



6/3/23

Mr Roshan Agarwal  
35Y/M

Vitals :

Chief Complaints :

Routine eyes checkup

H/O Present Illness :

MV — 6/6  
— 6/6 = glasses

Past History :

MV — MB  
— MB

NCT — 17  
— 18

Investigation :

Drug Allergies : (if any)

Colour vision — Normal BE

Treatment :

Function Examination — Normal



Gurgaon

Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Haryana Ph : 0124-49000000 Fax : 0124-2218733  
E-mail : parkmedicenters@gmail.com

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





Dental

Vitals :

Chief Complaints :

H/O Present Illness :

o/e Carious in 27, 28, 36, 37, 38

Past History :

47

Stains ++, Calculi ++

Investigation :

Drug Allergies : (if any)

Aelurci

Treatment :

Scaling & Polishing

Composite restorations in 27, 28, 36,

37, 38, 47



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6/3/23

Sp Dermatology

? LN

Adv:-

- TOPICAL 6%.

Outment

(2/A) ——— (N)

2 10 days

- EXCELA MAX  
LOTION

(2/A) M — A —

- Rv after 10 days



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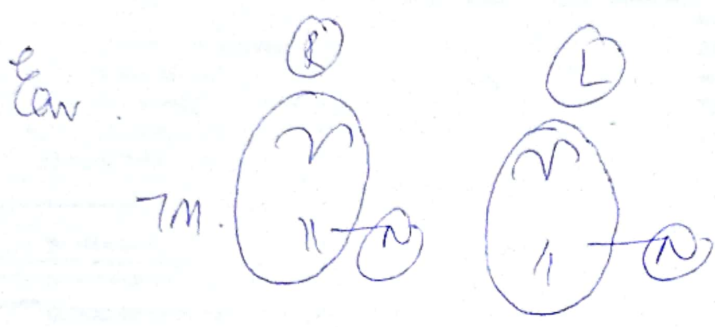


Mr. Roshan Aggarwal.



**Park Hospital**  
GROUP SUPER SPECIALITY HOSPITAL

6/3/23



Oral - NAD

Nose - Mild DNS (R) to (L)  
Mild swelling at floor of vestibule (fungus (R)).

Adv  
PYA

Rx

- Mupirocin ointment  
LA BIB  
\* 5 day.
- T. Zedol SP 505  
f pain.

- Clearwax ear  
drops 5-5-5  
3-5 days



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# Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

## DEPARTMENT OF PATHOLOGY

Patient Name : Mr. ROSHAN AGARWAL  
 MR No : 673277  
 Age/Sex : 35 Years / Male  
 Type : OPD  
 TPA/Corporate : MEDIWHEEL PVT LTD  
 Ref Doctor : Dr.RMO

Bill Date : 06/03/2023 9.11 AM  
 Sample Col Dt/Tm : 06/03/2023 09:46 am  
 Sample Rec Dt/Tm : 06/03/2023 09:46 am  
 Reporting Date : 2023-03-06 00:23:00-01 13:39:  
 Sample ID : 107959  
 Bill/Req. No. : 24052904

Test	Result	Bio. Ref. Interval	Units	Method
<b>BLOOD SUGAR FASTING</b>				
PLASMA GLUCOSE FASTING	73	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 AMIT1



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Test	Result	Bio. Ref. Interval	Units	Method
<b>BLOOD SUGAR 2 HR. PP</b>				
BLOOD SUGAR P.P.	105	80 - 150	mg/dl	

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



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Test	Result	Blo. Ref. Interval	Units	Method
<b>URINE ROUTINE AND MICROSCOPY</b>				
<b>PHYSICAL CHARACTERSTICS</b>				
QUANTITY	40ml	5 - 100	ml	Vishal
COLOUR	Pale Yellow	Pale Yellow		
TURBIDITY	Clear	clear		
SPECIFIC GRAVITY	1.020	1.000-1.030		urinometer
PH	Acidic	Acidic/Alkaline		PH PAPER
<b>CHEMICAL EXAMINATION-1</b>				
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.
<b>MICRO.EXAMINATION</b>				
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	/npf	
OTHER	NIL			

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



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Test	Result	Bio. Ref. Interval	Units	Method
<b>BLOOD GROUPING AND RH FACTOR</b>				
BLOOD GROUP	" B " RH NEGATIVE			MATRIX GEL

