



Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

Dr. DERMATOLOGIST



Date - 23/3/24

MRS. NIVA

Age 97 Y/F

1st

Vitals :

Chief Complaints :

Adv:
 Cap. MICRODOX LPX (DOXYCYCLINE) 100mg

H/O Present Illness :

Past History :

thyroid

⇒ Rejulew X 7 day face wash.
 = Acnesol Nc

Investigation :

Drug Allergies : (if any)

- N/K

gel
 (O/A) (M)
 2 weeks

Treatment :

2) BENZAC AC 2.5%
 gel
 (O/A) (N)
 2 weeks

⇒ ACNEMOIST Cream

Brown marks

Glyco 6% cream

La shield 2 weeks
 sunscreen gel
 Jan - 12pm

Re after 2 weeks / SOS

Gurgaon

Q Block South City 11, Sohna Road, Main Sector 49, Gurgaon, Haryana Ph.: 0124-49000000 Fax : 0124-2218733
 E-mail : parkmedcenters@gmail.com

West Delhi • South Delhi • Faridabad • Panipat • Karnal





Dental

Routine health checkup

Vitals :

Chief Complaints :

O/E: Carious wt 16, 17, 18, 20,
29, 36, 37, 46
47.

H/O Present Illness :

Stains ++ Calculus

Past History :

Adv. Scaling & polishing
Restoration wt

16, 17, 18, 20, 27,
36, 37, 46, 47

Investigation :

Drug Allergies : (if any)

Treatment :



BR 95/155 mmHg
P. 89 bpm
SpO2 98%
wt 70.8 kg
Ht 150 cm



23/3/24

No complaints for - checkup.
 2/24. Twin Preg. - 6 yrs back
 LSCS
 cycles - 3-4/28-30 reg flow (M)

Vitals :

Chief Complaints :

H/O Present Illness : P/A soft

P/S (M)

Past History :

wt DV mp are pu fa pu

PAP smear later

Investigation :

Drug Allergies : (if any)

Treatment :





23/07/24



MRS NIWA

37/f

Vitals :

Chief Complaints :

Routine eye checkup

H/O Present Illness :

met $\left\{ \begin{array}{l} \rightarrow 6/6 \\ \rightarrow 6/6 \end{array} \right.$ glasses

Past History :

met $\left\{ \begin{array}{l} \rightarrow mg \\ \rightarrow mg \end{array} \right.$

met $\left\{ \begin{array}{l} \rightarrow 11 \\ \rightarrow 15.5 \end{array} \right.$

Investigation :

Drug Allergies : (if any)

Treatment :

Calom meridian - Nozmet

Fundus - Nozmet





DEPARTMENT OF BIOCHEMISTRY


Patient Name : Mrs. NIVA
MR No : 697313
Age/Sex : 37 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 23/03/2024
Reporting Date : 23/03/2024
Sample ID : 263757
Bill/Req. No. : 25269837
Ref Doctor : Dr.RMO

Test	Result	Blo. Ref. Interval	Units	Method
KFT (RENAL PROFILE)				
KFT				
SERUM UREA	15	10 - 45	mg/dL	
SERUM CREATININE	0.9	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	5.5	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	141	135 - 150	mmol/L	ISE
SERUM POTASSIUM	4.1	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 *****

Sample no. 


Dr. JAY PRAKASH SINGH
MBBS, MD (PATHOLOGY)

Dr. ISHA RASTOGI
MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST

USER NM AMIT1



MC - 4830



DEPARTMENT OF BIOCHEMISTRY

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 MR No : 697313
 Age/Sex : 37 Years / Female
 Type : OPD
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Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
TOTAL CHOLESTEROL	153	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	107	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	32	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	21.4	6 - 32	mg/dL	calculated
LDL	99.6	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	3.11	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	4.78	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 *****



Sample no.

