



Pt Name - Mr. Praveen Kumar
Age - 42/M
MR No - 692466

DERMATOLOGY

Vitals :

Chief Complaints :

Adv :-

BP - 115/92 mmHg
Height - 170 cm
W - 69.65

SUNCRESS soft
lotion

H/O Present Illness :

Past History :

OR

UV DOUX mineral

Investigation :

Drug Allergies : (if any)

Suncrees gel

Treatment :

8am - 12pm

→ EXCELA MAX
LOTION

→ T. LIMCEE 500mg
Once daily
x 15 days

⇒ MOMATE F
cream

(HA) → (N) x 3 days

- Ryv SOS





692466

PREVEEN KUMAR.

42 y / M

Vitals :

Chief Complaints :

Routine eye

NCT → 20
19

H/O Present Illness :

MV } 6/6
 } 6/6 = glasses

Past History :

MV } MB
 } MB = glasses

Investigation :

Drug Allergies : (if any)

Treatment :

Colon mirror - Normal (BE)

Proctos Examination - Normal





BNT

Ear }
Nose } N/A
Throat }
oral cavity - N/A.

Vitals :

Chief Complaints :

ff

H/O Present Illness :

Past History :

Investigation :

Drug Allergies : (if any)

Treatment :

PK
23/12/23
5



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Vitals :

Chief Complaints :

C/O:- Mouth better checkup

H/O Present Illness :

O/E:- Cervical cut 16,36,46
Stains ++

Past History :

Adv. Restoration cut 16,36,46
Scaly and persisting.

Investigation :

Drug Allergies : (if any)

Treatment :

L



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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. PREVEEN KUMAR
MR No : 692466
Age/Sex : 42 Years / Male
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date : 23/12/2023
Reporting Date : 23/12/2023
Sample ID : 228973
Bill/Req. No. : 24221072
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
BLOOD SUGAR FASTING				
PLASMA GLUCOSE FASTING	100	60 - 110	mg/dl	GOD TRINDERS

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



Sample no.

Dr. SONIA KUMARI
MBBS, MD (PATHOLOGY) Gold medalist

Dr.ISHA RASTOGI
MD, MBBS MICROBIOLOGY
CONSULTANT CLINICAL MICROBIOLOGIST

USER NM



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BLOOD SUGAR 2 HR. PP				
BLOOD SUGAR P.P.	112	80 - 150	mg/dl	

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URINE ROUTINE AND MICROSCOPY

PHYSICAL CHARACTERISTICS

QUANTITY	30ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		Vishal
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	Nil	0-2	cells/hpf	
EPITHELIAL CELLS	1-2	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/hpf	
OTHER	NIL			

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DEPARTMENT OF HAEMATOLOGY

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

BLOOD GROUP	" A " RH POSITIVE			ABO/Rh (D) SLIDE
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Test	Result	Bio. Ref. Interval	Units	Method
CBC				
HAEMOGLOBIN	14.5	12 - 16	gm/dL	COLORIMETRY
TOTAL LEUCOCYTE COUNT	8080	4000-11000	/ μ L	LASER FLOW
DIFFERENTIAL COUNT				
NEUTROPHILS	60	40.0 - 70.0	%	FLOW CYTOMETRY
LYMPHOCYTES	30	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	4.4	3.5 - 5.5	millions/ μ L	ELECTRICAL
PACKED CELL VOLUME	38.8	35.0 - 50.0	%	ELECTRICAL
MEAN CORPUSCULAR VOLUME	86.8	83 - 101	fL	ELECTRICAL
MEAN CORPUSCULAR HAEMOGLOBIN	32.4	27 - 31	Picograms	CALCULATED
MEAN CORPUSCULAR HB CONC	37.4	33 - 37	g/dl	CALCULATED
PLATELET COUNT	332	150 - 450	thou/ μ L	ELECTRICAL
RDW	14.4	11.6 - 14.5	%	CALCULATED
SAMPLE TYPE FOR C.B.C	Whole Blood EDTA			

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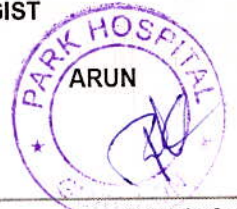


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ESR (WESTERGREIN)

E.S.R. - I HR.	15	0 - 20	mm/Hr.	Westergren
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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

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DEPARTMENT OF MICROBIOLOGY

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MR No : 692466
Age/Sex : 42 Years / Male
Type : OPD
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Bill/Req. No. : 24221072
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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 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.