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



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Test	Result	Bio. Ref. Interval	Units	Method
<b>CBC</b>				
HAEMOGLOBIN	13.9	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	6100	4000-11000	/ $\mu$ L	ELECTRICAL
<b>DIFFERENTIAL COUNT</b>				
NEUTROPHILS	64	40.0 - 80.0	%	FLOW CYTOMETRY
LYMPHOCYTES	26	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	08	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	4.7	3.5 - 5.5	millions/ $\mu$ L	ELECTRICAL
PACKED CELL VOLUME	44.8	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	95.0	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	29.4	27 - 31	Picogrammes	CALCULATED
MEAN CORPUSCULAR HB CONC	31.0	L 33 - 37	g/dl	CALCULATED
PLATELET COUNT	211	150 - 450	thou/ $\mu$ L	ELECTRICAL
RDW	13.2	11.6 - 14.5	%	CALCULATED

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Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 06/03/2023

Reporting Date : 06/03/2023

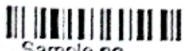
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Test	Result	Bio. Ref. Interval	Units	Method
<b>ESR (WESTERGREN)</b>				
E.S.R. - II HR.	25		mm II Hr.	Westergren

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



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Sample ID : 107959  
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Test	Result	Bio. Ref. Interval	Units	Method
<b>THYROID PROFILE</b>				
TRI-IODOTHYRONINE (T3)	1.21	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	7.7	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	4.78	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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Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 06/03/2023

Reporting Date : 06/03/2023

Sample ID : 107959

Bill/Req. No. : 24052904

Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>LFT (LIVER FUNCTION TEST)</b>				
<b>LFT</b>				
TOTAL BILIRUBIN	0.3	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.2	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.1	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	104	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	5.6	L 6.4 - 8.0	g/dL	BIURET
ALBUMIN	3.2	L 3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.4	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.33	1.1 - 2.2		CALCULATED

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



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Test	Result	Bio. Ref. Interval	Units	Method
<b>KFT (RENAL PROFILE)</b>				
KFT				
SERUM UREA	15	10 - 45	mg/dL	UREASE-GLDH
SERUM CREATININE	0.9	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	3.1	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	138	136 - 148	mmol/L	ISE
SERUM POTASSIUM	4.3	3.5 - 5.5	meq/l	ISE
SERUM CALCIUM	9.3	8.5 - 10.5	mg/dL	ARSENAZO III
SERUM PHOSPHORUS	2.8	2.5 - 4.5	mg/dL	AMMONIUM

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<b>LIPID PROFILE</b>				
LIPID PROFILE				
TOTAL CHOLESTEROL	144	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	121	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	44	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	24	6 - 32	mg/dL	calculated
LDL	76	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	1.7	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	3.2	2.0 - 5.0	mg/dl	calculated

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<b>PSA TOTAL</b>				
PROSTATE SPECIFIC ANTIGEN(PSA)	0.56	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 amazement 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 \*\*\*\*\*



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NAME	: MR. ROSHAN AGARWAL	DATE	: 7 / 03 / 2023
Age Sex	: 35 Years / Male	Inpatient No	:
PERFORMED BY	: Dr. ELA MADAAN	UHID	: 24052904

## 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 / 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



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

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

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<u>Measurements</u>		<u>Normal Values</u>	<u>Measurements</u>		<u>Normal Value</u>
IVSD	: 1.1cm	(0.6-1.1cm))	LA	: 3.0cm	(1.9-4.0cm)
LVID	: 4.8cm	(3.7-5.6cm)	LVOT	: 1.6cm	
LVPW	: 0.9cm		AORTA	: 2.8cm	(2.0-3.7cm)
EF	: 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 AS
- NO AR/ NO AS
- TRACE TR
- GOOD RV FUNCTION
- 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  
M.D.(Medicine) D.M (Cardiology).  
HOD & Director Interventional cardiology.



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

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the health care providers

the health care providers





Patient Name	Mr ROSHAN AGARWAL	Billed Date	: 06/03/2023	9.11 AM
Reg No	673277	Reported Date	: 06/03/2023	
Age/Sex	35 Years / Male	Req. No.	: 24052904	
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



Dr. NEENA SIKKA  
MBBS, DNB  
CONSULTANT RADIOLOGIST



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

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**DEPARTMENT OF RADIOLOGY**

Patient Name	Mr ROSHAN AGARWAL	Billed Date	: 06/03/2023	9.11 AM
Reg No	673277	Reported Date	: 06/03/2023	
Age/Sex	35 Years / Male	Req. No.	: 24052904	
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 11.6cm **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 9.0 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** :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 shape, size and echotexture.

