



MRS RUSUM LATA 38/ Female

Vitals:

Cheif Complaints:

H/O Present Illness:

Past History:

Investigation:

Drug Allergies: (if any)

Treatment:

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Vn/ 6/6 meddell - 6/6

WVJ MG

Colon Vinon - Normel

Gurgaon

Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Harvana Ph.: 0124-49000000 Pax: 0124-2218733

E-mail: parkmedidenters@gmail.com

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





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Vitals:

Cheif Complaints:

H/O Present Illness:

Past History:

Investigation:

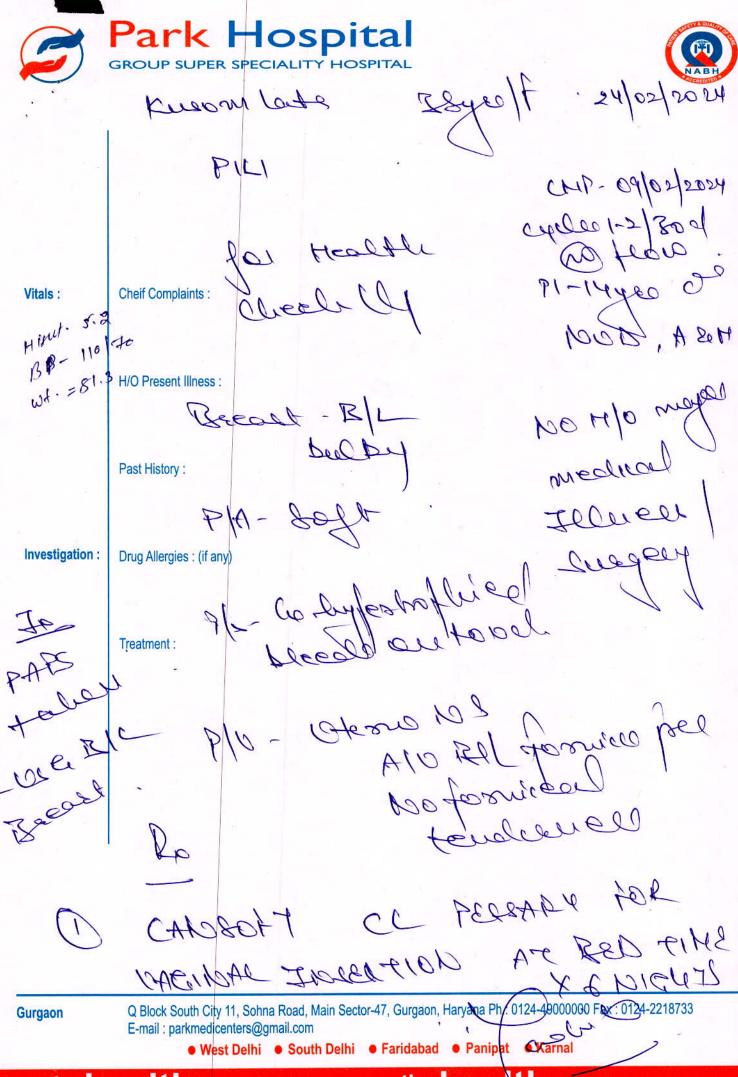
Drug Allergies: (if any)

Treatment:

Gurgaon

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West Delhi
 South Delhi
 Faridabad
 Panipat
 Karnal



health care providers



Dermato Jogy



Park Hospital
GROUP SUPER SPECIALITY HOSPITAL
North Kudum Laty
Age - 3 & y/F

Vitals:

Cheif Complaints:

H/O Present Illness:

Past History:

Investigation:

Drug Allergies: (if any)

Treatment:

Gurgaon





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Vitals :	Cheif Complaints :
	H/O Present Illness :
	Past History :
Investigation :	Drug Allergies : (if any)
	Treatment :

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West Delhi
 South Delhi
 Faridabad
 Panipat
 Karnal

Gurgaon





Vitals :	Cheif Complaints :
	H/O Present Illness :
	Past History :
- 5 V	
Investigation :	Drug Allergies : (if any)
	Treatment :

Gurgaon

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Patient Name

: Mrs. KUSUM LATA

MR No

695688

Age/Sex

38 Years / Female

Type

OPD

TPA/Corporate

: MEDIWHEEL PVT LTD

Bill Date

24/02/2024

Reporting Date:

24/02/2024

Sample ID

252434

Bill/Req. No.

