Date	: 18/02/2023	1.08 PM
Reg No	672242	Reported Date	: 18/02/2023	
Age/Sex	32 Years 10 Months 5Days / Male	Req. No.	: 24043731	
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. BHARMA
MBBS, MD
CONSULTANT RADIOLOGIST

Dr. MANJEET SEHRAWAT
MBBS, MD, PDCC
CONSULTANT RADIOLOGIST

Dr. NEENA SIKKA
MBBS, DNB
CONSULTANT RADIOLOGIST



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DEPARTMENT OF PATHOLOGY

Patient Name : Mr. SHUBHAM BANSAL

MR No : 672242

Age/Sex : 32 Years 10 Months 5 Days / Male

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Ref Doctor : Dr.RMO

Bill Date : 18/02/2023 7.08 PM

Sample Col Dt/Tm : 18/02/2023 01:52 pm

Sample Rec Dt/Tm : 18/02/2023 01:17 pm

Reporting Date : 2023-02-18 00:20:00-01 16:55

Sample ID : 101342

Bill/Req. No. : 24043731

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	166 H	60 - 110	mg/dl	GOD TRINDERS

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



Dr. PRADIP KUMAR
Consultant (Microbiology)

Dr. SONJA KUMARI
MD Pathology (Gold Medalist)

Dr. NISHA TIWARI
MBBS, MD (Microbiology)
USER NM AMIT1



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DEPARTMENT OF PATHOLOGY

Patient Name : Mr. SHUBHAM BANSAL	Bill Date : 18/02/2023
MR No : 672242	Reporting Date : 18/02/2023
Age/Sex : 32 Years 10 Months 5 Days / Male	Sample ID : 101342
Type : OPD	Bill/Req. No. : 24043731
TPA/Corporate : MEDIWHEEL PVT LTD	Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR 2 HR. PP				
BLOOD SUGAR P.P.	313	H 80 - 150	mg/dl	

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



Sample no.

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

Dr. PRADIP KUMAR
Consultant (Microbiology)

Dr. NISHA TIWARI
MBBS, MD (Microbiology)

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Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD GROUPING AND RH FACTOR				
BLOOD GROUP	" B " RH POSITIVE			MATRIX GEL

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



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Test	Result	Blo. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	14.2	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	6500	4000-11000	/ μ L	ELECTRICAL
DIFFERENTIAL COUNT				
NEUTROPHILS	65	40.0 - 80.0	%	FLOW CYTOMETRY
LYMPHOCYTES	29	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	04	2.0 - 10.0	%	FLOW CYTOMETRY
EOSINOPHILS	02	0.0 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00	0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	5.2	3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	40.4	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	76.5	L 83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	26.9	L 27 - 31	Picogrammes	CALCULATED
MEAN CORPUSCULAR HB CONC	35.1	33 - 37	g/dl	CALCULATED
PLATELET COUNT	230	150 - 450	thou/ μ L	ELECTRICAL
RDW	12.9	11.6 - 14.5	%	CALCULATED

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Test	Result	Bio. Ref. Interval	Units	Method
ESR (WESTERGRÉN)				
E.S.R. - II HR.	30		mm II Hr.	Westergren

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Test	Result	Blo. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-IODOTHYRONINE (T3)	0.91	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	10.9	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	1.13	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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USER NM PAWAN



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Reporting Date : 18/02/2023
Sample ID : 101342
Bill/Req. No. : 24043731
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT				
TOTAL BILIRUBIN	0.6	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.3	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.3	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	18	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	17	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	90	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.9	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.1	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.8	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.46	1.1 - 2.2		CALCULATED

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Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	28	10 - 45	mg/dL	UREASE-GLDH
SERUM CREATININE	1.5	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	5.7	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	137	136 - 148	mmol/L	ISE
SERUM POTASSIUM	3.7	3.5 - 5.5	meq/l	ISE
SERUM CALCIUM	9.1	8.5 - 10.5	mg/dL	ARSENAZO III
SERUM PHOSPHORUS	3.6	2.5 - 4.5	mg/dL	AMMONIUM

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Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
LIPID PROFILE				
TOTAL CHOLESTEROL	144	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	250	H 60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	43	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	50	H 6 - 32	mg/dL	calculated
LDL	51	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	1.1	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	3.3	2.0 - 5.0	mg/dl	calculated

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Test	Result	Blo. Ref. Interval	Units	Method
PSA TOTAL				
PROSTATE SPECIFIC ANTIGEN(PSA)	4.16	H 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 *****



Sample no.