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

**Bowel loop distended with gas.**

**IMPRESSION-** Fatty liver grade-I

To be correlated clinically

Dr.ANSHU K.SHARMA  
MBBS,MD  
CONSULTANT RADIOLOGIST

Dr.MANJEET SEHRAWAT  
MBBS,MD,PDCC  
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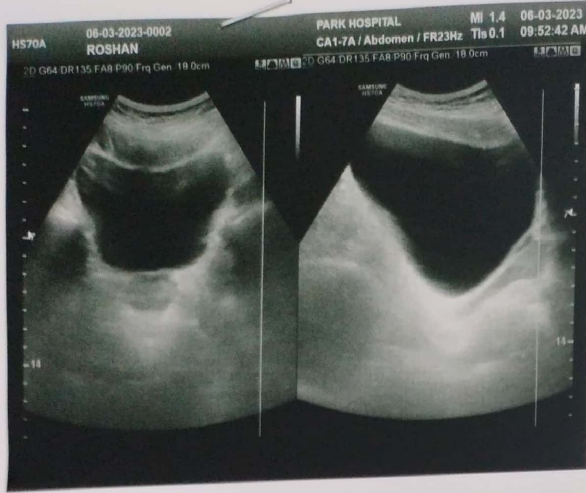
(This is only professional opinion and not the diagnosis, please correlate clinically)

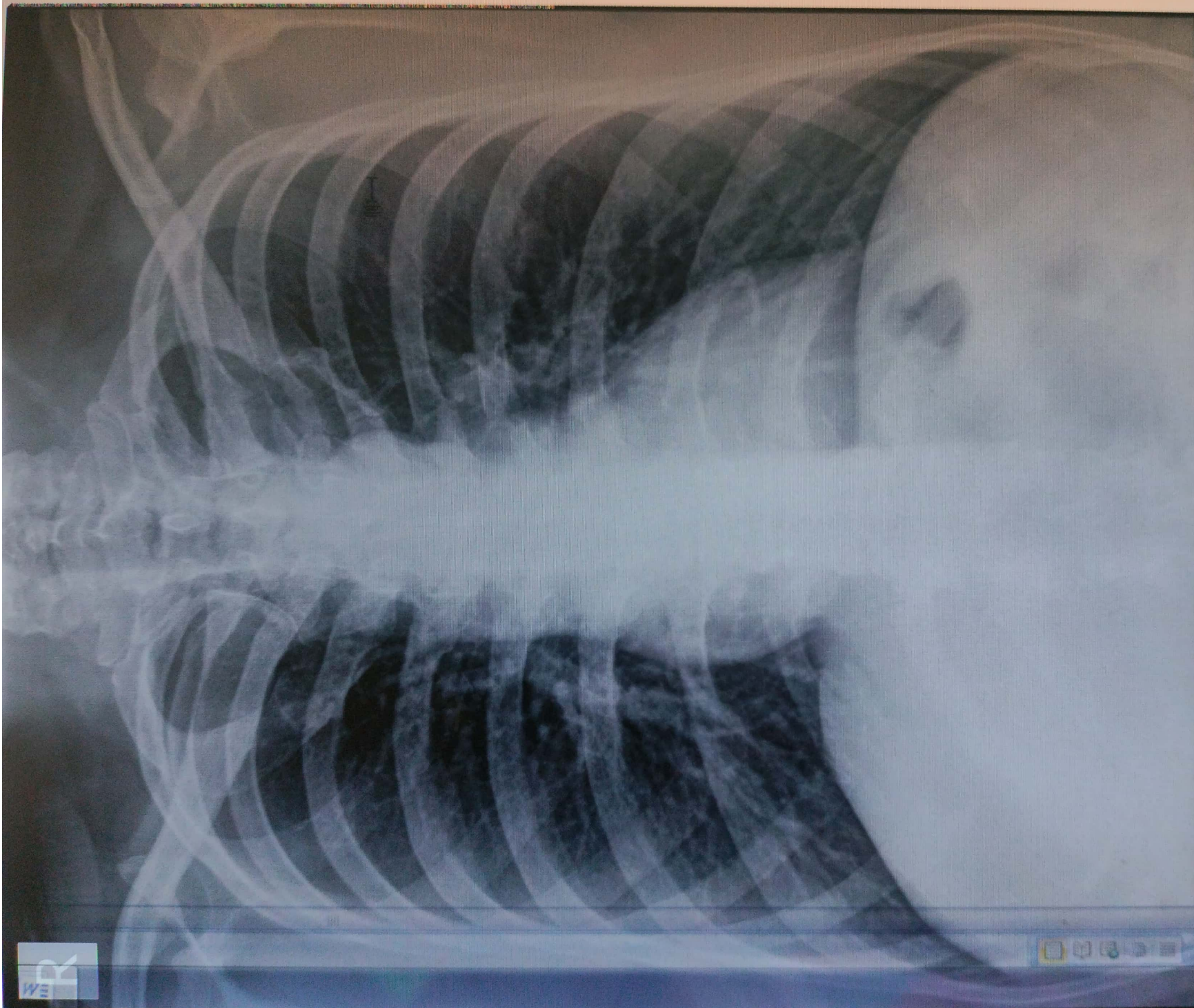
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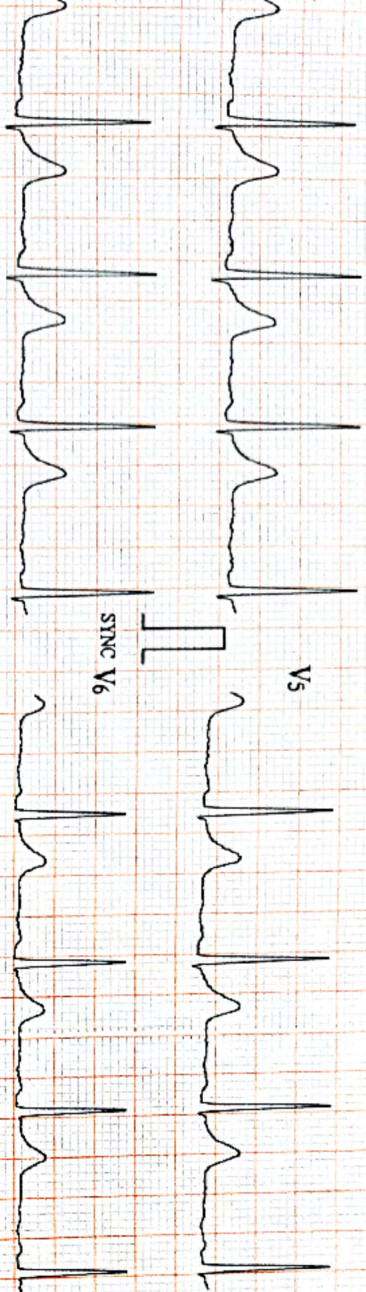






