

# Electronic Medical Record Form

Medical ID: IND008

We ask you for information about your general health to help us treat you safely. Please complete your contact details below and answer all the health questions and then sign the back of the form.  
All information will be kept strictly confidential by our service.

Title: <b>Mr</b>	Surname: <b>Singh</b>	First name: <b>Rajesh</b>
Date of Birth: 10th October 1980		Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Address: 14, Rajpur Road, New Delhi, Delhi		Postcode: 110001
Occupation: Consultant		Mobile Number: +91 76543 21098
Telephone number (home): +91 11 3456 7890		Email: rajesh.singh@example.com

## In the event of an emergency, please contact

Name: Ashok Singh
Telephone number: +91 76543 12345
Relationship to you: Father

## Best interest contact

Name: Priya Singh
Telephone number: +91 76543 67890
Relationship to you: Spouse

## Family Doctor's details

Doctor's name: Dr. Nandini Mishra	Telephone number: 040 67855755
Address: 5, Care Hospital, Connaught Place, New Delhi	Postcode: 110001

## Vaccination details

Name of Vaccination: Tetanus Vaccine	Date of Vaccine administered: 15th October 2022
Hospital of Vaccine Administered: AIIMS, New Delhi	Type of Vaccine: Tetanus toxoid

## Are you currently

yes no give details

Receiving treatment from a doctor, hospital or clinic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Taking any prescribed medicines? (including tablets, inhalers, injections, contraceptives and ointments ) Please list in detail or additional sheet if required.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Taking any self prescribed medicines/drugs? (including pain killers or recreational drugs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any medical histories?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant or possibly pregnant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date: 01 February 2024

Signature of the Patient / Guardian

# Dr. Nandini Mishra, M.B.B.S

Endocrinologist

Care Hospital  
New Delhi

Clinic Hours:

MWF: 13:00 - 18:00

TTH: 9:00 - 15:00

**Patient's Name:** Rajesh Singh

**Sex:** Male

**Age:** 43

**Medical ID:** IND008

**Date:** 03 February 2024



## Patient's History / Symptoms:

- Difficulty in swallowing
- Heartburn or acid reflux
- Bloating and gas
- Persistent indigestion

## Diagnosis:

- Gastritis: Inflammation of the stomach lining.
- Gastroesophageal Reflux Disease (GERD): Chronic acid reflux.
- Peptic Ulcer Disease: Sores in the lining of the stomach or duodenum.
- Pancreatitis: Inflammation of the pancreas.

## Prescription:

- |                                |                  |
|--------------------------------|------------------|
| • <b>Esomeprazole (Nexium)</b> | <b>1 - 0 - 0</b> |
| • <b>Clarithromycin</b>        | <b>1 - 1 - 0</b> |
| • <b>Dicyclomine (Bentyl)</b>  | <b>1 - 1 - 1</b> |

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Signature of Doctor

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UR House,  
No. 1056C, Avinashi Road,  
Coimbatore - 641014

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**REPORT**

NAME REF. BY : Rajesh Singh (19Y/M)

MEDICAL ID : IND008

TEST ASKED : Nandini Mishra

TEST NAME	VALUE	UNITS	REFERENCE RANGE
TOTAL LEUCOCYTES COUNT	7.67	X 10 <sup>3</sup> / μL	4.0-10.0
NEUTROPHILS	63	%	40-80
LYMPHOCYTE PERCENTAGE	25.3	%	20-40
MONOCYTES	5.3	%	0-10
EOSINOPHILS	5.6	%	0.0-6.0
BASOPHILS	0.5	%	<2
IMMATURE GRANULOCYTE PERCENTAGE(IG%)	0.3	%	0-0.5
NEUTROPHILS - ABSOLUTE COUNT	4.83	X 10 <sup>3</sup> / μL	2.0-7.0
LYMPHOCYTES - ABSOLUTE COUNT	1.94	X 10 <sup>3</sup> / μL	1.0-3.0
MONOCYTES - ABSOLUTE COUNT	0.41	X 10 <sup>3</sup> / μL	0.2-1
BASOPHILS - ABSOLUTE COUNT	0.04	X 10 <sup>3</sup> / μL	0-0.1
EOSINOPHILS - ABSOLUTE COUNT	0.43	X 10 <sup>3</sup> / μL	0-0.5
IMMATURE GRANULOCYTES(IG)	0.02	X 10 <sup>3</sup> / μL	0-0.3
TOTAL RBC	5.5	X 10 <sup>6</sup> /μL	4.5-5.5
NUCLEATED RED BLOOD CELLS	Nil	X 10 <sup>3</sup> / μL	<0.01
NUCLEATED RED BLOOD CELLS %	Nil	%	<0.01
HEMOGLOBIN	13.4	g/dL	13-17
HEMATOCRIT(PCV)	47.4	%	40-50
MEAN CORPUSCULAR VOLUME(MCV)	86.2	fL	83-101
MEAN CORPUSCULAR HEMOGLOBIN(MCH)	24.4	pg	27-32
MEAN CORP. HEMO. CONC(MCHC)	28.3	g/dL	31.5-34.5
RED CELL DISTRIBUTION WIDTH - SD(RDW-SD)	53	fL	39-46
RED CELL DISTRIBUTION WIDTH (RDW-CV)	17.1	%	11.6-14
PLATELET DISTRIBUTION WIDTH(PDW)	11.8	fL	9.6-15.2
MEAN PLATELET VOLUME(MPV)	10.8	fL	6.5-12
PLATELET COUNT	183	X 10 <sup>3</sup> / μL	150-400
PLATELET TO LARGE CELL RATIO(PLCR)	30	%	19.7-42.4
PLATELETCRIT(PCT)	0.2	%	0.19-0.39

Remarks : ALERT !!! Hypochromia, Anisocytosis

Please Correlate with clinical conditions.