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

Dr. PRADIP KUMAR
 Consultant (Microbiology)

Dr. NISHA TIWARI
 MBBS, MD (Microbiology)

USER NM PAWAN



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

(This is only professional opinion and not the diagnosis, please correlate clinically) Page 1 of 1

Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana
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the health care providers





DEPARTMENT OF PATHOLOGY

Patient Name : Mr. SHUBHAM BANSAL
 MR No : 672242
 Age/Sex : 32 Years 10 Months 5 Days / Male
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 18/02/2023
 Reporting Date : 21/02/2023
 Sample ID : 101342
 Bill/Req. No. : 24043731
 Ref Doctor : Dr.RMO

Test	Result	Blo. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERSTICS				
QUANTITY	30ml	5 - 100	ml	Vishal
COLOUR	Pale Yellow	Pale Yellow		
TURBIDITY	Clear	clear		urinometer
SPECIFIC GRAVITY	1.020	1.000-1.030		PH PAPER
PH	Acidic	Acidic/Alkaline		
CHEMICAL EXAMINATION-1				
UROBILINOGEN	NIL	NIL	mg/dl	Ehrlich Protein error indicator
URINE PROTEIN	NIL	NIL		
BLOOD	NIL	NIL		
URINE BILIRUBIN	NIL	NIL	mg/dL	GOD-POD/Benedicts SOD.
GLUCOSE	NIL	NIL		
URINE KETONE	NIL	NIL		
MICRO.EXAMINATION				
PUS CELL	1-2	0-5	cells/hpf	Microscopic
RED BLOOD CELLS	Nil	0-2	cells/hpf	
EPITHELIAL CELLS	2-4	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/hpf	

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



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Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
URINE C/S				
NAME OF SPECIMEN	URINE			Aerobic culture
ORGANISM IDENTIFIED	NO ORGANISM SEEN IN CULTURE AFTER 48 HRS OF INCUBATION AT 37 C DEGREE.			
Method :				
Note :	***** END OF THE REPORT *****			



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DEPARTMENT OF RADIOLOGY

Patient Name	Mr SHUBHAM BANSAL	Billed Date	: 18/02/2023	1.08 PM
Reg No	672242	Reported Date	: 18/02/2023	
Age/Sex	32 Years 10 Months 5Days / Male	Req. No.	: 24043731	
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 13.6cm with **fatty infiltration**. 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 11.1 cm 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:8.4x4.6cm. LK:8.8x4.6 cm.

Cortical cyst of size 12x10mm seen at mid pole of right kidney with cortical scarring.

Tiny cortical cyst of size 6x5mm seen at lower pole of left kidney.

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. It measures 17 CC.

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

IMPRESSION- Fatty liver grade-I
Bilateral renal cortical cysts
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



