



Park Hospital

GROUP SUPER SPECIALITY HOSPITAL



Narender Kumar

Age - 58y/M

ENT

Vitals :

Chief Complaints :

Ear }
Nose } NAD
Throat }

H/O Present Illness :

Rx1. Rectified spirit - ①

Past History :

2. Ear buds → ①

Investigation :

Drug Allergies : (if any)

Treatment :

21/03/24

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

the health care providers

the health care providers



Narendera kumar
Age - 58y/M
Ophthal

Vitals :

Chief Complaints : Routine eye checkup

H/O Present Illness :

$\left. \begin{array}{l} \text{UN} \\ \text{---} \\ \text{---} \end{array} \right\} \begin{array}{l} 6/6 \\ 6/6 \end{array} \approx \text{glasses}$
 $\left. \begin{array}{l} \text{MCT} \\ \text{---} \\ \text{---} \end{array} \right\} \begin{array}{l} 17 \\ 15.2 \end{array}$

Past History :

$\left. \begin{array}{l} \text{MV} \\ \text{---} \\ \text{---} \end{array} \right\} \begin{array}{l} \text{MS} \\ \text{MS} \end{array} \approx \text{glasses}$

Investigation :

Drug Allergies : (if any)

Treatment :

Colon mirror - Normal

Fundus - Normal





Navendra Kumar
Age - 58y/M
Dermatology

19/3/24

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :

favic lesion
→ No systemic
symptoms
related to
dermatology
at present





Navendra Kumar
Age - 58y/M
Dental

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

O/E Stains and calculus.

Investigation :

Drug Allergies : (if any)

Treatment :

Adv. Sealing and Polishing

Adv. Composite Restoration

654	23456.
65	56





DEPARTMENT OF IMMUNOLOGY

Patient Name : Mr. NARENDRA KUMAR
MR No : 697053
Age/Sex : 58 Years 6 Months / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 19/03/2024
Reporting Date : 19/03/2024
Sample ID : 262122
Bill/Req. No. : 25267428
Ref Doctor : Dr.RMO

Test	Result	Blo. Ref. Interval	Units	Method
PSA TOTAL				
PROSTATE SPECIFIC ANTIGEN(PSA)	1.63	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 & 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.

Dr. JAY PRAKASH SINGH
MBBS, MD (PATHOLOGY)

Dr. ISHA RASTOGI
MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST



USER NM PAWAN



MC - 4830

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DEPARTMENT OF BIOCHEMISTRY

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Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
LIPID PROFILE				
TOTAL CHOLESTEROL	245	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	176	<i>H</i> 60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	50	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	35.2	<i>H</i> 6 - 32	mg/dL	calculated
LDL	159.8	<i>H</i> 50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	3.2	<i>H</i> 1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	4.9	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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Test	Result	Bio. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	27	10 - 45	mg/dL	
SERUM CREATININE	1.1	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	6.5	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	138	135 - 150	mmol/L	ISE
SERUM POTASSIUM	3.9	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.7	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	2.9	2.5 - 4.5	mg/dL	AMMONIUM
SAMPLE TYPE:	SERUM			

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



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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)	21	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	11	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	56	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.9	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.4	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.5	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.76	1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM			

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Test	Result	Bio. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-IODOTHYRONINE (T3)	0.67	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	3.4	L 5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	4.82	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.

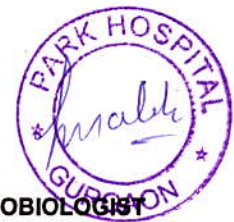
Note: Please correlate with clinical condition

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DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. NARENDRA KUMAR
MR No : 697053
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Type : OPD
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Test	Result	Bio. Ref. Interval	Units	Method
ESR (WESTERGREN)				
E.S.R .1ST HRS.	12	0 - 20	mm/Hr.	Westergren
SPECIMEN TYPE	WHOLE BLOOD-EDTA			
Method : (Capillary photometry)				

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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Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	13.7	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	5480	4000-11000	/ μ L	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	4.1	3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	41.3	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	100.2	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	33.3	<i>H</i> 27 - 31	Picogrames	CALCULATED
MEAN CORPUSCULAR HB CONC	33.2	33 - 37	g/dl	CALCULATED
PLATELET COUNT	129	<i>L</i> 150 - 450	thou/ μ L	ELECTRICAL
RDW	12.9	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA			

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



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Test	Result	Bio. Ref. Interval	Units	Method
BLOOD GROUPING AND RH FACTOR				
BLOOD GROUP	" B " RH POSITIVE			ABO/Rh (D) SLIDE

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DEPARTMENT OF PATHOLOGY

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URINE ROUTINE AND MICROSCOPY

PHYSICAL CHARACTERISTICS

QUANTITY	40ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		Manual Method
TURBIDITY	Clear	clear		
SPECIFIC GRAVITY	1.015	1.000-1.030		urinometer
PH - URINE	6.5	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	1-2	0-2	cells/hpf	
EPITHELIAL CELLS	1-3	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/Lpf	
OTHER	NIL			
AMORPHOUS URINE	Absent			MicroScopy

