



29/4/23

Mr. Umesh Kumar

Vitals :

Chief Complaints :

General Health checkup.

H/O Present Illness :

Past History :

ADU

Ey 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  
E-mail : parkmedicenters@gmail.com

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



ENT { Umesh Kumar  
MRD-677083  
Health Check-up

Ear }  
Nose } MHO  
Throat }

Vitals :

Chief Complaints :

for hearing assessment

H/O Present Illness :

Adv  
- pure tone  
audiometry

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :





677083

UMESH Kumar  
37 Y/M

Routine eyes checkup

Vitals :

Chief Complaints :

H/O Present Illness :

M { 6/6  
6/6 unaddled

Past History :

MV { NG NCT { 20  
NG 18

Investigation :

Drug Allergies : (if any)

Color Vision - Normal BS

Treatment :

fundus Examination - Normal





Dental.

Umesh Kumar.

Vitals :

Chief Complaints :

stain & calculus.

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

None.

Scaling & polishing

Treatment :



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29/4/23

Umesh Kumar / 37/m  
? skin tag

**Vitals :**

B.P  
130/80mmHg  
Wt - 75.3 kg  
Ht - 165 cm

**Chief Complaints :**

Adv:

**H/O Present Illness :**

→ Removal

**Past History :**



**Investigation :**

**Drug Allergies : (if any)**

**Treatment :**

Gurgaon

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**DEPARTMENT OF PATHOLOGY**

**Patient Name** : Mr. UMESH KUMAR  
**MR No** : 677083  
**Age/Sex** : 37 Years / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD  
**Ref Doctor** : Dr.RMO

**Bill Date** : 29/04/2023 9.05 AM  
**Sample Col Dt/Tm** : 29/04/2023 09:52 am  
**Sample Rec Dt/Tm** : 29/04/2023 09:51 am  
**Reporting Date** : 2023-04-29 00:28:00  
**Sample ID** : 131292  
**Bill/Req. No.** : 24084765

Test	Result	Bio. Ref. Interval	Units	Method
<b>BLOOD SUGAR FASTING</b>				
PLASMA GLUCOSE FASTING	109	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 SONU



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

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Test	Result	Bio. Ref. Interval	Units	Method
<b>BLOOD SUGAR 2 HR. PP</b>				
BLOOD SUGAR P.P.	136	80 - 150	mg/dl	

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



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Test	Result	Bio. Ref. Interval	Units	Method
<b>URINE ROUTINE AND MICROSCOPY</b>				
<b>PHYSICAL CHARACTERSTICS</b>				
QUANTITY	30ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		Vishal
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	2-3	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	

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**BLOOD GROUPING AND RH FACTOR**

BLOOD GROUP

"AB" RH POSITIVE

MATRIX GEL

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



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Test	Result	Bio. Ref. Interval	Units	Method
<b>CBC</b>				
HAEMOGLOBIN	13.7	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	5500	4000-11000	/ $\mu$ L	ELECTRICAL
<b>DIFFERENTIAL COUNT</b>				
NEUTROPHILS	55	40.0 - 80.0	%	FLOW CYTOMETRY
LYMPHOCYTES	40	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	03	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	4.5	3.5 - 5.5	millions/ $\mu$ L	ELECTRICAL
PACKED CELL VOLUME	41.2	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	90.1	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	30.0	27 - 31	Picogrammes	CALCULATED
MEAN CORPUSCULAR HB CONC	33.3	33 - 37	g/dl	CALCULATED
PLATELET COUNT	<b>143</b>	L 150 - 450	thou/ $\mu$ L	ELECTRICAL
RDW	12.6	11.6 - 14.5	%	CALCULATED

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



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Test	Result	Bio. Ref. Interval	Units	Method
<b>ESR (WESTERGREN)</b>				
E.S.R. - II HR.	55		mm II Hr.	Westergren

