



# Park Hospital

GROUP SUPER SPECIALITY HOSPITAL



Mr Aditya Rawat  
32yrs/M

Dental

Routine health checkup.

Vitals :

Cheif Complaints :

H/O Present Illness :

O/E: Carious wt 36, 37, 18, 28

Past History :

Adv. Restoration wt 36, 37, 18, 28.

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

the health care providers

the health care providers



# Park Hospital

GROUP SUPER SPECIALITY HOSPITAL



ENT

Ear  
Nose  
Throat } N/A.

Vitals :

Chief Complaints :

Bp = 110/80  
wt = 100

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

↓

Treatment :

  
PARK HOSPITAL  
GURGAON  
02/24

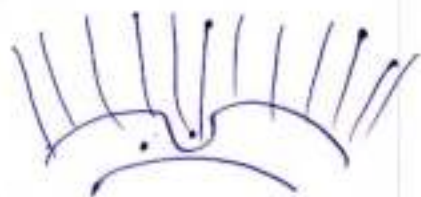
Gurgaon

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Name - Aditya Rawat  
Age - 32y/M

Vitals :

Chief Complaints :

Acne

H/O Present illness :

No skin lesions /

Past History :

Symptoms pertaining  
to skin are  
present

Investigation :

Drug Allergies : (if any)

Treatment :





**DEPARTMENT OF RADIOLOGY**

Patient Name	Mr ADITYA RAWAT	Billed Date	: 24/02/2024
Reg No	695701	Reported Date	: 24/02/2024
Age/Sex	32 Years 6 Months 28Days / Male	Req. No.	: 25253999
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 enlarged in size (16.0cm) 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 (11.5cm) 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 10.1 x 3.7 cm. Left kidney measures 9.8 x 4.0 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 normal in size, shape and echotexture.

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-** Hepatomegaly with grade II fatty liver.

To be correlated clinically



**Dr. ANSHU K SHARMA**  
MBBS, MD  
CONSULTANT RADIOLOGIST  
H-2016-0309

**Dr. MANJEET SERRAWAT**  
MBBS, MD, DGO  
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**Dr. NEENA SIKKA**  
MBBS, DNB  
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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



Dr. ANSHU K. SHARMA  
MBBS, MD  
CONSULTANT RADIOLOGIST

H-2016-0389

Dr. MANJEET SEHRAWAT  
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**DEPARTMENT OF BIOCHEMISTRY**

**Patient Name** : Mr. ADITYA RAWAT  
**MR No** : 695701  
**Age/Sex** : 32 Years 6 Months 28 Days / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

**Bill Date** : 24/02/2024  
**Reporting Date** : 24/02/2024  
**Sample ID** : 252454  
**Bill/Req. No.** : 25253999  
**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>BLOOD SUGAR FASTING</b>				
PLASMA GLUCOSE FASTING	107	60 - 110	mg/dl	GOD TRINDERS

\*\*\*\*\* 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 BIOCHEMISTRY**

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Test	Result	Blo. Ref. Interval	Units	Method
<b>BLOOD SUGAR 2 HR. PP</b>				
BLOOD SUGAR P.P.	154	H 80 - 150	mg/dl	

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



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**DEPARTMENT OF PATHOLOGY**

**Patient Name** : Mr. ADITYA RAWAT  
**MR No** : 695701  
**Age/Sex** : 32 Years 6 Months 28 Days / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

**Bill Date** : 24/02/2024  
**Reporting Date** : 24/02/2024  
**Sample ID** : 252454  
**Bill/Req. No.** : 25253999  
**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>URINE ROUTINE AND MICROSCOPY</b>				
<b>PHYSICAL CHARACTERISTICS</b>				
QUANTITY	30ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		
TURBIDITY	Clear	clear		Manual Method
SPECIFIC GRAVITY	1.020	1.000-1.030		
PH - URINE	6.5	5.0 - 9.0		urinometer PH PAPER
<b>CHEMICAL EXAMINATION-1</b>				
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.
<b>MICRO.EXAMINATION</b>				
PUS CELL	2-4	0-5	cells/hpf	
RED BLOOD CELLS	NIL	0-2	cells/hpf	Microscopic
EPITHELIAL CELLS	1-2	0-5	cells/hpf	
CASTS	NIL	NIL	/hpf	
CRYSTALS	NIL	NIL	/hpf	
OTHER	NIL			
AMORPHOUS URINE	Absent			MicroScopy