Jay
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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. NIVA
MR No : 697313
Age/Sex : 37 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

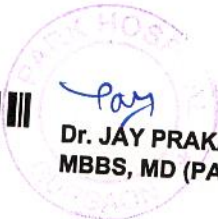
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Reporting Date : 23/03/2024
Sample ID : 263757
Bill/Req. No. : 25269837
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	80	60 - 110	mg/dl	GOD TRINDERS

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



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Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR 2 HR. PP				
BLOOD SUGAR P.P.	90.2	80 - 150	mg/dl	

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



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DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. NIVA
 MR No : 697313
 Age/Sex : 37 Years / Female
 Type : OPD
 TPA/Corporate : MEDIWHEEL PVT LTD

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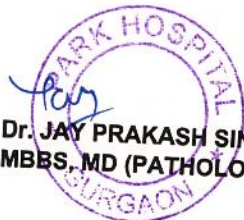
Test	Result	Blo. Ref. Interval	Units	Method
URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERSTICS				
QUANTITY	40ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		
TURBIDITY	Clear	clear		Manual Method
SPECIFIC GRAVITY	1.030	1.000-1.030		
PH - URINE	6.5	5.0 - 9.0		urinometer PH PAPER
CHEMICAL EXAMINATION-1				
UROBILINOGEN	Negative	NIL		
URINE PROTEIN	Absent	NIL	mg/dl	Ehrlich Protein error indicator
BLOOD	NIL	NIL		
URINE BILIRUBIN	NIL	NIL		
GLUCOSE	NIL	NIL		
URINE KETONE	NIL	NIL	mg/dL	GOD-POD/Benedicts SOD.
MICRO.EXAMINATION				
PUS CELL	2-4	0-5	cells/hpf	
RED BLOOD CELLS	Nil	0-2	cells/hpf	Microscopic
EPITHELIAL CELLS	1-3	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/Lpf	
OTHER	NIL			
AMORPHOUS URINE	Absent			MicroScopy

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



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USER NM RAVINDRA



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the health care providers



DEPARTMENT OF HAEMATOLOGY

Patient Name : Mrs. NIVA
MR No : 697313
Age/Sex : 37 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

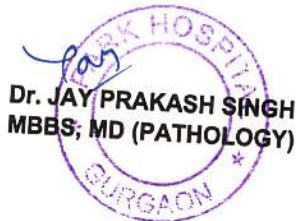
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Bill/Req. No. : 25269837
Ref Doctor : Dr.RMO

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

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



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DEPARTMENT OF HAEMATOLOGY

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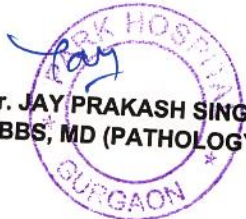
Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	10.4	L 12 - 15	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	8000	4000-11000	/µL	LASER FLOW
DIFFERENTIAL COUNT				
NEUTROPHILS	69	40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	26	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	03	3.0 - 8.0	%	FLOW CYTOMETRY
EOSINOPHILS	02	0.5 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00	0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	3.6	3.5 - 5.5	millions/µL	ELECTRICAL
PACKED CELL VOLUME	33.8	L 35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	94.0	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	28.9	27 - 31	Picogrames	CALCULATED
MEAN CORPUSCULAR HB CONC	30.8	L 33 - 37	g/dl	CALCULATED
PLATELET COUNT	193	150 - 450	thou/µL	ELECTRICAL
RDW	14.6	H 11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA			

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



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DEPARTMENT OF HAEMATOLOGY

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MR No : 697313
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Reporting Date : 23/03/2024
Sample ID : 263757
Bill/Req. No. : 25269837
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
ESR (WESTERGREN)				
E.S.R .1ST HRS.	36	H 0 - 20	mm/Hr.	Westergren
Method : (Capillary photometry)				

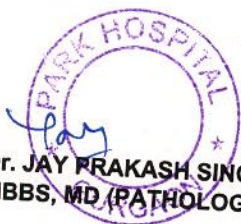
Note : 1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.
2. Test conducted on EDTA whole blood at 37C.
3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.

