



Name - Solan ki Renubal Dermatology
Age - 34y/F

Vitals :

Chief Complaints :

NO skin complaints
at present

H/O Present Illness :

Advr-

Past History :

R/v SDS

Investigation :

Drug Allergies : (if any)

[Handwritten signature]

Treatment :





ENT

Ear
Nose
Throat } H/O.

Vitals :

Chief Complaints :


H/O Present Illness :

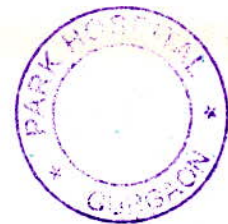
Past History :

Investigation :

Drug Allergies : (if any)

Treatment :


13 | 01 | 24



Gurgaon

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E-mail : parkmedcenters@gmail.com

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



693503

Miss. Sobanki Renu Bai
34 y/f

Vitals :

Chief Complaints :

Routine eye checkup

H/O Present Illness :

VV } 6/6
 6/6 = glasses
MCT } 19
 16

Past History :

NV } MB
 MB

Investigation :

Drug Allergies : (if any)

Treatment :

Color vision - Normal (BE)

Function - Normal





Salunke

34 year old

Date - 13/01/2024

Pala

Vitals :

Chief Complaints :

wt - 15/12/2024

Breast - NAD

cycles 4/30 days

H/O Present Illness :

normal flow

P/A - soft

Past History :

P1 - 5 year old } Uterus & V
P2 - 1 year old }

P/S - Co hysterectomized

Investigation :

Drug Allergies : (if any)

P/O - Uterus AS

A/O

BC for use
pre

Treatment :

Ro

No further
treatment

① CANOBYT CE PERRARY
FOR VAGINAL IRRITATION
AT BED TIME P 6W12472

To
PAPS
taken

Salunke

Review after
1 week
of use

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Dental

Vitals :

Chief Complaints :

O/E : Stains ++
Calculus ++

H/O Present Illness :

Past History :

Adv.
Scaling & Polishing

Investigation :

Drug Allergies : (if any)

Treatment :

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



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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. SOLANKI RENU BAI
MR No : 693503
Age/Sex : 34 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/01/2024
Reporting Date : 13/01/2024
Sample ID : 236045
Bill/Req. No. : 25231207
Ref Doctor : Dr.RMO

Test	Result		Bio. Ref. Interval	Units	Method
CBC					
HAEMOGLOBIN	11.4	L	12 - 15	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	7240		4000-11000	/μL	LASER FLOW
DIFFERENTIAL COUNT					
NEUTROPHILS	65		40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	25		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	4.6		3.5 - 5.5	millions/μL	ELECTRICAL
PACKED CELL VOLUME	37.1		35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	79.6	L	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	24.5	L	27 - 31	Picogrames	CALCULATED
MEAN CORPUSCULAR HB CONC	30.7	L	33 - 37	g/dl	CALCULATED
PLATELET COUNT	414		150 - 450	thou/μL	ELECTRICAL
RDW	13.8		11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA				

***** 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

ARUN



MC - 4830

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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. SOLANKI RENU BAI
MR No : 693503
Age/Sex : 34 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/01/2024
Reporting Date : 13/01/2024
Sample ID : 236100
Bill/Req. No. : 25231207
Ref Doctor : Dr.RMO

Test	Result	Blo. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	92	60 - 110	mg/dl	GOD TRINDERS

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



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DEPARTMENT OF BIOCHEMISTRY

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MR No : 693503
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Type : OPD
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Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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BLOOD SUGAR 2 HR. PP

BLOOD SUGAR P.P.	105	80 - 150	mg/dl	
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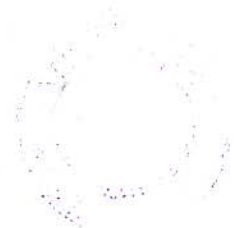
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21: 23





DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. SOLANKI RENU BAI

MR No : 693503

Age/Sex : 34 Years / Female

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/01/2024

Reporting Date : 13/01/2024

Sample ID : 236045

Bill/Req. No. : 25231207

Ref Doctor : Dr.RMO

Test	Result	Blo. Ref. Interval	Units	Method
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URINE ROUTINE AND MICROSCOPY