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



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**DEPARTMENT OF HAEMATOLOGY**

Patient Name : Mr. ADITYA RAWAT  
MR No : 695701  
Age/Sex : 32 Years 6 Months 28 Days / Male  
Type : OPD  
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 24/02/2024  
Reporting Date : 24/02/2024  
Sample ID : 252454  
Bill/Req. No. : 25253999  
Ref Doctor : Dr.RMO

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

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



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## DEPARTMENT OF HAEMATOLOGY

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**MR No** : 695701  
**Age/Sex** : 32 Years 6 Months 28 Days / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

**Bill Date** : 24/02/2024  
**Reporting Date** : 24/02/2024  
**Sample ID** : 252454  
**Bill/Req. No.** : 25253999  
**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>CBC</b>				
HAEMOGLOBIN	15.0	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	8500	4000-11000	/ $\mu$ L	LASER FLOW
<b>DIFFERENTIAL COUNT</b>				
NEUTROPHILS	50	40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	40	20.0 - 40.0	%	FLOW CYTOMETRY
MONOCYTES	07	3.0 - 8.0	%	FLOW CYTOMETRY
EOSINOPHILS	03	0.5 - 5.0	%	FLOW CYTOMETRY
BASOPHILS	00	0.0 - 2.0	%	FLOW CYTOMETRY
RED BLOOD CELL COUNT	5.27	3.5 - 5.5	millions/ $\mu$ L	ELECTRICAL
PACKED CELL VOLUME	<b>51.1</b>	<i>H</i> 35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	97.0	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	28.5	27 - 31	Picogrames	CALCULATED
MEAN CORPUSCULAR HB CONC	<b>29.4</b>	<i>L</i> 33 - 37	g/dl	CALCULATED
PLATELET COUNT	333	150 - 450	thou/ $\mu$ L	ELECTRICAL
RDW	13.3	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA			

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**DEPARTMENT OF HAEMATOLOGY**

Patient Name : Mr. ADITYA RAWAT  
MR No : 695701  
Age/Sex : 32 Years 6 Months 28 Days / Male  
Type : OPD  
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 24/02/2024  
Reporting Date : 26/02/2024  
Sample ID : 252454  
Bill/Req. No. : 25253999  
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>ESR (WESTERGREN)</b>				
E.S.R. - 1 HR.	25	H 0 - 20	mm/Hr.	Westergren

**Note : 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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DEEPAK1



MC - 489

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**DEPARTMENT OF IMMUNOLOGY**

Patient Name : Mr. ADITYA RAWAT  
MR No : 695701  
Age/Sex : 32 Years 6 Months 28 Days / Male  
Type : OPD  
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 24/02/2024  
Reporting Date : 25/02/2024  
Sample ID : 252454  
Bill/Req. No. : 25253999  
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>THYROID PROFILE</b>				
TRI-IODOTHYRONINE (T3)	1.12	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	10.4	5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	4.22	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 \*\*\*\*\*



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**DEPARTMENT OF MICROBIOLOGY**

**Patient Name** : Mr. ADITYA RAWAT  
**MR No** : 695701  
**Age/Sex** : 32 Years 6 Months 28 Days / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

**Bill Date** : 24/02/2024  
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**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>URINE C/S</b>				
NAME OF SPECIMEN	Urine (Uncentrifuged )			Aerobic culture
ORGANISM IDENTIFIED	NO ORGANISM GROWN IN CULTURE AFTER 48HRS OF INCUBATION AT 37 C DEGREE.			
Method :				

**Note : URINE CULTURE :**  
Presence of >10<sup>5</sup> cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptomatic patients or urine sample collection from catheter or 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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## DEPARTMENT OF BIOCHEMISTRY