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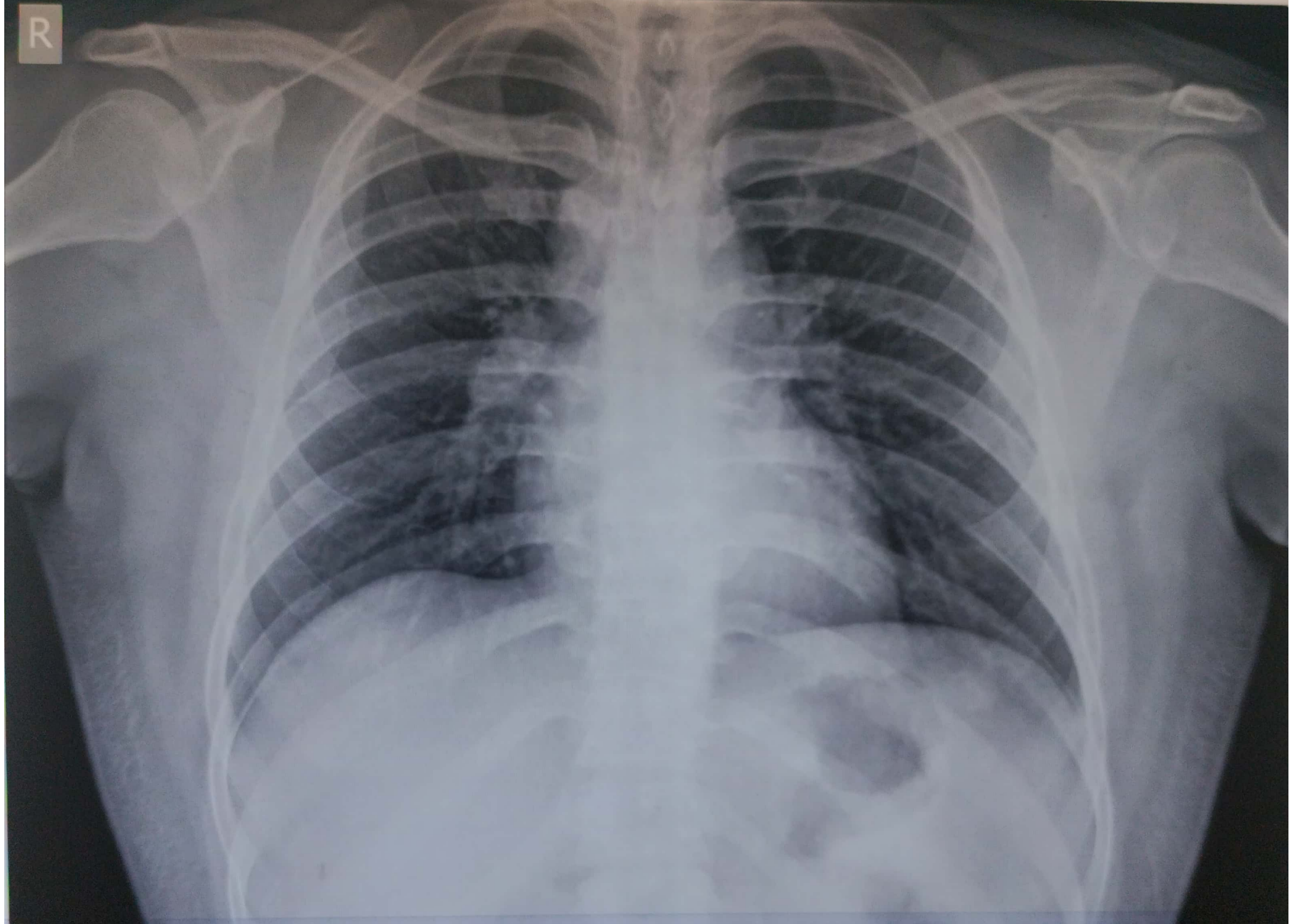
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the **health** care providers

