



# Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

23/3/24



Name: PARVEEN KHATUNIA

43y/m

OPHTHA.

Vitals :

Chief Complaints :

BP 110/67 mmHg

Pulse - 69 bpm

SpO<sub>2</sub> - 97%

Ht - 173 cm

Wt - 79 kg

Investigation :

H/O Present Illness :

Past History :

Drug Allergies : (if any)

Treatment :

Vision - 6/6 Unaided  
6/6

NCT { 20  
21

MV { MC = glasses  
MC

Colour vision - normal (BE)

Fundus - Normal



Gurgaon

Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Haryana Ph.: 0124-4900000 Fax : 0124-2218733  
E-mail : parkmedicenters@gmail.com

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



Parveen / 43/M



23/3/24

DERMATOLOGY

fw:

EXCELA MAX  
LOTION



Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :





DENTAL

Vitals :

Chief Complaints :

H/O Present Illness :

Past History :

- Stains and calculus

Investigation :

Drug Allergies : (if any)

Treatment :

- Sealing and polishing





ENT  
ENT

- Routine ENT check up.

NOSP - DNS to (LA)

Vitals :

Chief Complaints :

Ear  
Tinnitus

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Adx  
= Treatment :  
CT SCAN  
PNS

  
23/03/24  






*General Physician*



*K/40 - T2DM -  
HBA1c - 7.5 (2 months back).*

**Vitals :**

**Chief Complaints :**

*Review & Report*

**H/O Present Illness :**

**Past History :**



**Investigation :**

**Drug Allergies : (if any)**

**Treatment :**



**DEPARTMENT OF HAEMATOLOGY**

**Patient Name** : Mr. PARVEEN KHAJURIA  
**MR No** : 697307  
**Age/Sex** : 43 Years / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

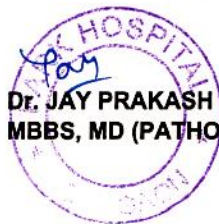
**Bill Date** : 23/03/2024  
**Reporting Date** : 23/03/2024  
**Sample ID** : 263724  
**Bill/Req. No.** : 25269794  
**Ref Doctor** : Dr.RMO

| Test                         | Result           | Bio. Ref. Interval | Units       | Method         |
|------------------------------|------------------|--------------------|-------------|----------------|
| <b>CBC</b>                   |                  |                    |             |                |
| HAEMOGLOBIN                  | 13.8             | 12 - 16            | gm/dL       | COLORIMETRY    |
| TOTAL LEUCOCYTE COUNT        | 5500             | 4000-11000         | /µL         | LASER FLOW     |
| <b>DIFFERENTIAL COUNT</b>    |                  |                    |             |                |
| NEUTROPHILS                  | 50               | 40.0 - 70.0        | %           | FLOW CYTOMETRY |
| LYMPHOCYTES                  | 40               | 20.0 - 40.0        | %           | FLOW CYTOMETRY |
| MONOCYTES                    | 06               | 3.0 - 8.0          | %           | FLOW CYTOMETRY |
| EOSINOPHILS                  | 04               | 0.5 - 5.0          | %           | FLOW CYTOMETRY |
| BASOPHILS                    | 00               | 0.0 - 2.0          | %           | FLOW CYTOMETRY |
| RED BLOOD CELL COUNT         | 4.64             | 3.5 - 5.5          | millions/µL | ELECTRICAL     |
| PACKED CELL VOLUME           | 40.9             | 35.0 - 50.0        | %           | ELECTRICAL     |
| MEAN CORPUSCULAR VOLUME      | 88.2             | 83 - 101           | fL          | ELECTRICAL     |
| MEAN CORPUSCULAR HAEMOGLOBIN | 29.7             | 27 - 31            | Picograms   | CALCULATED     |
| MEAN CORPUSCULAR HB CONC     | 33.7             | 33 - 37            | g/dl        | CALCULATED     |
| PLATELET COUNT               | 255              | 150 - 450          | thou/µL     | ELECTRICAL     |
| RDW                          | 13.6             | 11.6 - 14.5        | %           | CALCULATED     |
| SAMPLE TYPE FOR C.B.C        | Whole Blood EDTA |                    |             |                |