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DEPARTMENT OF IMMUNOLOGY

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THYROID PROFILE

TRI-iodothyronine (T3)	1.47	0.60 - 1.81	ng/ml	Chemiluminescence
THYROXINE (T4)	13.4	<i>H</i> 5.01 - 12.45	µg/dL	Chemiluminescence
THYROID STIMULATING HORMONE	1.94	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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Ref Doctor : Dr.RMO

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)	18	0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	41	0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	151	30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	7.4	6.4 - 8.0	g/dL	BIURET
ALBUMIN	4.3	3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	3.1	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.39	1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM			

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KFT (RENAL PROFILE)

Test	Result	Bio. Ref. Interval	Units	Method
SERUM UREA	25	10 - 45	mg/dL	UREASE-GLDH
SERUM CREATININE	1.0	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	4.5	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	8.7	8.5 - 10.5	mg/dL	ARSENazo III
SERUM PHOSPHORUS	3.3	2.5 - 4.5	mg/dL	AMMONIUM

SAMPLE TYPE: SERUM

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



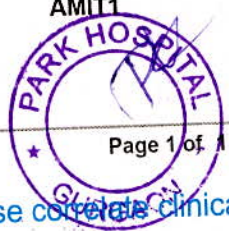
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LIPID PROFILE

LIPID PROFILE

Test	Result	Bio. Ref. Interval	Units	Method
TOTAL CHOLESTEROL	264	H 0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	242	H 60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	55	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	48.4	H 6 - 32	mg/dL	calculated
LDL	160.6	H 50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.92	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	4.8	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 *****

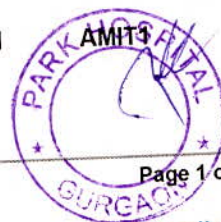


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the health care providers

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Test	Result	Bio. Ref. Interval	Units	Method
PSA TOTAL				
PROSTATE SPECIFIC ANTIGEN(PSA)	1.93	0.57 - 4.0	ng/ml	Chemiluminscence
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.

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Vitals :

Cheif Compla

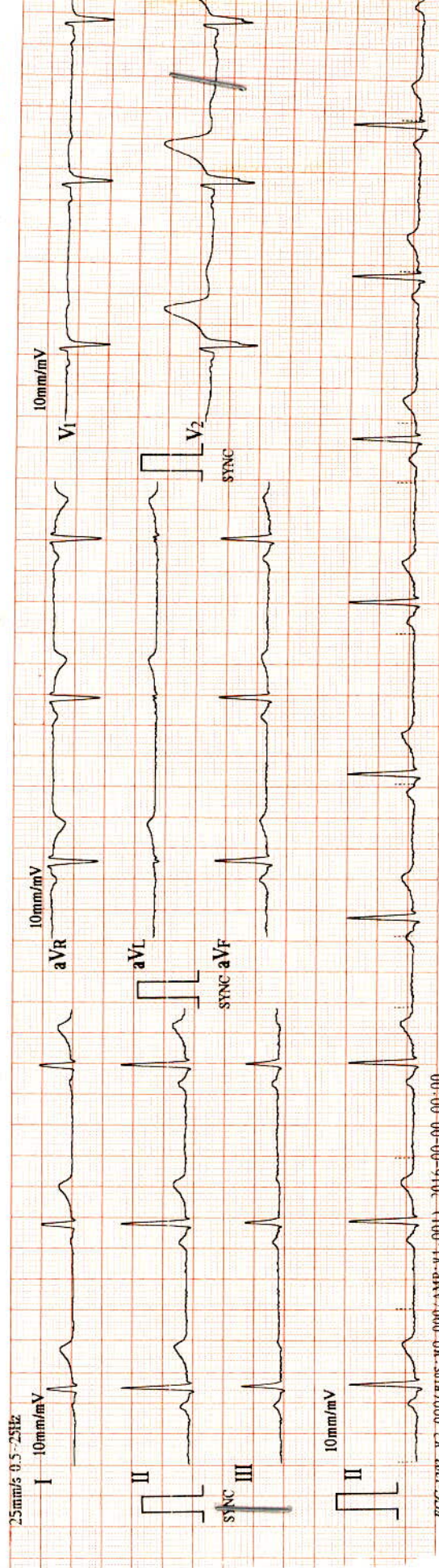
H/O Present I

Past History :

Investigation :

Drug Allergie

Treatment :