ROSHAN AGARWAL, 35Y M Male Chest PA REQ24052904 3/6/2023 9:34:21 AM  
PARK HOSPITAL, SOUTH CITY II, GURGAON, HARYANA

10mm/mV



10mm/mV

ID : 0002

Name: ROSHAN

Sex : Male

Age : 35y

6/13/23

HR : 76 bpm

R-R : 787 ms

P-R : 156 ms

QRS : 82 ms

QT/QTc : 354/398 ms

P/qRS/T : 61/8/18 °

RV5/SV1 : 1.620/1.070 mV

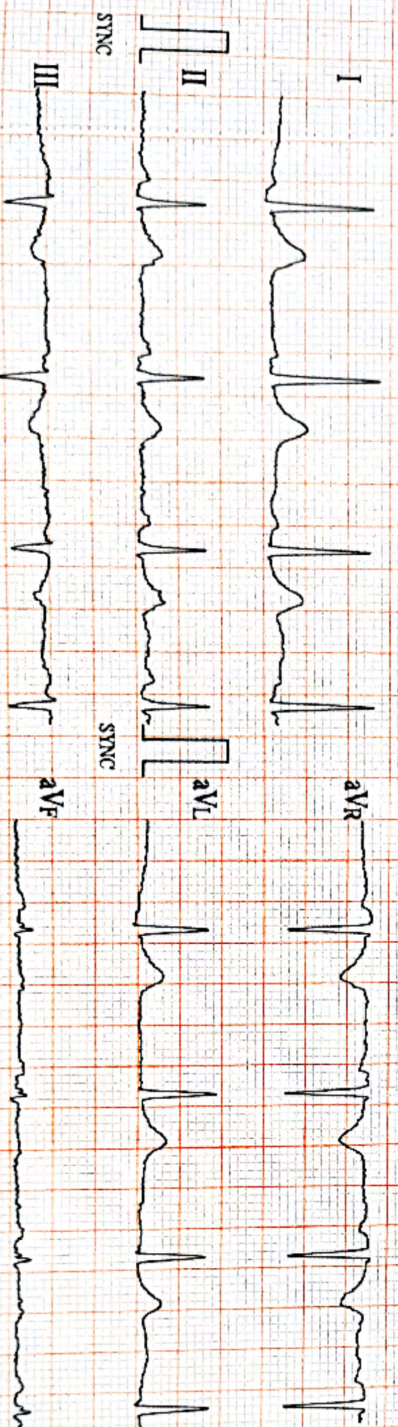
RV5+SV1 : 2.690 mV

- Sinus Rhythm
- Slight ST Depression
- Marked Counter Clockwise Rotation
- Mild Left Axis Deviation

Unconfirmed report Verified by: \_\_\_\_\_

25mm/s 0.5 mV

10mm/mV



10mm/mV

10mm/mV

ECG-1203 V2.000(BIOS:V0.000/AMP:V1.001) 2016-00-00 00:00