PHYSICAL CHARACTERSTICS

QUANTITY	40ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		Vishal
TURBIDITY	Clear	clear		
SPECIFIC GRAVITY	1.010	1.000-1.030		urinometer
PH - URINE	6.0	5.0 - 9.0		PH PAPER

CHEMICAL EXAMINATION-1

UROBILINOGEN	Negative	NIL		Ehrlich
URINE PROTEIN	Absent	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			

AMORPHOUS URINE	Absent			MicroScopy
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Test	Result	Bio. Ref. Interval	Units	Method
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BLOOD GROUPING AND RH FACTOR

BLOOD GROUP	" B " RH POSITIVE			ABO/Rh (D) SLIDE
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DEPARTMENT OF HAEMATOLOGY

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Reporting Date : 13/01/2024
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Bill/Req. No. : 25231207
Ref Doctor : Dr.RMO

Test	Result	Blo. Ref. Interval	Units	Method
ESR (WESTERGREN)				
E.S.R. - I HR.	18	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 : Mrs. SOLANKI RENU BAI
MR No : 693503
Age/Sex : 34 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/01/2024
Reporting Date : 15/01/2024
Sample ID : 236045
Bill/Req. No. : 25231207
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 *****



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DEPARTMENT OF IMMUNOLOGY

Patient Name : Mrs. SOLANKI RENU BAI
MR No : 693503
Age/Sex : 34 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/01/2024
Reporting Date : 13/01/2024
Sample ID : 236045
Bill/Req. No. : 25231207
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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THYROID PROFILE

TRI-IODOTHYRONINE (T3)	1.22	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	9.0	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	3.11	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 : Mrs. SOLANKI RENU BAI
MR No : 693503
Age/Sex : 34 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 13/01/2024
Reporting Date : 13/01/2024
Sample ID : 236100
Bill/Req. No. : 25231207
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	0.4	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.4	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	21	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	17	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	98	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.2	L 6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.2	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.0	L 2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	2.1	1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM			

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DEPARTMENT OF BIOCHEMISTRY

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Sample ID : 236100
Bill/Req. No. : 25231207
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	19	10 - 45	mg/dL	UREASE-GLDH
SERUM CREATININE	0.9	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	4.0	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	138	135 - 150	mmol/L	ISE
SERUM POTASSIUM	4.1	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
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LIPID PROFILE

LIPID PROFILE

Test	Result	Bio. Ref. Interval	Units	Method
TOTAL CHOLESTEROL	131	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	70	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	50	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	14	6 - 32	mg/dL	calculated
LDL	67	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	1.34	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	2.62	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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the **health** care providers



DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. SOLANKI RENU BAI	Billed Date	: 13/01/2024
Reg No	693503	Reported Date	: 13/01/2024
Age/Sex	34 Years / Female	Req. No.	: 25231207
Type	OPD	Consultant Doctor	: Dr. RMO

X-RAY CHEST AP/PA

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



Dr. NEENA SIKKA
MBBS, DNB
CONSULTANT RADIOLOGIST



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Reg No	693503	Reported Date	: 13/01/2024
Age/Sex	34 Years / Female	Req. No.	: 25231207
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), shape and echotexture. No evidence of any focal lesion. IHBR is not dilated.

GALL BLADDER : The gall bladder is well distended and shows multiple calculi in GB lumen largest measures 13.8 mm. GB wall thickness within normal limits. 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 : Right kidney measures 10.1 x 3.7 cm. Left kidney measures 9.4 x 3.2 cm. 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.

UTERUS : The uterus is anteverted. It measures 5.1 x 4.0 x 3.2 cms. in the longitudinal, anteroposterior and transverse dimensions respectively. The uterine margins are smooth and does not reveal any contour abnormalities.

The uterine myometrium shows homogeneous echotexture.

No evidence of leiomyoma is noted. No solid or cystic mass lesion is noted.

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The endometrial echo is in the midline and measures 4.0 mm.

The ovaries on the either side show normal echotexture.

No adnexal mass is seen.No cyst is seen in ovaries.

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

IMPRESSION- Cholelithiasis.

To be correlated clinically.