Method : Fully automated bidirectional analyser (6 Part Differential SYSMEX XN-1000)

(This device performs hematology analyses according to the Hydrodynamic Focussing (DC method), Flow Cytometry Method (using a semiconductor laser), and SLS- hemoglobin method)

Sample Collected on (SCT) :03 Feb 2024 06:13

Sample Received on (SRT) :04 Feb 2024 09:23

Report Released on (RRT) :08 Feb 2024 10:57

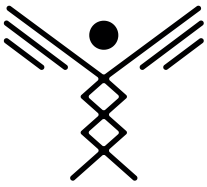
Sample Type : EDTA

Labcode : 2608016201/PP004 :

Barcode : J9295107

Dr. Subramaniam MD(Path)

Dr. Caesar Sengupta MD(Micro)



Patient Name: Rajesh Singh  
Medical ID: IND008

Date: 03/02/2024  
Referring Doctor: Dr. Nandini Mishra  
Hospital: Care Hospital

## GallBladder Ultrasound Report

### Technique:

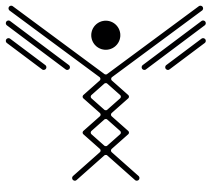
Standard transverse view ultrasounds of the gall bladder were obtained.

### Findings:

- **Gallbladder:** The gallbladder is visualized and appears distended. Multiple echogenic structures are observed within the gallbladder lumen, consistent with gallstones. The largest stone measures approximately [size] mm in diameter.
- **Wall Thickness:** The wall of the gallbladder appears normal, measuring [measurement] mm.
- **Common Bile Duct (CBD):** The CBD appears unremarkable, with no evidence of dilation.
- **Liver:** The liver parenchyma appears normal in echogenicity and texture.
- **Pancreas:** The pancreas is visualized and appears unremarkable.
- **Other:** No pericholecystic fluid or evidence of acute inflammation is noted.

### Impression:

1. **Gallstones:** Multiple gallstones identified within the gallbladder.
2. **Gallbladder Distension:** The gallbladder appears distended, likely secondary to the presence of gallstones.
3. **No Evidence of CBD Dilation:** The common bile duct appears normal in caliber.



Patient Name: Rajesh Singh  
Medical ID: IND008

Date: 03/02/2024  
Referring Doctor: Dr. Nandini Mishra  
Hospital: Care Hospital

## Brain MRI Report

### Technique:

Standard transverse view MRI scans of the head/brain were obtained to view the pituitary gland.

### Findings:

- **Pituitary Gland:** The pituitary gland is visualized and appears enlarged compared to the surrounding structures. There is a well-defined focal lesion within the gland, measuring approximately [size] mm in diameter.
- **Sella Turcica:** The sella turcica is enlarged, likely secondary to the pituitary gland enlargement.
- **Optic Chiasm:** The optic chiasm is compressed superiorly by the enlarged pituitary gland, consistent with mass effect.
- **Brain Parenchyma:** The brain parenchyma appears otherwise normal without evidence of acute infarcts, hemorrhages, or mass lesions.
- **Ventricular System:** The ventricles are within normal limits in size and configuration.
- **Cranial Nerves:** No other focal abnormalities involving the cranial nerves are identified.

### Impression:

1. MRI demonstrates an enlarged pituitary gland with a focal lesion, suggestive of a pituitary adenoma.
2. Compression of the optic chiasm by the enlarged pituitary gland, raising concern for potential visual disturbances.
3. The brain parenchyma appears otherwise normal, with no evidence of acute infarcts, hemorrhages, or other mass lesions.
4. The sella turcica is enlarged, likely secondary to the pituitary gland enlargement.

Date: 01 February 2024

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**Signature of Radiologist**

## Gall Bladder Ultrasound & Brain MRI

Image 1 – Gall Bladder Transverse View\*

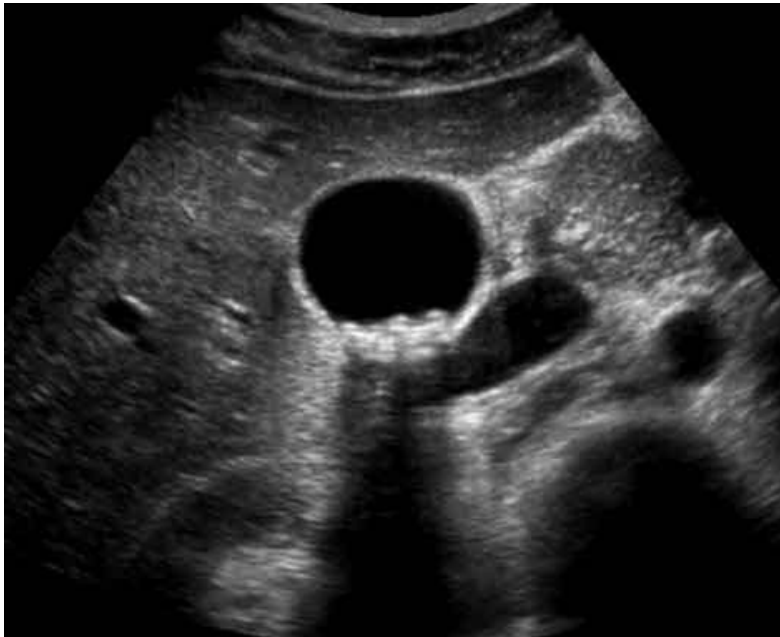


Image 2 – Head/Brain Transverse View\*



\*GallStones Ultrasound - [123sonography/gall-bladder/gall-stones](https://www.123sonography.com/gall-bladder/gall-stones)

\*Head Transverse view - <https://radiopaedia.org/articles/pituitary-mri-an-approach-1>