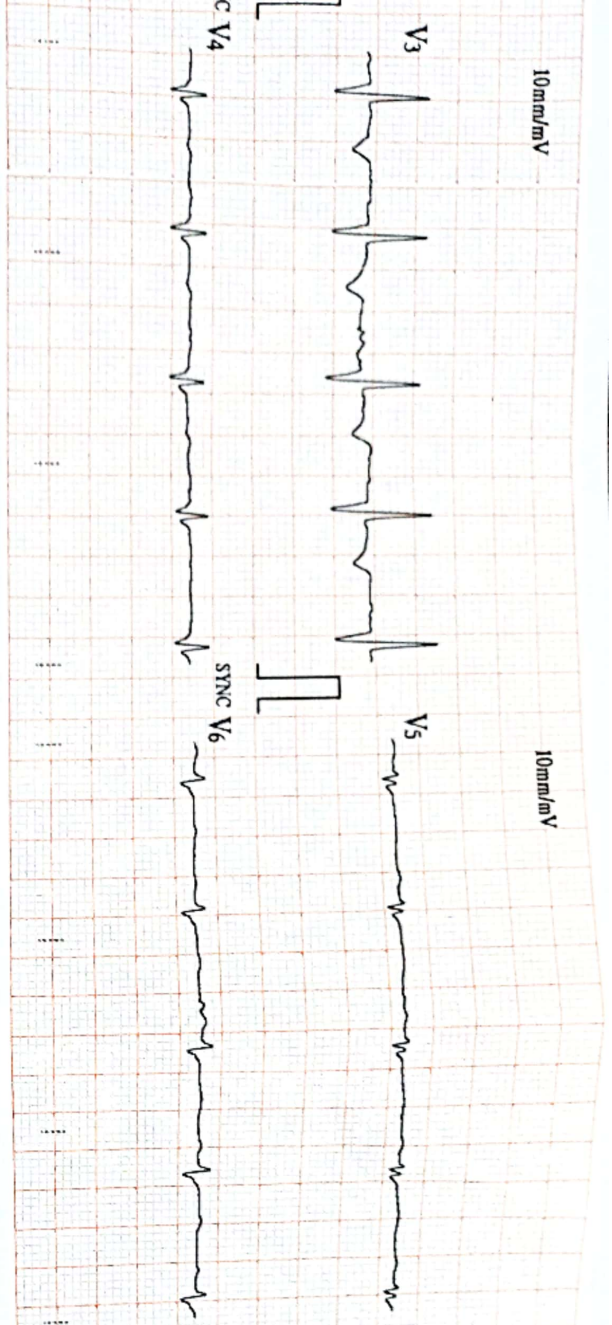
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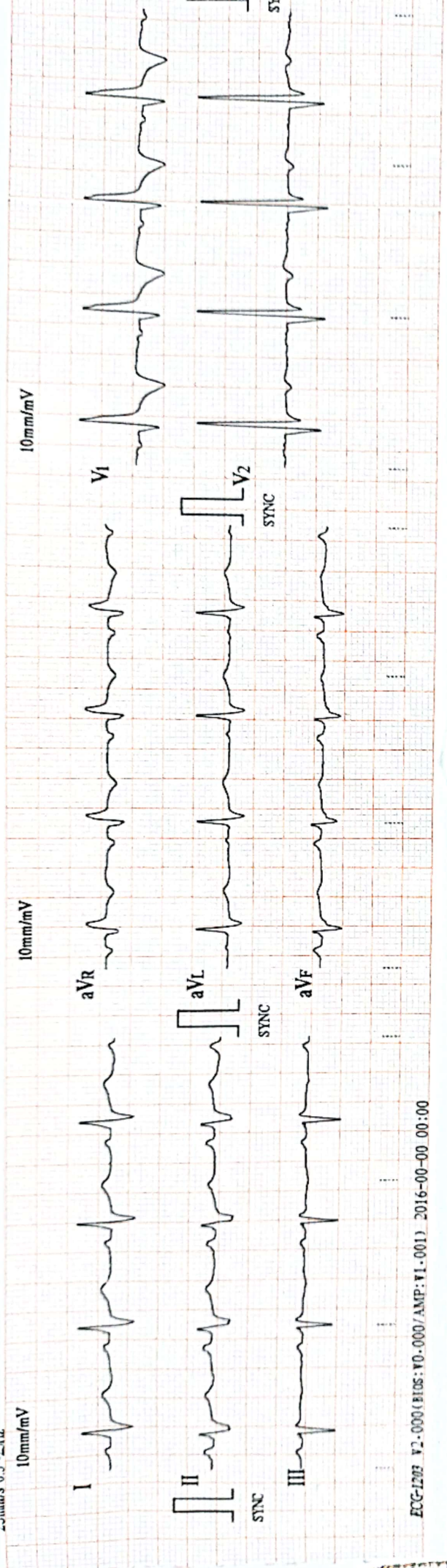
SHUBHAM BANSAL 32Y Male Chest PA REQ-24043731 2/18/2023 2:20:03 PM
PARK HOSPITAL, SOUTH CITY II, GURGAON, HARYANA



Unconfirmed report Verified by:

ID : 0004 HR : 87 bpm
 R-R : 683 ms
 Name: STUBBINS P-R : 137 ms
 Sex : male QRS : 130 ms
 Age : 32y/1m QT/QTc : 377/455 ms
 P/QRS/T : 120/-58/-61°
 RV5/SV1 : 0.060/0.260 mV
 RV5-SV1 : 0.320 mV

_____ Undefined Rhythm
 _____ High Voltage (Right Ventricular)
 _____ WPW Syndrome(?)
 _____ Unspecified T Abnormality
 _____ Marked Counter Clockwise Rotation



00:00 00-00-910C (100-1A:DWV/000-0A:SO18/000-7A:EGT2-23F

245C-5.0 s.mmc5