\*\*\*\*\* 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



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**DEPARTMENT OF BIOCHEMISTRY**

**Patient Name** : Mr. PARVEEN KHAJURIA  
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**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

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|-----------------------------|--------------|--------------------|-------|---------------|
| <b>LIPID PROFILE</b>        |              |                    |       |               |
| <b>LIPID PROFILE</b>        |              |                    |       |               |
| TOTAL CHOLESTEROL           | 239.1        | 0 - 250            | mg/dL | CHOD -Trinder |
| SERUM TRIGLYCERIDES         | <b>269.5</b> | <i>H</i> 60 - 165  | mg/dl | GPO-TRINDER   |
| HDL-CHOLESTEROL             | 45.3         | 30 - 70            | mg/dl | DIRECT        |
| VLDL CHOLESTEROL            | <b>53.9</b>  | <i>H</i> 6 - 32    | mg/dL | calculated    |
| LDL                         | <b>139.9</b> | <i>H</i> 50 - 135  | mg/dl | calculated    |
| LDL CHOLESTEROL/HDL RATIO   | <b>3.09</b>  | <i>H</i> 1.0 - 3.0 | mg/dL | calculated    |
| TOTAL CHOLESTEROL/HDL RATIO | <b>5.28</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 \*\*\*\*



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## DEPARTMENT OF IMMUNOLOGY

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| Test                        | Result | Blo. Ref. Interval | Units  | Method            |
|-----------------------------|--------|--------------------|--------|-------------------|
| <b>THYROID PROFILE</b>      |        |                    |        |                   |
| TRI-IODOTHYRONINE (T3)      | 1.19   | 0.60 - 1.81        | ng/ml  | Chemiluminescence |
| THYROXINE (T4)              | 8.6    | 5.01 - 12.45       | µg/dL  | Chemiluminescence |
| THYROID STIMULATING HORMONE | 1.80   | 0.5-5.50           | µIU/ml |                   |

**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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|----------------------------------|--------------|--------------------|-------|---------------|
| <b>LFT (LIVER FUNCTION TEST)</b> |              |                    |       |               |
| <b>LFT</b>                       |              |                    |       |               |
| TOTAL BILIRUBIN                  | 0.62         | 0 - 1.2            | mg/dL | DIAZO         |
| DIRECT BILIRUBIN                 | 0.35         | 0 - 0.4            | mg/dL | DIAZO         |
| INDIRECT BILIRUBIN               | 0.27         | 0.10 - 0.6         | mg/dL | CALCULATED    |
| SGOT (AST)                       | 33.6         | 0 - 45             | U/L   | IFCC WITHOUT  |
| SGPT (ALT)                       | 41.5         | 0 - 45             | U/L   | IFCC WITHOUT  |
| ALKALINE PHOSPHATASE             | 75.6         | 30 - 170           | IU/L  | MODIFIED IFCC |
| TOTAL PROTEINS                   | 7.7          | 6.4 - 8.0          | g/dL  | BIURET        |
| ALBUMIN                          | 4.3          | 3.3 - 5.5          | g/dL  | BCG DYE       |
| GLOBULIN                         | 3.4          | 2.3 - 4.5          | g/dL  | CALCULATED    |
| A/G RATIO                        | 1.26         | 1.1 - 2.2          |       | CALCULATED    |
| <b>SAMPLE TYPE:</b>              | <b>SERUM</b> |                    |       |               |

