

25mm/s 0.5~25Hz  
10mm/mV

10mm/mV

10mm/mV

I

aVR

V1

II

aVL

SYNC

III

SYNC

SYNC

SYNC

V2

aVF

ID : 0003 HR : 72 bpm

Name: *Chitendra* P-R : 142 ms R-R : 827 ms QRS : 86 ms QT/QTc : 360/395 ms

Sex : *male* P/QRS/T : 41/61/64 ms R/S/aVL : 1.030/1.230 mV

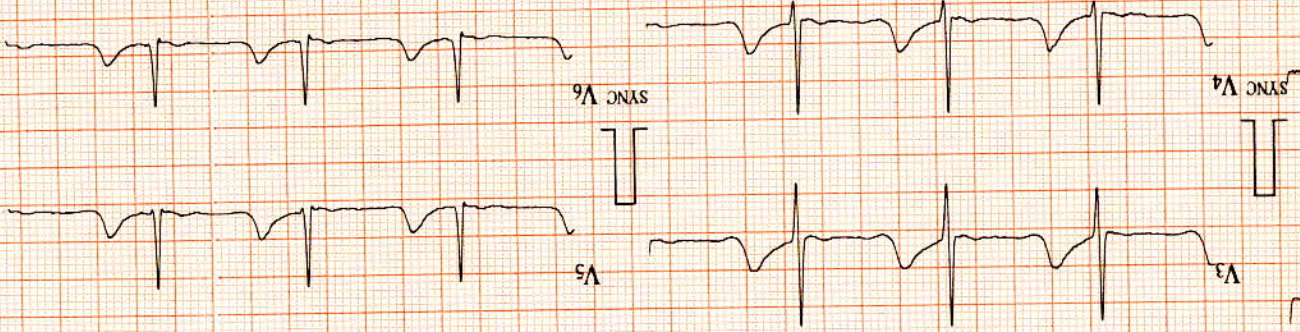
Age : *40 years* R/S/aVL : 2.260 mV

23/3/29 \* Sinus Rhythm T Abnormality (flat T)



*9:20 AM*

Unconfirmed report Verified by:



10mm/mV

10mm/mV





DENTAL

Vitals :

Chief Complaints :

BP - 110/70 mmHg  
Wt. - 79.5 Kg  
Height - 56 inch

Present Illness :

Stains and calculus.

Past History :

Investigation :

Drug Allergies : (if any)

Adv. Sealing and polishing

Treatment :

*[Handwritten signature]*





ENT

- Routine health check up.

- Rx. Rectified spirit - ①

2. Johnson's ear buds - ①

3. Cap. Tab. Ebal - DC x ⑩ days  
①

Vitals :

Chief Complaints :


H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :

  
23/03/24





23/8/24

DERMATOLOGY

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :

Adv:

MOMATEF Cream

(1/4)

(2)

x 5 days

reg

EXCELA MAX LOTION

A HTN

N/A

facial => da shield fisico  
sunscreens gel

(1/4) 8am + 12pm

facehead => DEMELON Cream

(1/4)

(2)

x 2 weeks

S. vit B12  
S. insulin  
(fasting)



- Candida cream



- Azole Dusting  
Powder



- Rx 100 / 2 weeks







Vitals :

Chief Complaints :

Routine eye checkup

H/O Present Illness :

my  $\left\{ \begin{array}{l} \rightarrow 6/6 \\ - 6/6 \end{array} \right.$  unaided MET  $\left\{ \begin{array}{l} \rightarrow 14.7 \\ - 14.0 \end{array} \right.$

Past History :

MR  $\left\{ \begin{array}{l} \rightarrow MB \\ - MB \end{array} \right.$

Investigation :

Drug Allergies : (if any)

Treatment :

Cornea healthy - Normal

Fundus - 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



**DEPARTMENT OF HAEMATOLOGY**

**Patient Name** : Mr. DHIRENDRA KUMAR  
**MR No** : 662274  
**Age/Sex** : 41 Years 5 Months 28 Days / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

**Bill Date** : 23/03/2024  
**Reporting Date** : 24/03/2024  
**Sample ID** : 264246  
**Bill/Req. No.** : 25269824  
**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
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**BLOOD GROUPING AND RH FACTOR**

BLOOD GROUP	" B " RH NEGATIVE			ABO/Rh (D) SLIDE
-------------	-------------------	--	--	------------------

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



Sample no.



**Dr. JAY PRAKASH SINGH**  
MBBS, MD (PATHOLOGY)

**Dr. ISHA RASTOGI**  
MD, MBBS MICROBIOLOGY  
CONSULTANT CLINICAL MICROBIOLOGIST

USER NM DEEPAK038



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**DEPARTMENT OF MICROBIOLOGY**

**Patient Name** : Mr. DHIRENDRA KUMAR  
**MR No** : 662274  
**Age/Sex** : 41 Years 5 Months 28 Days / Male  
**Type** : OPD  
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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, 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 \*\*\*\*\*



Sample no.