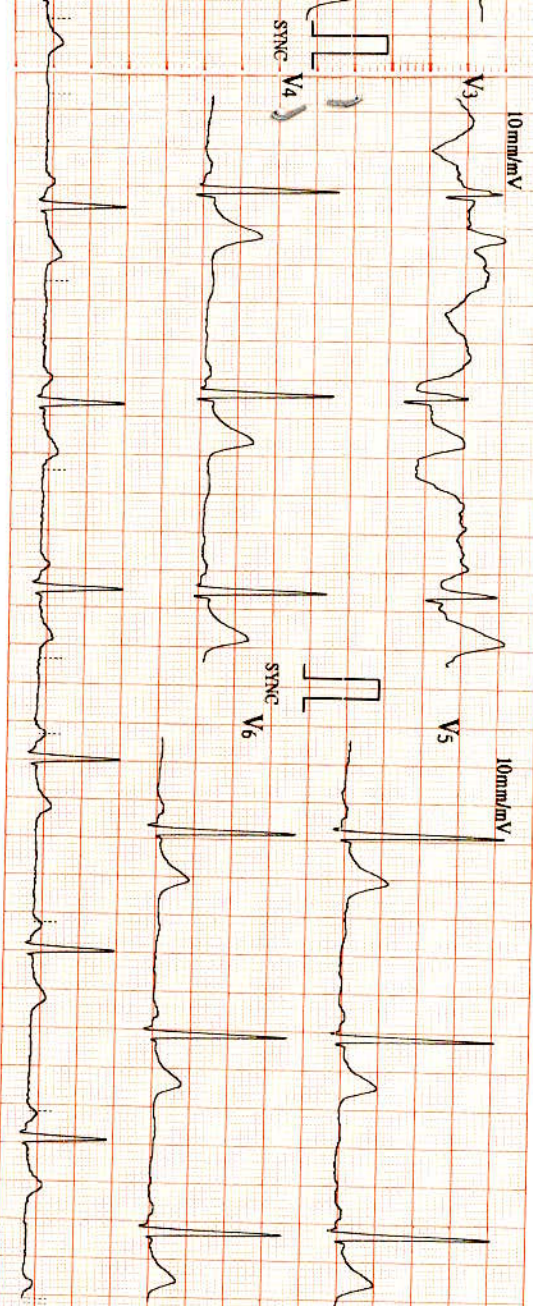
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the **health** care providers

the **health** care providers



ID : 0001

23/12/23

HR : 57

R-R : 1036

QRS : 144

QRS : 97

QT/QTc : 379/372

P/QTST : 77/61/40

PV5/SV1 : 2.130/0.710 mV

PV5+SV1 : 2.840

Age : 42y2

Sex : MALE

----- Sinus BradyCardia
 ----- T Abnormality (flat T)

Unconfirmed report Verified by:



NAME	: MR. PRAVEEN KUMAR	DATE	: 23 / 12 / 2023
Age Sex	: 42 Years / Male	Inpatient No	: 692466
PERFORMED BY	: Dr. ELA MADAAN	BILL NO.	: 24221072

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 : 3.7cm	(1.9-4.0cm)
LVID : 4.5cm	(3.7-5.6cm)	LVOT : 1.5cm	
LVPW : 0.8cm	(0.6-1.1cm)	AORTA : 2.7cm	(2.0-3.7cm)
EF : 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 / Mildly Dilated / Enlarged / Clear / Thrombus / Hypertrophied

PERICARDIUM Normal / Thickening / Calcification / Effusion.

COMMENTS & SUMMARY:-

- All Cardiac Chambers dimensions are within normal limits.
- Global LVEF – 60%
- NO RWMA
- NORMAL LV FUNCTION
- NO LVDD
- 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.

Please correlate clinically

Dr. ELA MADAAN
 MBBS, PGDCC
 Fellowship in non Invasive
 Cardiology

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

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



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the **health** care providers

the **health** care providers





DEPARTMENT OF RADIOLOGY

Patient Name	Mr PREVEEN KUMAR	Billed Date	: 23/12/2023
Reg No	692466	Reported Date	: 23/12/2023
Age/Sex	42 Years / Male	Req. No.	: 24221072
Type	OPD	Consultant Doctor	: Dr. RMO

USG WHOLE ABDOMEN

LIVER: Small illdefined echogenic lesion of size 18x16mm seen in right lobe of liver. The liver is normal in size 14.5cm with fatty infiltration. 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 8.7cm 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 : 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.It shows uniformly thin walls and sharp mucosa.No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

PROSTATE: Prostate appears enlarged in size measures _ 26CC.

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesantric lymphadenopathy is seen.

IMPRESSION-

Small illdefined echogenic lesion in right lobe of liver likely small hemangioma

Grade I fatty liver

Prostatomegaly

To be correlated clinically.



Dr. NEENA SIKKA
MBBS DNB
CONSULTANT RADIOLOGIST



Dr. ANSHU K. SHARMA
MBBS, MD
CONSULTANT RADIOLOGIST

Dr. MANJEET SEHRAWAT
MBBS MD PDCC
CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGY

Patient Name	Mr PREVEEN KUMAR	Billed Date	: 23/12/2023
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Age/Sex	42 Years / Male	Req. No.	: 24221072
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.

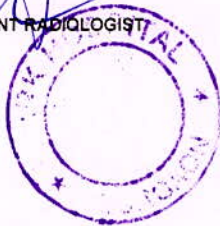
The domes of the diaphragms are normal in position, and show smooth outline.

To be correlated clinically

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CONSULTANT RADIOLOGIST

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MBBS, MD, PDCC
CONSULTANT RADIOLOGIST

Dr. NEENA SIKKA
MBBS, DNB
CONSULTANT RADIOLOGIST



Page 1 of 1

12/23/2023, 11:33 AM

1 of 1



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