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|----------------------------|--------|--------------------|--------|-----------------|
| <b>KFT (RENAL PROFILE)</b> |        |                    |        |                 |
| <b>KFT</b>                 |        |                    |        |                 |
| SERUM UREA                 | 37.6   | 10 - 45            | mg/dL  |                 |
| SERUM CREATININE           | 1.0    | 0.4 - 1.4          | mg/dL  | MODIFIED JAFFES |
| SERUM URIC ACID            | 5.3    | 2.5 - 7.0          | mg/dL  | URICASE         |
| SERUM SODIUM               | 137    | 135 - 150          | mmol/L | ISE             |
| SERUM POTASSIUM            | 4.2    | 3.5 - 5.5          | mmol/L | ISE             |
| SERUM CALCIUM              | 9.4    | 8.5 - 10.5         | mg/dL  | ARSENazo III    |
| SERUM PHOSPHORUS           | 3.5    | 2.5 - 4.5          | mg/dL  | AMMONIUM        |
| SAMPLE TYPE:               | SERUM  |                    |        |                 |

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



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## DEPARTMENT OF IMMUNOLOGY

Patient Name : Mr. PARVEEN KHAJURIA  
 MR No : 697307  
 Age/Sex : 43 Years / Male  
 Type : OPD  
 TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 23/03/2024  
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| Test                                  | Result | Bio. Ref. Interval | Units | Method            |
|---------------------------------------|--------|--------------------|-------|-------------------|
| <b>PSA TOTAL</b>                      |        |                    |       |                   |
| PROSTATE SPECIFIC ANTIGEN(PSA)        | 0.47   | L 0.57 - 4.0       | ng/ml | Chemiluminescence |
| Method : chemiluminescent immunoassay |        |                    |       |                   |

**Note : Clinical Use: -**

An aid in the early detection of Prostate cancer in Male. Follow up and assessment 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 \*\*\*\*\*



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**DEPARTMENT OF HAEMATOLOGY**

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| Test                    | Result | Bio. Ref. Interval | Units  | Method     |
|-------------------------|--------|--------------------|--------|------------|
| <b>ESR (WESTERGREN)</b> |        |                    |        |            |
| E.S.R .1ST HRS.         | 06     | 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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|------|--------|--------------------|-------|--------|
|------|--------|--------------------|-------|--------|

**BLOOD GROUPING AND RH FACTOR**

|             |                   |  |  |                  |
|-------------|-------------------|--|--|------------------|
| BLOOD GROUP | " A " RH POSITIVE |  |  | ABO/Rh (D) SLIDE |
|-------------|-------------------|--|--|------------------|

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**DEPARTMENT OF BIOCHEMISTRY**

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**MR No** : 697307

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|----------------------------|--------|--------------------|-------|--------------|
| <b>BLOOD SUGAR FASTING</b> |        |                    |       |              |
| PLASMA GLUCOSE FASTING     | 118.3  | H 60 - 110         | mg/dl | GOD TRINDERS |

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## DEPARTMENT OF PATHOLOGY

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|-------------------------------------|-------------|--------------------|----------------|---------------|
| <b>STOOL ROUTINE AND MICROSCOPY</b> |             |                    |                |               |
| <b>STOOL ROUTINE AND MICROSCOPY</b> |             |                    |                |               |
| COLOUR                              | Brownish    | Pale Yellow        |                | Manual Method |
| CONSISTENCY                         | Semi Liquid | Formed             |                | Manual        |
| OCCULT BLOOD                        | NIL         | NIL                |                | Guaiac test   |
| MUCUS                               | NIL         | NIL                |                | Microscopic   |
| PUS CELL                            | 1-2         | 0-5                | cells/hpf      | Microscopic   |
| RBCS                                | NIL         | NIL                |                |               |
| CYSTS                               | NIL         | NIL                |                | Microscopic   |
| OVA                                 | NIL         | Nil                |                | Microscopic   |
| FAT QLOBULE                         | NIL         | Nil                |                | Microscopic   |
| PARASITES                           | NIL         | Nil                |                | Microscopic   |
| YEAST CELL STOOL                    | Absent      |                    | Present/Absent | Microscopy    |

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the health care providers

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|-----------------------------|--------------|--------------------|-------|--------|
| <b>BLOOD SUGAR 2 HR. PP</b> |              |                    |       |        |
| BLOOD SUGAR P.P.            | <b>174.3</b> | H 80 - 150         | mg/dl |        |

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CONSULTANT CLINICAL MICROBIOLOGIST