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



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**URINE C/S**

NAME OF SPECIMEN	URINE			
ORGANISM IDENTIFIED	NO GROWTH SEEN IN CULTURE AFTER 48HRS OF INCUBATION AT 37 C DEGREE.			Aerobic culture

**Method** :

**Note** :

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



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Test	Result	Bio. Ref. Interval	Units	Method
<b>THYROID PROFILE</b>				
TRI-iodothyronine (T3)	1.08	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	8.2	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	4.25	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 PATHOLOGY

<b>Patient Name</b> :	Mr. UMESH KUMAR	<b>Bill Date</b> :	29/04/2023 9.05 AM
<b>MR No</b> :	677083	<b>Sample Col Dt/Tm</b> :	29/04/2023 09:52 am
<b>Age/Sex</b> :	37 Years / Male	<b>Sample Rec Dt/Tm</b> :	29/04/2023 09:51 am
<b>Type</b> :	OPD	<b>Reporting Date</b> :	2023-04-29 00:23:00-01 17:56:
<b>TPA/Corporate</b> :	MEDIWHEEL PVT LTD	<b>Sample ID</b> :	131292
<b>Ref Doctor</b> :	Dr.RMO	<b>Bill/Req. No.</b> :	24084765

Test	Result	Bio. Ref. Interval	Units	Method
<b>LFT (LIVER FUNCTION TEST)</b>				
<b>LFT</b>				
TOTAL BILIRUBIN	1.0	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.4	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.6	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	32	0 - 45	U/L	IFCC WITHOUT PYRIDOXAL PHOSPHATE
SGPT (ALT)	<b>63</b> <i>H</i>	0 - 45	U/L	IFCC WITHOUT PYRIDOXAL PHOSPHATE
ALKALINE PHOSPHATASE	76	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.5	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.0	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.5	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.6	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>				
<b>KFT</b>				
SERUM UREA	23	10 - 45	mg/dL	UREASE-GLDH
SERUM CREATININE	1.3	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	<b>7.2</b>	<i>H</i> 2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	142	136 - 148	mmol/L	ISE
SERUM POTASSIUM	4.9	3.5 - 5.5	meq/l	ISE
SERUM CALCIUM	8.6	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	3.2	2.5 - 4.5	mg/dL	AMMONIUM

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



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### LIPID PROFILE

Test	Result	Bio. Ref. Interval	Units	Method
<b>LIPID PROFILE</b>				
TOTAL CHOLESTEROL	222	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	<b>205</b>	<i>H</i> 60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	51	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	<b>41</b>	<i>H</i> 6 - 32	mg/dL	calculated
LDL	130	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.5	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	4.3	2.0 - 5.0	mg/dl	calculated

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## DEPARTMENT OF IMMUNOLOGY

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**Reporting Date** : 2023-04-30 00:28:00-01 09:19:

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<b>PSA TOTAL</b>				
PROSTATE SPECIFIC ANTIGEN(PSA)	<b>0.49</b>	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 \*\*\*\*\*



**Dr. PRADIP KUMAR**  
Consultant (Microbiology)

**Dr. SONIA KUMARI**  
MD Pathology (Gold Medalist)

**Dr. NISHA TIWARI**  
MBBS, MD (Microbiology)

USER NM DINESH



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

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



# Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

## DEPARTMENT OF RADIOLOGY

Patient Name	Mr UMESH KUMAR	Billed Date	: 29/04/2023	9.05 AM
Reg No	677083	Reported Date	: 29/04/2023	
Age/Sex	37 Years / Male	Req. No.	: 24084765	
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, ( 14.4cm) with **fatty infiltration**. No evidence of any focal lesion. IHBR is NOT dilated.

**GALL BLADDER:** The gall bladder is partially 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 ( 8.8cm) 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/ 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.

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesantric lymphadenopathy is seen.

**Bowel loops distended with gas.**

**IMPRESSION:-** Grade II fatty liver

To be corelated 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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