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



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the health care providers

the health care providers



DEPARTMENT OF IMMUNOLOGY

Patient Name : Mrs. NIVA
MR No : 697313
Age/Sex : 37 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 23/03/2024
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Sample ID : 263757
Bill/Req. No. : 25269837
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
THYROID PROFILE				
TRI-iodothyronine (T3)	0.79	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	7.2	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	9.42	H 0.5-5.50	µIU/ml	Chemiluminescence

Method : chemiluminescent immunoassay

Note : Clinical Significance:

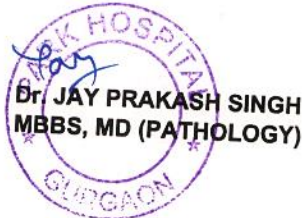
Thyroid function tests (TFTs) is a collective term for blood tests used to check the function of the thyroid. TFTs may be requested if a patient is thought to suffer from hyperthyroidism (overactive thyroid) or hypothyroidism (underactive thyroid), or to monitor the effectiveness of either thyroid-suppression 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 *****



Sample no.



Dr. ISHA RASTOGI
MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST

USER NM NIKHIL



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DEPARTMENT OF BIOCHEMISTRY

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Test	Result	Bio. Ref. Interval	Units	Method
LFT (LIVER FUNCTION TEST)				
LFT				
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)	15	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	17	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	76	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	8.0	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.1	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	3.9	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.05	L 1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM			

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



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Sample ID : 263757
Bill/Req. No. : 25269837
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
------	--------	--------------------	-------	--------

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, immunocompromised or diabetic patients & patients with indwelling catheters, even a smaller count of bacteria may signify infection (10⁴ cfu/ml). Kindly correlate clinically.

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



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USER NM ADITYA



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the **health** care providers

the **health** care providers

Name : Mrs.NIVA 25269837
Age/Gender : 37 Y(s) /Female
Reg No : 230324520
Lab ID No : KP0476329
Sample ID : 220352201
Sample Type :



Location : KPL A43
Registered On : 23-03-2024 15:59
Collected On : 23-03-2024 15:59
Reported On : 26-03-2024 16:48
Referred By : PARK HOSPITAL
Client Name : PARK HOSPITAL GUR
Reference No :

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
-------------	---------------	-------------	------------------------

CYTOPATHOLOGY NO.: C- 692/24

SPECIMEN SUBMITTED: 2 Conventional cervical smears (2 smears prepared).

SPECIMEN ADEQUACY: Unsatisfactory for evaluation; Endocervical /transformation zone component absent.

MICROSCOPIC EXAMINATION:

Squamous cell population:

Superficial – Few present.

Intermediate – Few present.

Inflammation – Not significant.

INTERPRETATION:

- Unsatisfactory for evaluation; specimen processed and examined but unsatisfactory for evaluation of epithelial abnormality due to insufficient squamous cellularity.

ADVICE: Kindly repeat.

COMMENT:

1. The smears are reported using the Bethesda system (2014) for reporting cervical cytology.



Print Date :

Page 1 of 2

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- Ankle Sprain / Heel Pain
- Muscle tendon and ligament injuries
- Post operative Physiotherapy (TKR, THR, Post Fracture Cases)
- Parkinson's / Facial Palsy
- Tennis Elbow / Golfers Elbow
- Stroke / Muscular Pain

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- Physiotherapist / Assisted Daily Living Care at Home
- Bathing & Grooming Care
- Mobility Assistance for Seniors & Patients
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Name : Mrs.NIVA 25269837

Age/Gender : 37 Y(s) /Female

Reg No : 230324520

Lab ID No : KP0476329

Sample ID : 220352201

Sample Type : Serum



Location : KPL A43

Registered On : 23-03-2024 15:59

Collected On : 23-03-2024 15:59

Reported On : 26-03-2024 16:48

Referred By : PARK HOSPITAL

Client Name : PARK HOSPITAL GUR

Reference No :

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.