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Test	Result		Bio. Ref. Interval	Units	Method
<b>LFT (LIVER FUNCTION TEST)</b>					
<b>LFT</b>					
TOTAL BILIRUBIN	1.3	H	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.3		0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	1.0	H	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	38		0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	78	H	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	77		30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.7		6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.2		3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.5		2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.68		1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM				

\*\*\*\*\* 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	26	10 - 45	mg/dL	
SERUM CREATININE	1.0	0.4 - 1.4	mg/dL	
SERUM URIC ACID	<b>8.0</b>	<i>H</i> 2.5 - 7.0	mg/dL	MODIFIED JAFFES
SERUM SODIUM	136	135 - 150	mmol/L	URICASE
SERUM POTASSIUM	3.7	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.8	8.5 - 10.5	mg/dL	ISE
SERUM PHOSPHORUS	2.6	2.5 - 4.5	mg/dL	ARSENazo III AMMONIUM
SAMPLE TYPE:	SERUM			

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



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 Sample ID : 252454  
 Bill/Req. No. : 25253999  
 Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>LIPID PROFILE</b>				
<b>LIPID PROFILE</b>				
TOTAL CHOLESTEROL	233	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	<b>336</b>	<i>H</i> 60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	47	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	<b>67.2</b>	<i>H</i> 6 - 32	mg/dL	calculated
LDL	116.8	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.53	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	4.96	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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 CONSULTANT CLINICAL MICROBIOLOGIST



USER NM ARUN



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

Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

Ph.: 0124-4900000 (100 Lines), Toll Free No. : 1800-102-6767, Mob.: 62 62 82 82 35, Email: [customercare@parkhospital.in](mailto:customercare@parkhospital.in)

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**DEPARTMENT OF IMMUNOLOGY**

**Patient Name** : Mr. ADITYA RAWAT  
**MR No** : 695701  
**Age/Sex** : 32 Years 6 Months 28 Days / Male  
**Type** : OPD  
**TPA/Corporate** : MEDIWHEEL PVT LTD

**Bill Date** : 24/02/2024  
**Reporting Date** : 25/02/2024  
**Sample ID** : 252454  
**Bill/Req. No.** : 25253999  
**Ref Doctor** : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
<b>PSA TOTAL</b>				
PROSTATE SPECIFIC ANTIGEN(PSA)	1.29	0.57 - 4.0	ng/ml	Chemiluminescence
<b>Method</b> : 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



MC-438

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Vitals :

Chief Complaints :

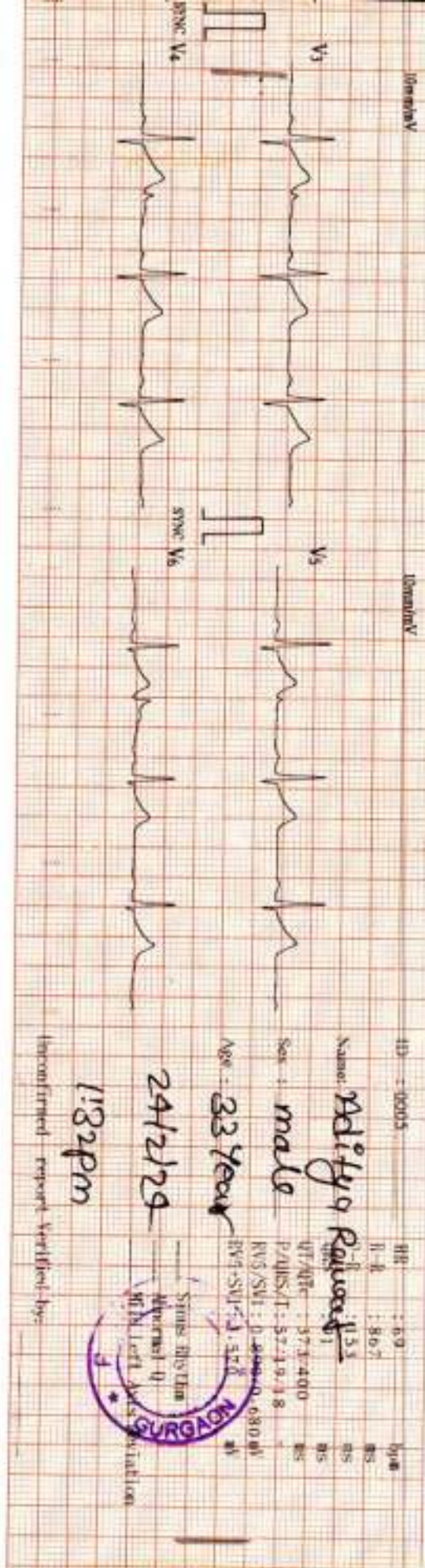
H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :



118 bpm

24/2/20

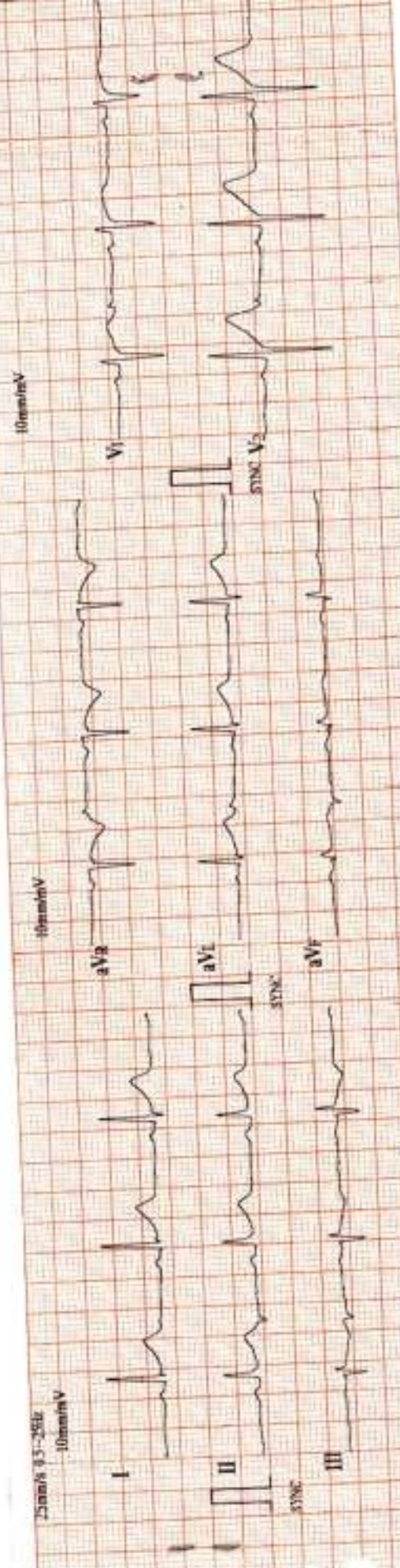
Age: 33 Year

Sex: male

Name: Md. Ilyas Rajuwal

ID: 00005





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

10mm/mV

10mm/mV

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

ECG-1209 V1:000V105:V1:000 AMP-V1:0011 2016-00-00 00:00



NAME	: MR. ADITYA RAWAT	DATE	: 24 / 2 / 2024
Age Sex	: 32 Years / Male	Inpatient No	: 695701
PERFORMED BY	: Dr. SWATI SINGH	BILL NO.	: 25253999

## 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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# Park Hospital

GROUP SUPER SPECIALITY HOSPITAL

<u>Measurements</u>	<u>Normal Values</u>	<u>Measurements</u>	<u>Normal Value</u>
IVSD : 0.9cm	(0.6-1.1cm)	LA : 3.2cm	(1.9-4.0cm)
LVIDd : 5.3cm	(3.7-5.6cm)	AORTA : 2.2cm	(2.0-3.7cm)
LVIDs : 0.9cm	(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.


### COMMENTS & SUMMARY:-

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

Please correlate clinically

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

**Dr. JOGINDER S. DUHAN**  
 M.D.(Medicine)  
 D.M (Cardiology)

  
**Dr. SACHIN BANSAL**  
 M.D.(Medicine)  
 D.M (Cardiology)



Cert. No. H-2016-0388

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the **health** care providers

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