USER NM AMIT1



MC - 4830

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





**DEPARTMENT OF PATHOLOGY**

**Patient Name** : Mr. PARVEEN KHAJURIA  
**MR No** : 697307  
**Age/Sex** : 43 Years / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

**Bill Date** : 23/03/2024  
**Reporting Date** : 23/03/2024  
**Sample ID** : 263724  
**Bill/Req. No.** : 25269794  
**Ref Doctor** : Dr.RMO

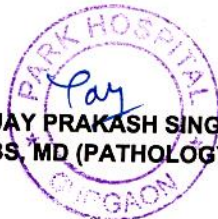
| Test                                | Result      | Bio. Ref. Interval | Units     | Method                  |
|-------------------------------------|-------------|--------------------|-----------|-------------------------|
| <b>URINE ROUTINE AND MICROSCOPY</b> |             |                    |           |                         |
| <b>PHYSICAL CHARACTERSTICS</b>      |             |                    |           |                         |
| QUANTITY                            | 40ml        | 5 - 100            | ml        |                         |
| COLOUR                              | Pale Yellow | Pale Yellow        |           | Manual Method           |
| TURBIDITY                           | Clear       | clear              |           |                         |
| SPECIFIC GRAVITY                    | 1.020       | 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                |           |                         |
| 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                    | 1-3         | 0-5                | cells/hpf |                         |
| CASTS                               | NIL         | NIL                | /lpf      |                         |
| CRYSTALS                            | NIL         | NIL                | /Lpf      |                         |
| OTHER                               | NIL         |                    |           |                         |
| AMORPHOUS URINE                     | Absent      |                    |           | MicroScopy              |

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



Sample no.

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



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

USER NM      RAVINDRA



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**DEPARTMENT OF MICROBIOLOGY**

**Patient Name** : Mr. PARVEEN KHAJURIA  
**MR No** : 697307  
**Age/Sex** : 43 Years / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

**Bill Date** : 23/03/2024  
**Reporting Date** : 26/03/2024  
**Sample ID** : 263724  
**Bill/Req. No.** : 25269794  
**Ref Doctor** : Dr.RMO

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

**URINE C/S**

|                     |  |  |  |                 |
|---------------------|--|--|--|-----------------|
| NAME OF SPECIMEN    | Urine (Uncentrifuged )   |  |  |                 |
| ORGANISM IDENTIFIED | NO ORGANISM<br>GROWN IN CULTURE<br>AFTER 48HRS OF<br>INCUBATION AT 37 C<br>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.

Dr. JAY PRAKASH SINGH  
MBBS, MD (PATHOLOGY)



Dr. ISHA RASTOGI  
MD, MBBS MICROBIOLOGY  
CONSULTANT CLINICAL MICROBIOLOGIST

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**DEPARTMENT OF RADIOLOGY**

|                     |                     |                          |              |
|---------------------|---------------------|--------------------------|--------------|
| <b>Patient Name</b> | Mr PARVEEN KHAJURIA | <b>Billed Date</b>       | : 23/03/2024 |
| <b>Reg No</b>       | 697307              | <b>Reported Date</b>     | : 23/03/2024 |
| <b>Age/Sex</b>      | 43 Years / Male     | <b>Req. No.</b>          | : 25269794   |
| <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



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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TRANSCRIPTIONIST

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**DEPARTMENT OF RADIOLOGY**

|              |                     |                   |              |
|--------------|---------------------|-------------------|--------------|
| Patient Name | Mr PARVEEN KHAJURIA | Billed Date       | : 23/03/2024 |
| Reg No       | 697307              | Reported Date     | : 23/03/2024 |
| Age/Sex      | 43 Years / Male     | Req. No.          | : 25269794   |
| 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 mild enlarged in size (15.1cm) 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 (8.4cm) and shape.Its echotexture is homogeneous.No evidence of focal lesion is noted.

**PANCREAS** :The pancreas is obscured.

**KIDNEYS** : Right kidney measures 10.6 x 4.6 cm. Left kidney measures 10.1 x 5.0 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 mild enlarged in size (volume 25 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-**

-Mild hepatomegaly with grade I fatty liver.