**** End Of The Report ****



Sum Magoon

Dr.N.Magoon
M.D. (Path)
Consulting Pathologist DMC
Reg.No-97859

Print Date : 27-03-2024 13:13

Page 2 of 2

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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

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- Tennis Elbow / Golfers Elbow
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DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. NIVA	Billed Date	: 23/03/2024
Reg No	697313	Reported Date	: 23/03/2024
Age/Sex	37 Years / Female	Req. No.	: 25269837
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

ALISHA KHAN
MEDICAL TRANSCRIPTIONIST

Dr. NEENA SIKKA
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DEPARTMENT OF RADIOLOGY

Patient Name	Mrs. NIVA	Billed Date	: 23/03/2024
Reg No	697313	Reported Date	: 23/03/2024
Age/Sex	37 Years / Female	Req. No.	: 25269837
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 (14.5cm), 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. GB wall thickness with in 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 (9.0cm) 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 9.8 x 4.7 cm. Left kidney measures 10.1 x 4.9 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 5.4 x 4.1 x 4.1 cms. in the longitudinal, anteroposterior and transverse dimensions respectively.The uterine margins are smooth and does not reveal any contour abnormalities.



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

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Park Hospital

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The uterine myometrium shows homogeneous echotexture.

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

The endometrial echo is in the midline and measures 6.8 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- No obvious abnormalities noted.

To be correlated clinically.



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the **health** care providers