25253903

Ref Doctor Dr PMO

		Kei Doctor :	Dr.RIVIO
Result	Bio. Ref. Interval	Units	Method
	LIPID PROFILE		
145	0 - 250	ma/dl	CHOD -Trinder
105	60 - 165	man Francisco	GPO-TRINDER
39	30 - 70		DIRECT
21	6 - 32		calculated
85	50 - 135	- No. of the last	calculated
2.18	1.0 - 3.0	•	calculated
3.72	2.0 - 5.0	mg/dI	calculated
SERUM			
	145 105 39 21 85 2.18 3.72	LIPID PROFILE 145	Result Bio. Ref. Interval Units LIPID PROFILE 145 0 - 250 mg/dL 105 60 - 165 mg/dl 39 30 - 70 mg/dl 21 6 - 32 mg/dL 85 50 - 135 mg/dl 2.18 1.0 - 3.0 mg/dL 3.72 2.0 - 5.0 mg/dl

Note: ATP III Guidelines At-A-Glance Quick Desk Reference

Step 1 - Determine lipoprotein levelsobtain 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

<200 200-239 Desirable

>240

Borderline high High

Low

High

HDL Cholesterol <40

>60

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



Dr. JAY PRAKASH SINGH MBBS, MD (PATHOLOGY)

Dr.ISHA RASTOGI MD, MBBS MICROBIOLOGY CONSULTANT CLINICAL MICROBIOLOGIST

USER NM

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care providers

ITN care providers



Patient Name

: Mrs. KUSUM LATA

MR No

: 695688

Age/Sex

: 38 Years / Female

Type

: OPD

TPA/Corporate : MEDIWHEEL PVT LTD

Bill Date

24/02/2024

Reporting Date: 24/02/2024

Sample ID : 252434

Bill/Req. No. :

25253903

Ref Doctor

· Dr PMO

			Rei Doctor :	Dr.RMO
Test	Result	Bio. Ref. Interval	Units	Method
		KFT (RENAL PROFILE)		
KFT .				
SERUM UREA	16	10 - 45	mg/dL	
SERUM CREATININE	0.7	0.4 - 1.4	mg/dL	MODIFIED JAFFES
SERUM URIC ACID	4.5	2.5 - 7.0	mg/dL	URICASE
SERUM SODIUM	136	135 - 150	mmol/L	ISE
SERUM POTASSIUM	3.5	3.5 - 5.5	mmol/L	ISE
SERUM CALCIUM	8.6	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 *****



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th care providers

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Sample ID

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25253903

Ref Doctor

Dr.RMO

Test	Result		Bio. Ref. Interval	Units	Method
	LFI	(LIVER	FUNCTION TEST)		
LFT					
TOTAL BILIRUBIN	1.3	Н	0 - 1.2	mg/dL	DIAZO
DIRECT BILIRUBIN	0.5	Н	0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.8	Н	0.10 - 0.6	mg/dL	CALCULATED
SGOT (AST)	23		0 - 45	U/L	IFCC WITHOUT
SGPT (ALT)	38		0 - 45	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	55		30 - 170	IU/L	MODIFIED IFCC
TOTAL PROTEINS	6.2	L	6.4 - 8.0	g/dL	BIURET
ALBUMIN	3.9		3.3 - 5.5	g/dL	BCG DYE
GLOBULIN	2.3	*8	2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.7		1.1 - 2.2	3.42	CALCULATED
SAMPLE TYPE:	SERUM				

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



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DEPARTMENT OF IMMUNOLOGY

Patient Name

Mrs. KUSUM LATA

MR No

695688

Age/Sex

38 Years / Female

Type

Test

TPA/Corporate

MEDIWHEEL PVT LTD

Bill Date

24/02/2024

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25/02/2024

Sample ID

252434

Bill/Req. No.