-Mild prostatomegaly.

To be correlated clinically



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|              |                        |              |                 |
|--------------|------------------------|--------------|-----------------|
| NAME         | : MR. PARVEEN KHAJURIA | DATE         | : 23 / 3 / 2024 |
| Age Sex      | : 43 Years / Male      | Inpatient No | : 697307        |
| PERFORMED BY | : Dr. SWATI SINGH      | BILL NO.     | : 25269794      |

## 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 : 3.3cm          | (1.9-4.0cm)                        |
| LVIDd : 4.6cm       | (3.7-5.6cm)          | AORTA : 2.5cm       | (2.0-3.7cm)                        |
| LVIDs : 2.5cm       | (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
- NO MR / NO AR / NO TR
- GOOD RV FUNCTION
- IAS/IVS. No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

**COMMENTS:-** Normal LV Function.

**Please correlate clinically**

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



Cert. No. H-2016-0369

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25mm/s 0.5-25Hz

10mm/mV

I

II

III

SYNC

10mm/mV

V1

V2

SYNC

10mm/mV

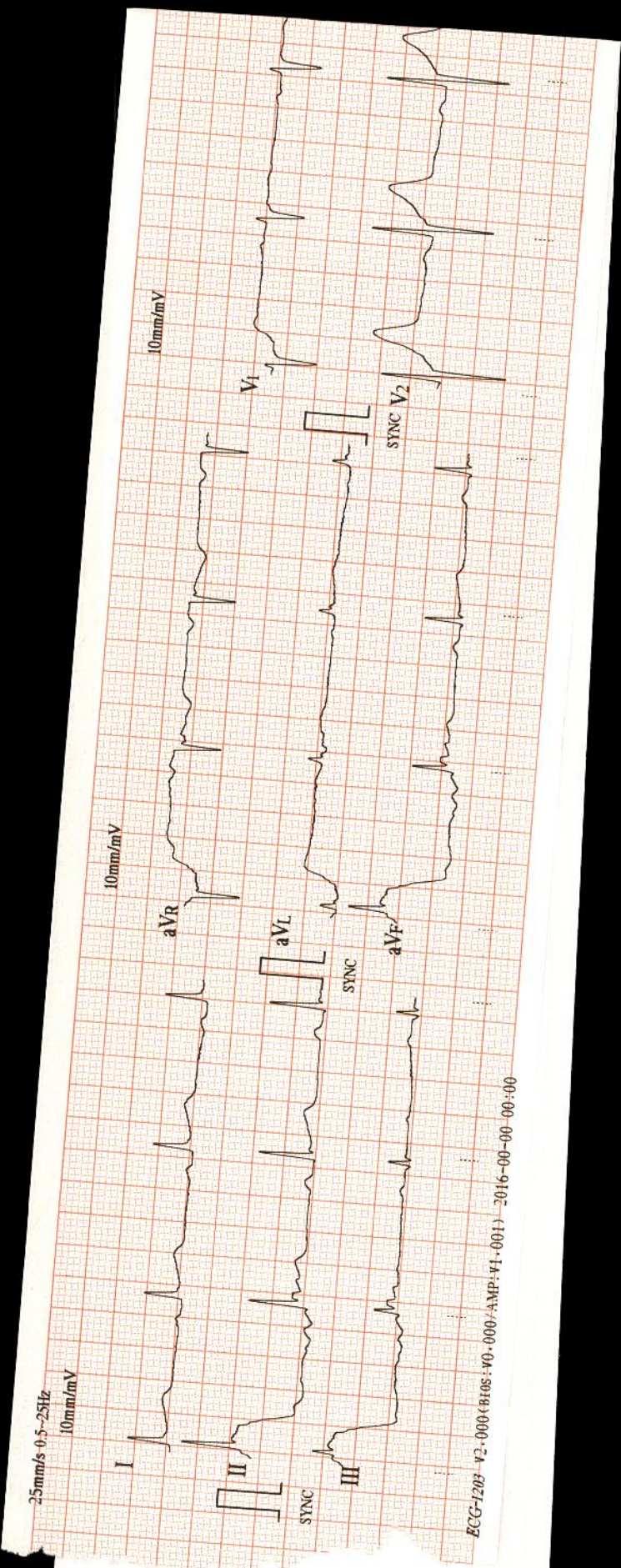
aVR

aVL

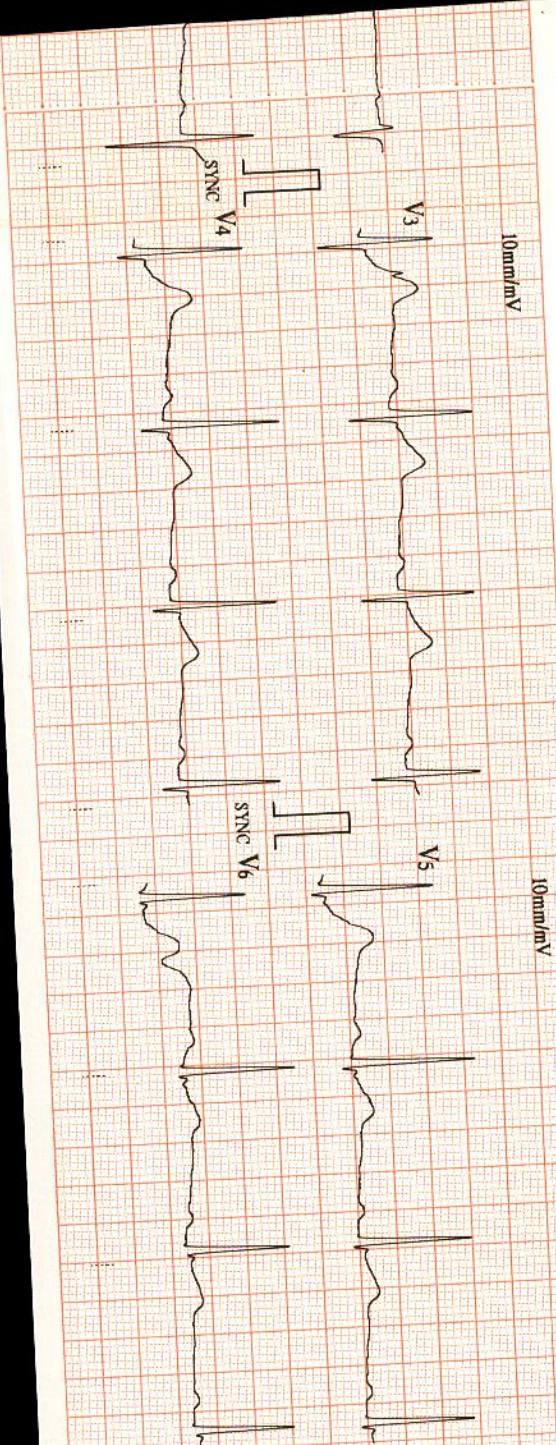
aVF

SYNC

ECG-1203 v2.000(810S-V0.000/AMP:v1.001) 2016-00-00 00:00





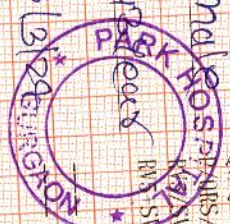


ID : 0903

Name: **Pavleen**

Sex : **Male**

Age : **28**



Stimulus Rhythm  
Unspecified ST-T Abnormality

|         |               |     |
|---------|---------------|-----|
| HR      | : 64          | bpm |
| R-R     | : 933         | ms  |
| P-R     | : 187         | ms  |
| QRS     | : 85          | ms  |
| QT/QTc  | : 373/386     | ms  |
| QT/QTc  | : 47/36/30    | ms  |
| RV5 SV1 | : 1.530/0.600 | mV  |
| RV5 SV1 | : 2.130       | mV  |

Inconfirmed report Verified by:

**0.80Am**

**23/3/2024**