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**DEPARTMENT OF HAEMATOLOGY**

**Patient Name** : Mr. DHIRENDRA KUMAR

**MR No** : 662274

**Age/Sex** : 41 Years 5 Months 28 Days / Male

**Type** : OPD

**TPA/Corporate** : MEDIWHEEL PVT LTD

**Bill Date** : 23/03/2024

**Reporting Date** : 27/03/2024

**Sample ID** : 264246

**Bill/Req. No.** : 25269824

**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>CBC</b>				
HAEMOGLOBIN	14.8	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	5900	4000-11000	/ $\mu$ L	LASER FLOW
<b>DIFFERENTIAL COUNT</b>				
NEUTROPHILS	60	40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	35	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	4.69	3.5 - 5.5	millions/ $\mu$ L	ELECTRICAL
PACKED CELL VOLUME	41.5	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	86.2	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	30.1	27 - 31	Picogrammes	CALCULATED
MEAN CORPUSCULAR HB CONC	34.4	33 - 37	g/dl	CALCULATED
PLATELET COUNT	162	150 - 450	thou/ $\mu$ L	ELECTRICAL
RDW	13.9	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA			

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



Sample no.



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## DEPARTMENT OF IMMUNOLOGY

**Patient Name** : Mr. DHIRENDRA KUMAR  
**MR No** : 662274  
**Age/Sex** : 41 Years 5 Months 28 Days / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

**Bill Date** : 23/03/2024  
**Reporting Date** : 26/03/2024  
**Sample ID** : 264246  
**Bill/Req. No.** : 25269824  
**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>PSA TOTAL</b>				
PROSTATE SPECIFIC ANTIGEN(PSA)	0.76	0.57 - 4.0	ng/ml	Chemiluminescence
SPECIMEN TYPE	SERUM			
<b>Method</b> : 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

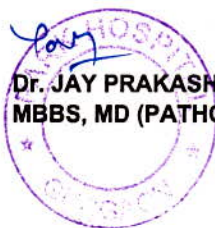
Note: -

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 & 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.



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**DEPARTMENT OF BIOCHEMISTRY**

**Patient Name** : Mr. DHIRENDRA KUMAR  
**MR No** : 662274  
**Age/Sex** : 41 Years 5 Months 28 Days / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

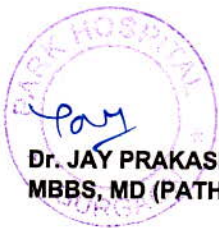
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**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>BLOOD SUGAR FASTING</b>				
PLASMA GLUCOSE FASTING	70	60 - 110	mg/dl	GOD TRINDERS

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



Sample no.



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## DEPARTMENT OF PATHOLOGY

**Patient Name** : Mr. DHIRENDRA KUMAR  
**MR No** : 662274  
**Age/Sex** : 41 Years 5 Months 28 Days / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

**Bill Date** : 23/03/2024  
**Reporting Date** : 26/03/2024  
**Sample ID** : 264246  
**Bill/Req. No.** : 25269824  
**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>URINE ROUTINE AND MICROSCOPY</b>				
<b>PHYSICAL CHARACTERSTICS</b>				
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	6.0	5.0 - 9.0		PH PAPER
<b>CHEMICAL EXAMINATION-1</b>				
UROBILINOGEN	Negative	NIL		Ehrlich
URINE PROTEIN	Absent	NIL	mg/dl	Protein error indicator
BLOOD	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	1-3	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/Lpf	
OTHER	NIL			
AMORPHOUS URINE	Absent			MicroScopy

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



Sample no.



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**CONSULTANT CLINICAL MICROBIOLOGIST**

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**DEPARTMENT OF HAEMOTOLOGY**

**Patient Name** : Mr. DHIRENDRA KUMAR  
**MR No** : 662274  
**Age/Sex** : 41 Years 5 Months 28 Days / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

**Bill Date** : 23/03/2024  
**Reporting Date** : 24/03/2024  
**Sample ID** : 264246  
**Bill/Req. No.** : 25269824  
**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>ESR (WESTERGREN)</b>				
E.S.R. .1ST HRS.	20	0 - 20	mm/Hr.	Westergren

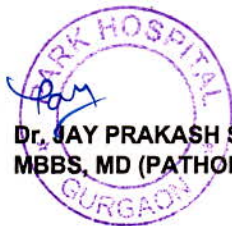
**Method** : (Capillary photometry)

- 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 \*\*\*\*\*



Sample no.



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**Dr. ISHA RASTOGI**  
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CONSULTANT CLINICAL MICROBIOLOGIST

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## DEPARTMENT OF IMMUNOLOGY

**Patient Name** : Mr. DHIRENDRA KUMAR  
**MR No** : 662274 **Bill Date** : 23/03/2024  
**Age/Sex** : 41 Years 5 Months 28 Days / Male **Reporting Date** : 26/03/2024  
**Type** : OPD **Sample ID** : 264246  
**TPA/Corporate** : MEDIWHEEL PVT LTD **Bill/Req. No.** : 25269824  
**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>THYROID PROFILE</b>				
TRI-IODOTHYRONINE (T3)	0.84	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	7.8	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	3.39	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 \*\*\*\*\*



Sample no.