25253903

Ref Doctor

Dr.RMO

Units

Method

THYROID PROFILE

TRI-IODOTHYRONINE (T3)

9.1

Result

0.60 - 1.81

na/ml

THYROXINE (T4) THYROID STIMULATING HORMONE

3.82

5.01 - 12.45 0.5 - 5.50,

Bio. Ref. Interval

µg/dL

Chemiluminescence

SPECIMEN TYPE

SERUM

µIU/mI

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 atient is thought to suffer from hyperthyroidism (overactive thyroid) or hypothyroidism (underactive thyroid), or to monitor the effective ess of either thyroid-

suppression or hormone replacement therapy. It is also requested routinely in conditions linked to thyroid disease, such as atrial fibril ation 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

Mrs. KUSUM LATA

MR No

695688

Age/Sex

38 Years / Female

Type

OPD

TPA/Corporate

MEDIWHEEL PVT LTD

Bill Date

24/02/2024

Reporting Date:

26/02/2024

Sample ID

252434

Bill/Req. No.

25253903

Ref Doctor

Dr.RMO

Test

Result

Bio. Ref. Interval

Units

Method

Aerobic culture

URINE C/S

NAME OF SPECIMEN

ORGANISM IDENTIFIED

Urine (Uncentrifuged)

NO ORGANISM **GROWN IN CULTURE** AFTER 48HRS OF

INCUBATION AT 37 C

DEGREE.

Method: .

Note: URINE CULTURE:

Presence of >105 cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptomatic patients or rine 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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Th care providers



DEPARTMENT OF HAEMOTOLOGY

Patient Name

Mrs. KUSUM LATA

MR No

695688

Age/Sex

38 Years / Female

Type

OPD

TPA/Corporate

MEDIWHEEL PVT LTD

Bill Date

24/02/2024

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Bill/Req. No.

25253903

Ref Doctor

Test

Result

Bio. Ref. Interval

Units

Dr.RMO

ESR (WESTERGREN)

E.S.R. - I HR.

15

0 - 20

mm/Hr.

Westergren

Method

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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DEPARTMENT OF HAEMOTOLOGY

Patient Name

: Mrs. KUSUM LATA

MR No

695688

Age/Sex

: 38 Years / Female

Type

: OPD

TPA/Corporate

: MEDIWHEEL PVT LTD

Bill Date

Reporting Date:

24/02/2024 24/02/2024

Sample ID

252434

Bill/Req. No.

25253903

Ref Doctor

Dr.RMO

Test

Result

Bio. Ref. Interval

Units

Method

BLOOD GROUPING AND RH FACTOR

BLOOD GROUP

" O " RH NEGATIVE

ABO/Rh (D) SLIDE

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



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Sample ID

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Result

Bio. Ref. Interval

Units

Method

BLOOD SUGAR 2 HR. PP

BLOOD SUGAR P.P.

116

80 - 150

mg/dl

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



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695688

Age/Sex Type

Test

: 38 Years / Female

OPD

TPA/Corporate

: MEDIWHEEL PVT LTD

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25253903

Ref Doctor

Dr.RMO

Result

Bio. Ref. Interval

Units

Method

BLOOD SUGAR FASTING

PLASMA GLUCOSE FASTING

97

60 - 110

mg/dl

GOD TRINDERS

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



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NAME	:	MRS. KUSUM	DATE		
Age Sex		The state of the s	DATE	:	25 / 2 / 2024
		38 Years / Female	Inpatient No		695688
PERFORMED BY	3.	Dr. ELA MADAAN			3300 5 200 5
		THE LINE AS AND	BILL NO.	1:	2525303

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 / Clacification / 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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Measurements		Normal Values	Measurements			Normal Value	
IVSD LVIDd	:	0.8cm 4.5cm	(0.6-1.1cm) (3.7-5.6cm)	LA	:	2.3cm	(1.9-4.0cm)
LVIDs	•	2.4cm	(0.6-1.1cm)	AORTA	:	2.0cm	(2.0-3.7cm)
EF Any Other	•	60%	(55% - 80%)	IVSmotion	:		Normal / Flat / Paradoxical

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.
- LVEF –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.

COMMENTS:- Normal LV Function

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)



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DEPARTMENT OF RADIOLOGY

Patient Name

Mrs. KUSUM LATA

.....