the **health** care providers

25mm/s 0.5-25Hz

10mm/mV

I

II

III

SYNC

10mm/mV

aVr

aVL

SYNC

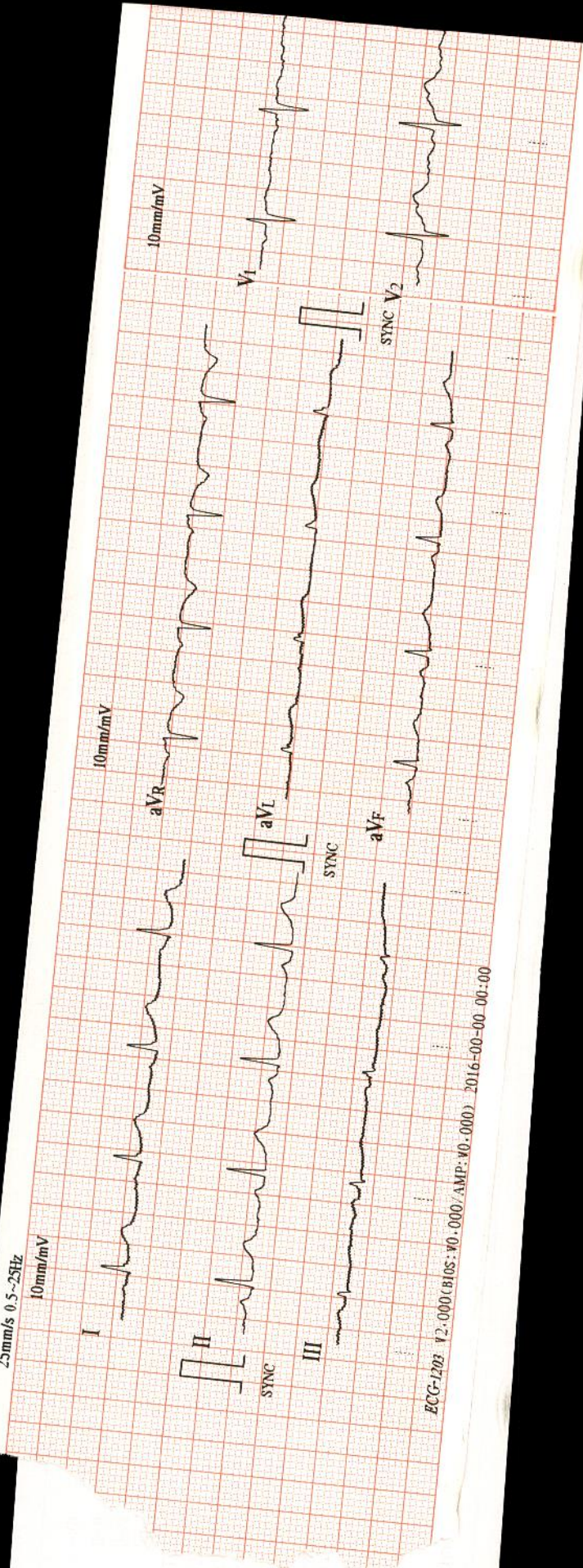
aVf

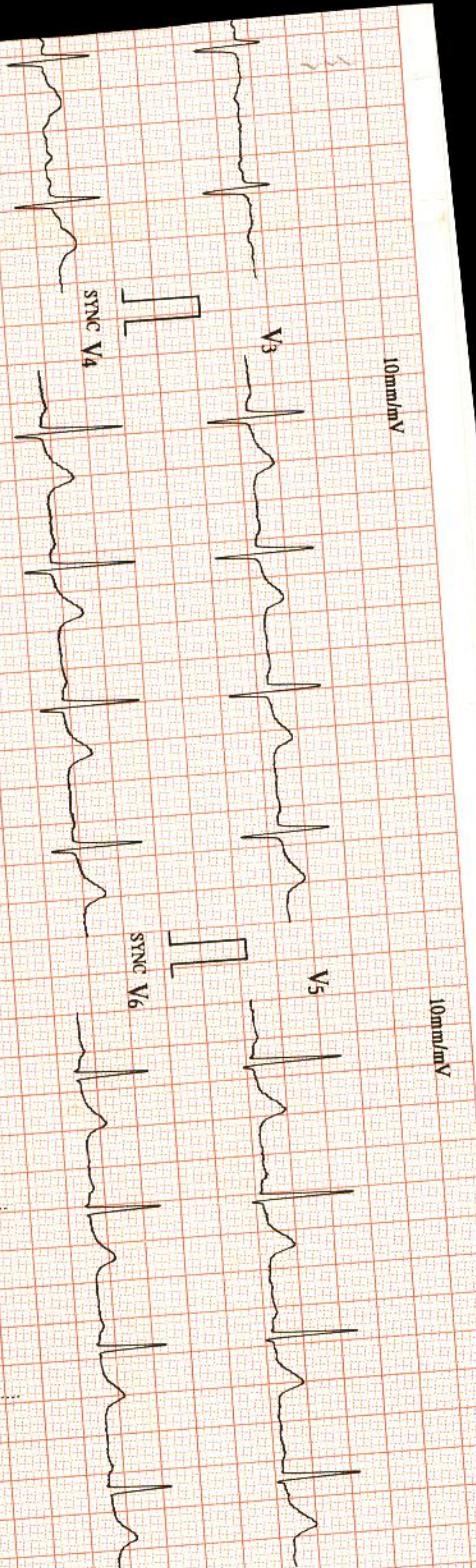
10mm/mV

V1

SYNC V2

ECC-1203 V2:000(BIOS:V0.000/AMP:V0.000) 2016-00-00 00:00





ID : 0002

Name: *NIN9*

Sex : *female*

Age : *37 years*

Unconfirmed report Verified by:

28/3/24

9:21 AM

Computer Clockwise Rotat

2 Sinus Rhythm

HR	: 81	bpm
R-R	: 735	ms
P-R	: 137	ms
QRS	: 79	ms
QT/QTc	: 363/423	ms
P/QRS/T	: 59/39/51	ms
RV5/SVI	: 1.140/0.540	mV
RV3/SVI	: 1.680	mV