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**DEPARTMENT OF BIOCHEMISTRY**

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**Bill Date** : 23/03/2024  
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**Sample ID** : 264246  
**Bill/Req. No.** : 25269824  
**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>LFT (LIVER FUNCTION TEST)</b>				
<b>LFT</b>				
TOTAL BILIRUBIN	0.4	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.2	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.2	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	22	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	38	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	86	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	7.2	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.4	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.8	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.57	1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM			

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



Sample no.

  
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**Ref Doctor** : Dr.RMO

Test	Result	Blo. Ref. Interval	Units	Method
<b>KFT (RENAL PROFILE)</b>				
<b>KFT</b>				
SERUM UREA	18	10 - 45	mg/dL	
SERUM CREATININE	1.3	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	5.6	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	140	135 - 150	mmol/L	ISE
SERUM POTASSIUM	5.0	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	9.7	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	3.5	2.5 - 4.5	mg/dL	AMMONIUM
<b>SAMPLE TYPE:</b>	<b>SERUM</b>			

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



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## DEPARTMENT OF BIOCHEMISTRY

**Patient Name** : Mr. DHIRENDRA KUMAR  
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**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD  
**Bill Date** : 23/03/2024  
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**Sample ID** : 264246  
**Bill/Req. No.** : 25269824  
**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>LIPID PROFILE</b>				
<b>LIPID PROFILE</b>				
TOTAL CHOLESTEROL	179	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	<b>199</b> <i>H</i>	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	34	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	<b>39.8</b> <i>H</i>	6 - 32	mg/dL	calculated
LDL	105.2	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	<b>3.09</b> <i>L</i>	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	<b>5.26</b> <i>H</i>	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

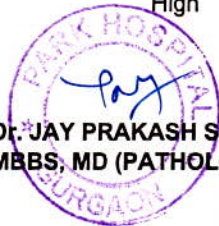
<40	Low
>60	High

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



Sample no.

Dr. JAY PRAKASH SINGH  
MBBS, MD (PATHOLOGY)



Dr. ISHA RASTOGI  
MD, MBBS MICROBIOLOGY  
CONSULTANT CLINICAL MICROBIOLOGIST

USER NM VIJAYA



MC - 4830

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**DEPARTMENT OF RADIOLOGY**

<b>Patient Name</b>	Mr DHIRENDRA KUMAR	<b>Billed Date</b>	: 23/03/2024
<b>Reg No</b>	662274	<b>Reported Date</b>	: 23/03/2024
<b>Age/Sex</b>	41 Years 5 Months 28Days / Male	<b>Req. No.</b>	: 25269824
<b>Type</b>	OPD	<b>Consultant Doctor</b>	: 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



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CONSULTANT RADIOLOGIST

**Dr. MANJEET SEHRAWAT**  
MBBS, MD, PDCC  
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**ALISHA KHAN**  
MEDICAL TRANSCRIPTIONIST

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**USG WHOLE ABDOMEN**

The Real time, B mode, gray scale sonography of the abdominal organs was performed.

**LIVER** : The liver is normal in size (13.2cm) and **shows raised 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 (7.6cm) 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 10.6 x 4.5 cm. Left kidney measures 10.0 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 normal in size (volume 20 cc), shape and echotexture. No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

**IMPRESSION- Grade I fatty liver.**

To be correlated clinically

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NAME	: MR. DHIRENDRA KUAMR	DATE	: 23 / 3 / 2024
Age Sex	: 40 Years / Male	Inpatient No	: 662274
PERFORMED BY	: Dr. SWATI SINGH	BILL NO.	: 25269824

## 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 / Mild / Trace / Moderate

### 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 / Moderate / Severe



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<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Value</u>
IVSD : 1.0cm	(0.6-1.1cm)	LA : 2.6cm	(1.9-4.0cm)
LVIDd : 4.2cm	(3.7-5.6cm)	AORTA : 2.5cm	(2.0-3.7cm)
LVIDs : 2.4cm	(0.6-1.1cm)	IVSmotion :	<b>Normal / Flat / Paradoxical</b>
EF : 55-60%	(55% - 80%)		

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** / Mildly Dilated / Enlarged / **Clear** / Thrombus / Hypertrophied
- PERICARDIUM** **Normal** / Thickening / Calcification / Effusion.

## SUMMARY:-

- All Cardiac Chambers dimensions are within normal limits.
- NO RWMA
- LVEF -55-60%
- NORMAL LV FUNCTION
- LVDD GRADE - I
- NO MR / NO AR
- TRACE TR, PASP – 12mm Hg + RAP
- GOOD RV FUNCTION
- IAS/IVS. No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

COMMENTS:- Normal LV Function, Trace TR, LVDD Grade-I.

Please correlate clinically

Dr. SWATI SINGH  
M.D. (Medicine)  
D.M. (Cardiology)



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