695688

Age/Sex

Reg No

38 Years / Female

Type

OPD

Billed Date

Reported Date

: 24/02/2024 : 24/02/2024

Req. No.

25252002

.

: 25253903

Consultant Doctor

: Dr. RMO

USG WHOLE ABDOMEN

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

<u>LIVER</u>: The liver is enlarged in size (18.4cm) 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. 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 (10.5cm) and shape. Its echotexture is homogeneous. No evidence of focal lesion is noted.

<u>PANCREAS</u>: 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 10.9 x 3.4 cm. Left kidney measures 11.9 x 3.8 cm. The bilateral kidneys are normal in size and echotexture. Cortico-medullary differentation is maintained. There is no evidence of obvious calculus or hydronephrosis.

<u>URINARY BLADDER</u>: 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.

UTERUS: The uterus is anteverted. It measures 6.6 x 5.0 x 4.2 cms. in the longitudinal, anteroposterior and transverse dimensions president potential and does record and transverse dimensions president potential and does record and contour sabilities. 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 PARK GROUP OF HOSPITALS: West Delhi - Gurugram - Faridabad - Sonipat - Panipat - Karnal - Ambala - Patiala - Mohali - Behror - Jaipur



DEPARTMENT OF RADIOLOGY

Patient Name

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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, MANJEET SEHRAWAT

Dr. NEENA SIKKA MBBS,MD,PDCC (This is only professional and printing and most the diagnosis, please converse interesting and printing and

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LABORATORY REPORT

Name

: Mrs . KUSUM LATA 25253903

Location

: KPL A43

Age/Gender : 38 Y(s) /Female

Registered On Release Date

: 24-02-2024 17:43

VID **KPID** : 240224515 : KP0453037

: 220345520

ClientId

: 26-Feb-2024 16:34

Referred By : PARK HOSPITAL Sample Id

Histo Id

: A24/13351

AW-CYTOLOGY

Test

ResultUnit

Pap Smear

CYTOPATHOLOGY No.: C-350/24

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

SPECIMEN ADEQUACY: Satisfactory for evaluation; Endocervical /transformation zone component present.

MICROSCOPIC EXAMINATION:

Squamous cell population:

Superficial - Present.

Intermediate - Present.

Parabasal - Few present.

Inflammation - Severe.

Atypical cells - Not present.

Background bacterial flora - Maintained.

INTERPRETATION:

- Negative for squamous intraepithelial lesion or malignancy.
- Inflammation with associated reactive cellular changes.

COMMENT:

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

Page:1 of 2

Print Date: 28-02-2024 15:11

ON PANEL: C.G.H.S., D.G.E.H.S., ECHS, B.H.E.L, INDIAN RAILWAY, E.S.I., NDMC, DELHI JAL BOARD, ONGC, NTPC, SAIL, NIFT

1. All reports are for interpretation by the treating doctor only and have to be viewed and correlated with clinical examination and other investivations. 2. All investivations 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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AN NABL ACCREDITED LAB CAP PROFICIENCY PARTICIPATING LAB

ISO 9001 : 2008 CERTIFIED DIAGNOSTIC CENTRE LABORATORY REPORT

Name

: Mrs . KUSUM LATA 25253903

Location

: KPL A43

Age/Gender

Referred By

: 38 Y(s) /Female

: PARK HOSPITAL

Registered On Release Date

: 24-02-2024 17:43

VID **KPID** : 240224515 : KP0453037

: 26-Feb-2024 16:34

ClientId Histo Id

: A24/13351



Sample Id : 220345520

endocervical sampling are suggested, as clinically indicated.

Num Magoois

Dr.N.Magoon M.D. (Path)

Consulting Pathologist DMC Reg.No-97859

Print Date: 28-02-2024 15:11

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ON PANEL: C.G.H.S., D.G.E.H.S., ECHS, B.H.E.L, INDIAN RAILWAY, E.S.I., NDMC, DELHI JAL BOARD, ONGC, NTPC, SAIL, NIFT

1. All reports are for interpretation by the treating doctor only and have to be viewed and correlated with clinical examination and other investivations. 2. All investivations 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 lests 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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