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Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR 2 HR. PP				
BLOOD SUGAR P.P.	115	80 - 150	mg/dl	

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Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	91	60 - 110	mg/dl	GOD TRINDERS

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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, immune-compromised or diabetic patients & 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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NAME	: MR. NARENDRA KUMAR	DATE	: 19 / 3 / 2024
Age Sex	: 58 Years / Male	Inpatient No	: 697053
PERFORMED BY	: Dr. SACHIN BANSAL	UHID	: 25267428

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



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



Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Value</u>
IVSD : 1.1cm	(0.6-1.1cm)	LA : 3.6cm	(1.9-4.0cm)
LVID : 4.6cm	(3.7-5.6cm)	LVOT : 1.4cm	
LVPW : 1.0cm	(0.6-1.1cm)	AORTA : 2.5cm	(2.0-3.7cm)
EF : 55-60%	(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 – 55-60%
- 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)



Cert. No. H-2016-0369

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the health care providers

the health care providers



DEPARTMENT OF RADIOLOGY

Patient Name	Mr NARENDRA KUMAR	Billed Date	: 19/03/2024
Reg No	697053	Reported Date	: 19/03/2024
Age/Sex	58 Years 6 Months / Male	Req. No.	: 25267428
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 (14.3cm), 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 (8.5cm) and shape.Its echotexture is homogeneous.No evidence of focal lesion is noted.

PANCREAS :The pancreas is obscured.

KIDNEYS : Right kidney measures 9.5 x 4.3 cm. Left kidney measures 10.3 x 4.6 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 well distended.Wall thickness within normal limits.No evidence of calculus is seen.No evidence of mass or diverticulum is noted.

PROSTATE: Prostate appears enlarged in size (volume 45 cc).

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- Prostatomegaly.

To be correlated clinically



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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



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25mm/s 0.5-25Hz

I 10mm/mV

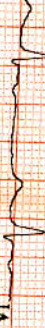


aVR 10mm/mV



10mm/mV

V1



II



aVL



III



SYNC

aVF



V2

SYNC



10mm/mV

II



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

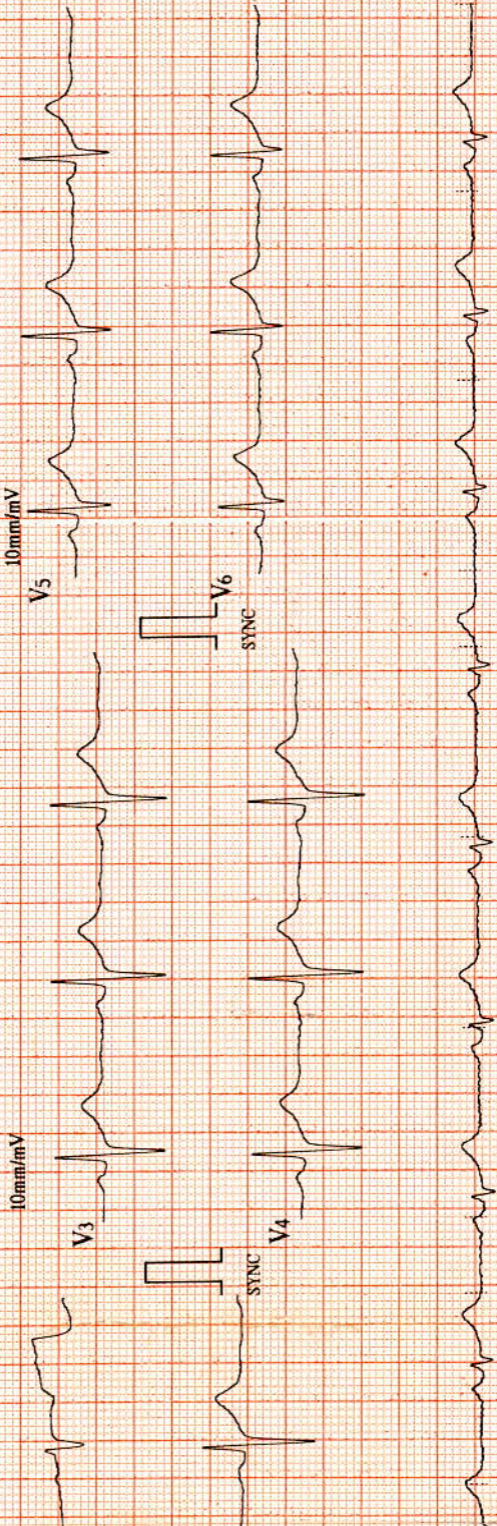
ID : 0005
 HR : 65
 R-R : 910
 P-R : 166
 QRS : 95
 QT/QTc : 384/402
 P/RS/T : 49/-15/27
 PR/SV1 : 0.710/0.420 mV
 SV1 : 1.130 mV

Name: Navenderg
 Sex: male
 Age: 58 Years



Sinus Rhythm
 Left Axis Deviation

19/3/24
 @:SSAM



Unconfirmed report Verified by: _____