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MBBS, MD
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(This is only professional opinion and not the diagnosis, please correlate clinically)
Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

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Name : Mrs . SOLANKI RENU 25231207
Age/Gender : 34 Y(s) /Female
VID : 130124507
KPID : KP0425238
Referred By : PARK HOSPITAL
Sample Id : 220353690

Location : KPL A43
Registered On : 13-01-2024 17:29
Release Date : 15-Jan-2024 15:40
ClientId :
Histo Id : A24/12517



AW-CYTOLOGY

Test

ResultUnit

Pap Smear

CYTOPATHOLOGY NO.: C-84/24

SPECIMEN SUBMITTED: 2 Conventional cervical smears.

SPECIMEN ADEQUACY: Satisfactory for evaluation; Endocervical /transformation zone component present.

MICROSCOPIC EXAMINATION:

Squamous cell population:

Superficial – Present.

Intermediate – Present.

Metaplastic squamous cells – Few present.

Inflammation – Moderate to severe.

Atypical cells – Not present.

Background bacterial flora – Maintained.

INTERPRETATION:

- Negative for squamous intraepithelial lesion or malignancy.
- Inflammation with associated reactive cellular changes.

COMMENT:

1. The smears are reported using the Bethesda system (2014) for reporting cervical cytology.
2. Cervical cytology is a screening test primarily for squamous cancer and its precursors and has associated false-negative and false-positive results. Technologies such as liquid-based preparations may decrease but will not eliminate all false negative results. Follow-up of unexplained clinical signs and symptoms is recommended to minimize false-negative results.
3. In patients with squamous or glandular intraepithelial abnormalities, further diagnostic follow-up procedures, such as HPV testing, colposcopy / biopsy with endocervical sampling are suggested, as clinically indicated.

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ON PANEL : C.G.H.S., D.G.E.H.S., ECHS, B.H.E.L, INDIAN RAILWAY, E.S.I., NDMC, DELHI JAL BOARD, ONGC, NTPC, SAIL, NIFT

1. All reports are for interpretation by the treating doctor only and have to be viewed and correlated with clinical examination and other investigations. 2. All investigations have their limitation which is imposed by the limits to sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. 3. If the result (s) of tests are alarming or unexpected the doctor is advised to contact the lab immediately for needful and necessary action.

This Report is not subject to use for any medico-legal purpose

LABORATORY REPORT

Name : Mrs . SOLANKI RENU 25231207
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Dr. Khanna's
PATHCARE

Preeti

Dr.Preeti
M.D. DNB. (Pathology)
Consultant Pathologist DMC/R/10909

Print Date : 16-01-2024 14:59

Page:2 of 2



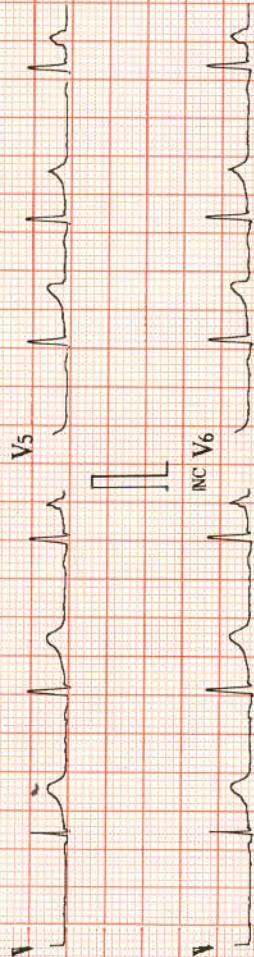
ON PANEL : C.G.H.S., D.G.E.H.S., ECHS, B.H.E.L, INDIAN RAILWAY, E.S.I., NDMC, DELHI JAL BOARD, ONGC, NTPC, SAIL, NIFT

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10mm/mV

10mm/s



Selanki, Penny
female

34497
181124

ID: 011 : 63
PR : 138 ms
QTc : 39 ms
QTc : 177-389 ms
SI: PPS/T : 38/17
P/SV1 : 0.550/0.350 mV
M+SV1 : 0.900 mV

--- Sinus rhythm
--- Low Voltage (Chest Leads) (0.50 mV)
--- Slight ST Depression
--- Marked Counter Clockwise Rotation

Interpreted by:

