

Patient Name Mr. Gajendra K. Chaudhary MRN : 190360 Age 59 Sex M Date/Time 08/13/25

H - 166

W - 69

BP - 156/77

R - 96

Physician
reference



Dr. Bhawna Garg
MBBS, DIP.GO, PGDHA
MEDICAL CO ORDINATOR
RJN Apollo Spectra Hospital
Reg.No. MP18035

Patient NAME : Mr.GAJENDRA KUMAR CHAUDHARY	Collected : 08/Mar/2025 09:25AM
Age/Gender : 59 Y 0 M 0 D /M	Received : 08/Mar/2025 10:23AM
UHID/MR NO : ILK.00031514	Reported : 08/Mar/2025 01:55PM
Visit ID : ILK.149853	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF HEMATOLOGY

COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA

Haemoglobin (Hb%)	9.5	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	32.5	%	40-54	Cell Counter
RBC Count	4.60	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	70.7	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	20.8	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	29.2	g/dl	30.0-35.0	Calculated
RDW	19.0	%	11-16	Calculated
Total WBC count (TLC)	12,720	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

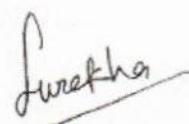
Neutrophils	81.9	%	50-70	Cell Counter
Lymphocytes	9.5	%	20-40	
Monocytes	6.8	%	01-10	Cell Counter
Eosinophils	1.7	%	01-06	Cell Counter
Basophils	0.1	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	10,418	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1208	per cumm	600-4000	Calculated
Monocyte (Abs.)	865	per cumm	0-600	Calculated
Eosinophil (Abs.)	216	per cumm	40-440	Calculated
Basophils (Abs.)	13	per cumm	0-110	Calculated
Platelet Count	3.68	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	86	mm 1st hr.	0-20	Wester Green
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DR. SUREKHA SHARMA
MD PATHOLOGIST

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DEPARTMENT OF HEMATOLOGY

BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA

Blood Grouping	AB			Slide/Tube Agglutination
Rh (D) Type	POSITIVE			Slide/Tube Agglutination

BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , WHOLE BLOOD EDTA

RBC : Microcytic hypochromic to macrocytic blood picture.

No cytoplasmic inclusions or hemoparasite seen

WBC : Mild absolute neutrophilia and mild monocytosis.

No abnormal cell seen.

PLATELETS : Adequate on smear.

IMPRESSION : Dimorphic blood picture with mild neutrophilia and monocytosis.

ADVICE -VIT B12 and FOLIC ACID ASSAY.



Surekha

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE - FASTING (FBS) , NAF PLASMA

Fasting Glucose	129.0	mg/dL	65-110	God - Pod
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.

GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL) , FLUORIDE PLASMA

Post Prandial Glucose	166.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.



Surekha

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Test Name	Result	Unit	Bio. Ref. Range	Method
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GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA

Glycosylated Haemoglobin HbA1c	7.2	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	H P L C
Approximate mean plasma glucose	159.94			Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

INTERPRETATION:

The A1C test measures your average blood glucose for the past 2 to 3 months. Diabetes is diagnosed at an A1C of greater than or equal to 6.5%.

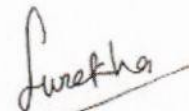
Therapeutic goals for glycemc control (ADA)

-Adults:

- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%

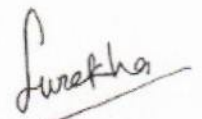
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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM				
Urea	13.67	mg/dL	13.0-43.0	Urease
Creatinine	0.6	mg/dL	0.5-1.3	Enzymatic
Uric Acid	3.6	mg/dL	3.5-7.2	Urease
Sodium	140.0	Meq/L	135-155	Direct ISE
Potassium	4.6	Meq/L	3.5-5.5	Direct ISE
Chloride	103.0	mmol/L	96-106	Direct ISE
Calcium	9.1	mg/dL	8.6-10.0	OCPC
Phosphorous	3.3	mg/dL	2.5-5.6	PMA Phenol
BUN	6.39	mg/dL	6.0-20.0	Reflect Spectrophoto

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

Type OF Sample	Result	Unit	Bio. Ref. Range	Method
Total Cholesterol	166.0	mg/dl	up to 200	End Point
Total Triglycerides	152.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	42.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	124	mg/dL	<130	
LDL Cholesterol	93.6	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	30.4	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.95		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED

POST LUNCH URINE SUGAR , URINE

Test Name	Result	Unit	Bio. Ref. Range	Method
Post Lunch Urine Sugar	NIL			



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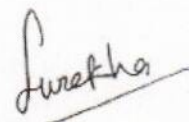
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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) WITH GGT , SERUM

Total Bilirubin	0.6	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.5	mg/dL	0.0-0.9	Calculated
SGOT / AST	16.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	10.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	81.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	18.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.2	g/dl	6.4-8.3	Biuret
Albumin	3.9	g/dL	3.5-5.2	BCG
Globulin	3.3	g.dl	2.0-3.5	Calculated
A/G Ratio	1.18	%	1.0-2.3	Calculated

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 MD PATHOLOGIST

Patient NAME : Mr.GAJENDRA KUMAR CHAUDHARY	Collected : 08/Mar/2025 09:25AM
Age/Gender : 59 Y 0 M 0 D /M	Received : 08/Mar/2025 01:08PM
UHID/MR NO : ILK.00031514	Reported : 08/Mar/2025 03:01PM
Visit ID : ILK.149853	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL

Test Name	Result	Unit	Bio. Ref. Range	Method
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PROSTATE SPECIFIC ANTIGEN (TOTAL) - PSA , SERUM

Total PSA	0.93	ng/ml	0.0-4.0	CLIA
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NOTE :-

P.S.A is a highly specific for prostate tissue and may be increased in prostate cancer, benign prostate hyperplasia (BPH) and prostatitis. At present a cut off 4.1 ng/ml is used for prostate cancer screening.

PSA values greater than 10.0 ng/ml are highly predictive of cancer.

PSA levels by itself can not be used to determine whether a patient has Prostate cancer confined to the organ.

Determination of Free PSA along with total PSA is useful in the differentiation of Prostate cancer from benign condition.

After radical prostatectomy, serum PSA levels are (< 0.2 ng/ml), 93% of patients with undetectable serum PSA concentration have no clinical tumour recurrence.

Comments:-

1. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
2. PSA total and free levels may appear consistently elevated/ depressed due to the interference by heterophilic antibodies and nonspecific protein binding.
3. Results obtained with different assay kits cannot be used interchangeably.
4. All results should be correlated with clinical findings and result of other investigations.



Dr. Sarita Pathak
MD. Path

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UHID/MR NO : ILK.00031514	Reported : 08/Mar/2025 03:01PM
Visit ID : ILK.149853	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE-I , SERUM

Trilodothyronine Total (TT3)	1.18	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	8.47	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	1.465	µIU/ml	0.35-5.50	Chemilluminescence

COMMENT :- Above mentioned reference ranges are standard reference ranges.

AGE RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

TSH	NEW BORN	INFANT	CHILD	ADULT
(u lu/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6

PREGNENCY RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

TSH	1st Trimester	2nd & 3rd Trimester
(u lu/ml)	0.2 - 2.5	0.3 - 3.0

NOTE : TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and at a minimum between 6-10 PM. Dose and time of drug intake also influence the test result.

Ultrasensitive kits used.

Serum T3/ FT3 , T4/FT4 and TSH measurements form three components of thyroid screening panel.

- :Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- : Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- :Normal T3 &T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- :singltly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol .
- :Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (seconday hyperthyroidism).



Dr. Sarita Pathak
MD. Path



SIN NO :10569212

RJN Apollo Spectra Hospitals

18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: ipc.rjn@gmail.com

- Results may vary from lab to lab and from time to time for the same parameter for the same patient • Assays are performed in accordance with standard procedures.
- In case of disparity test may be repeated immediately. • This report is not valid for medico legal purpose.

Patient NAME : Mr.GAJENDRA KUMAR CHAUDHARY	Collected : 08/Mar/2025 09:25AM
Age/Gender : 59 Y 0 M 0 D /M	Received : 08/Mar/2025 10:23AM
UHID/MR NO : ILK.00031514	Reported : 08/Mar/2025 12:54PM
Visit ID : ILK.149853	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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CUE - COMPLETE URINE ANALYSIS , URINE
Physical Examination

Colour	PALE YELLOW			Visual
Appearance	Clear			Visual
pH	6.5		5.0-7.5	Dipstick
Specific Gravity	1.020		1.002-1.030	Dipstick

Chemical Examination

Albumin Urine/ Protein Urine	NIL		NIL	Dipstick/Heat Test
Glucose Urine	NIL		NIL	Dipstick/Benedict
Urobilinogen	NIL		NIL	Dipstick/Ehrlichs
Ketones	NIL		NIL	Dipstick/Rotheras
Bile Salts	ABSENT		ABSENT	Dipstick
Bile Pigments	ABSENT		ABSENT	Dipstick/Fouchets
Nitrite	ABSENT		ABSENT	Dipstick

Microscopic Examination.

Pus Cells	1-2	/Hpf	0-2	
Epithelial Cells	1-2	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

URINE SUGAR FASTING , URINE

Fasting Urine Sugar	NIL		NIL	
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*** End Of Report ***



 Dr. Sarita Pathak
 MD. Path


ECHO REPORT

NAME : MR. GAJENDRA KUMAR CHAUDHARY

Age/Sex 59Yrs/male

MR NO.190360

Date :-08/03/2025

Clinical Diagnosis:

Referred by: Dr. Ravi ShankerDalmia MD DM

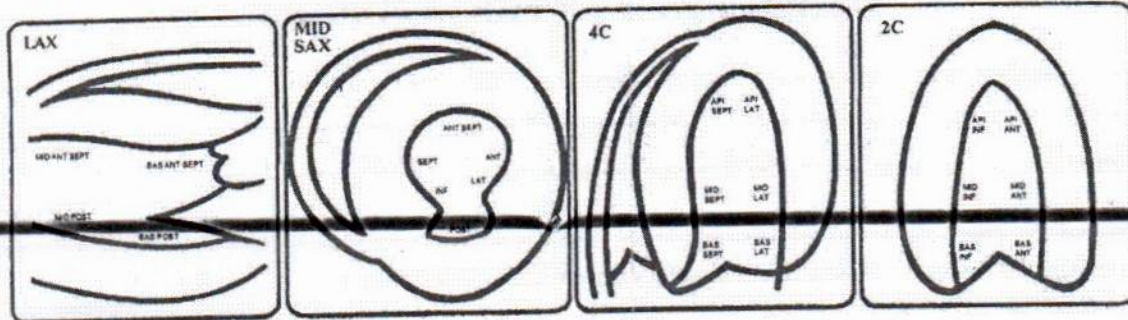
PROCEDURES : M-MODE /2D / DOPPLER /COLOR /CONTRAST/ B.S.A M²

MEASUREMENTS				Normal Range
Aortic root diameter	3.1			2.0 – 3.7 cm < 2.2 cm / M ²
Aortic valve opening	2.1			1.5 – 2.6 cm
Right ventricular dimension				0.7 – 2.6 cm < 1.4 cm/M ²
Right ventricular thickness				0.3 – 0.9 cm
Left atrial dimension	3.0			1.9 – 4.0 cm < 2.2 cm / M ²
Left ventricular ED dimension	4.0			3.7 – 5.6 cm < 3.2 cm / M ²
Left ventricular ES dimension	3.0			2.2 – 4.0 cm
Interventricular septal thickness	(S) 1.2	(D) 0.9		.6 – 1.2 cm
Left vent PW thickness	(S) 1.1	(D) 0.8		0.5 – 1.0 cm
IVS / LVPW				
Ejection fraction	60%			

DOPPLER

- 1) Mitral valve
 - Peak Velocity E= 0.9 m/s A=1.0 m/s
 - MVA
 - Pg/Mg
 - Stenosis / Regurgitation NIL
- 2) Aortic valve –
 - Peak Velocity
 - Pg/Mg
 - Stenosis / Regurgitation NIL
- 3) Pulmonary valvep
 - Velocity
 - Stenosis / Regurgitation NIL

- 4) Tricuspid valve
Velocity
Stenosis / Regurgitation NIL
- 5) Pericardium- Normal
LV WALL MOTION



FINAL IMPRESSION –

- No regional wall motion abnormality :LVEF-60%
- Normal Cardiac Chamber Dimensions
- Normal Colourflow
- DRA, a>e.
- NO I/C Clot / Vegetation/PE.

Dr. Ravi Shankar Dalmia
MD (Goldmedalist) DM FACC Cardiologist
Rjn Apollo Spectra Hospitals
Reg.No. 947

CONSULTANT
DR. RAVI SHANKER DALMIA
MD (Medicine), DM (Cardiology)



॥ सर्वोन्निवाणाम् नवनम् प्रधानम् ॥

RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No. : 071



18, Vikas Nagar, Near Sai Baba Mandir, Gwalior-2 (M.P.) INDIA Tel. : 2423350/51, Web : www.ratanjyotigroup.org, Email : rjneye@gmail.com

SR.NO. : 2096362
 NAME : MR GAJENDRA KUMAR CHAUDHARY
 AGE/SEX : 59 YRS / MALE

DATE : 08-March-2025
 MRD NO. : R-100235
 CITY : GWALIOR

PAST SURGERIES :

NIL IN

VISION	DISTANCE		NEAR	
	OD	OS	OD	OS
UNAIDED	6/9	6/9		
WITH GLASSES				
WITH PIN HOLE	6/6	6/6		
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
10:05AM	18		19	

Rx.	EYE	From	To	Instructions
1 ECOTEARS EYE DROP 15ML/CARBOXYMEYHLY CELLULOSE SODIUM EYE DROPS IP 0.5% W/V ONE DROP 3 TIMES A DAY FOR 90 DAYS	BOTH EYE	8-Mar-2025	5-Jun-2025	

TREATMENT PLAN : GLASS PRESCRIPTION
 REFERRED TO :
 NEXT REVIEW : AS PER DR. ADVISED

Handwritten signature: Jyotsna 8/3/25

DR. JYOTSNA SHARMA

NOTE : Kindly continue medications as advised for the period advised.
 In case of redness or allergy please discontinue and inform the doctor.

Nutritional Advice : As per treating physician
Instructions : Patient and Attendant(s) Counseled

Advised medicine may be replaced with a good quality generic medicine.

Speciality Clinics : ▪ Comprehensive Ophthalmology Clinic ▪ Cataract & IOL Clinic ▪ Vitreo Retina & Uvea Clinic ▪ Spectacle Removal Clinic (Lasik/Femto Lasik/Phakic Lens) ▪ Cornea Clinic ▪ Glaucoma Clinic ▪ Orbit & Oculoplasty Clinic ▪ Trauma Clinic ▪ Squint Clinic ▪ Paediatric Ophthalmology Clinic ▪ Low Vision Aid Clinic ▪ Contact Lens Clinic

CONSULTATION TIMINGS : MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

स्वामी विद्यानंद भारती आई बैंक
नेत्रदान

करें और करायें इसे अपने परिवार की परम्परा बनायें
 नेत्रदान के लिए सम्पर्क करें : 9111004044

● केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त ● कैशलेस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध ● For Appointment Please Contact : 9111004046

PATIENT NAME - GAJENDRA KUMAR CHAUDHARY 59Y/M
REFERRED BY - H.C.P
DATE - 08/03/2025
INVESTIGATION - USG WHOLE ABDOMEN

IMAGING FINDINGS:-

Liver appears normal in size (~14.2cm), position, shape and margin. Parenchyma shows increased echogenicities. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal.

Gall Bladder is partially contracted. History of meal

Spleen appears borderline enlarged in size (~12.4 cm), normal in position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

Pancreas is well visualized, appears normal in size, shape and echotexture. Pancreatic duct is not dilated. No USG evidence of obvious measurable focal lesion.

Both Kidneys: Measurements are right kidney ~ 10.4x4.5cm and left kidney ~ 11.6x4.2cm. Both kidneys are normal in position, size, shape, surface, echotexture and cortico-medullary differentiation. Bilateral PC systems are compact. No significant calculus or hydronephrosis on either side. Ureters are undilated on either side.

Urinary Bladder is normal in shape, wall and content.


Prostate appears mildly enlarged in size (~ 25.7cc), shape and echotexture.

No obvious ascites.

OPINION:- Features are suggestive of-

- Grade I fatty liver
- Borderline splenomegaly
- Mild prostatomegaly

Suggested clinical correlation/Follow up imaging.


DR. ABHISHEK GUPTA
(MD RADIODIAGNOSIS)

Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. For any kind of typing error, please intimate us within 7 days of reporting.



Rate 104 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
 . Sinus tachycardia.....rate> 99
 PR 168 . Right atrial enlargement.....P>0.25mV 2 lds or<-0.24mV aVR/aVL
 QRS 94 . Abnormal R-wave progression, early transition.....QRS area>0 in V2
 QT 332 . Minimal ST depression, inferior leads.....ST <-0.04mV, II III aVF
 QTc 437

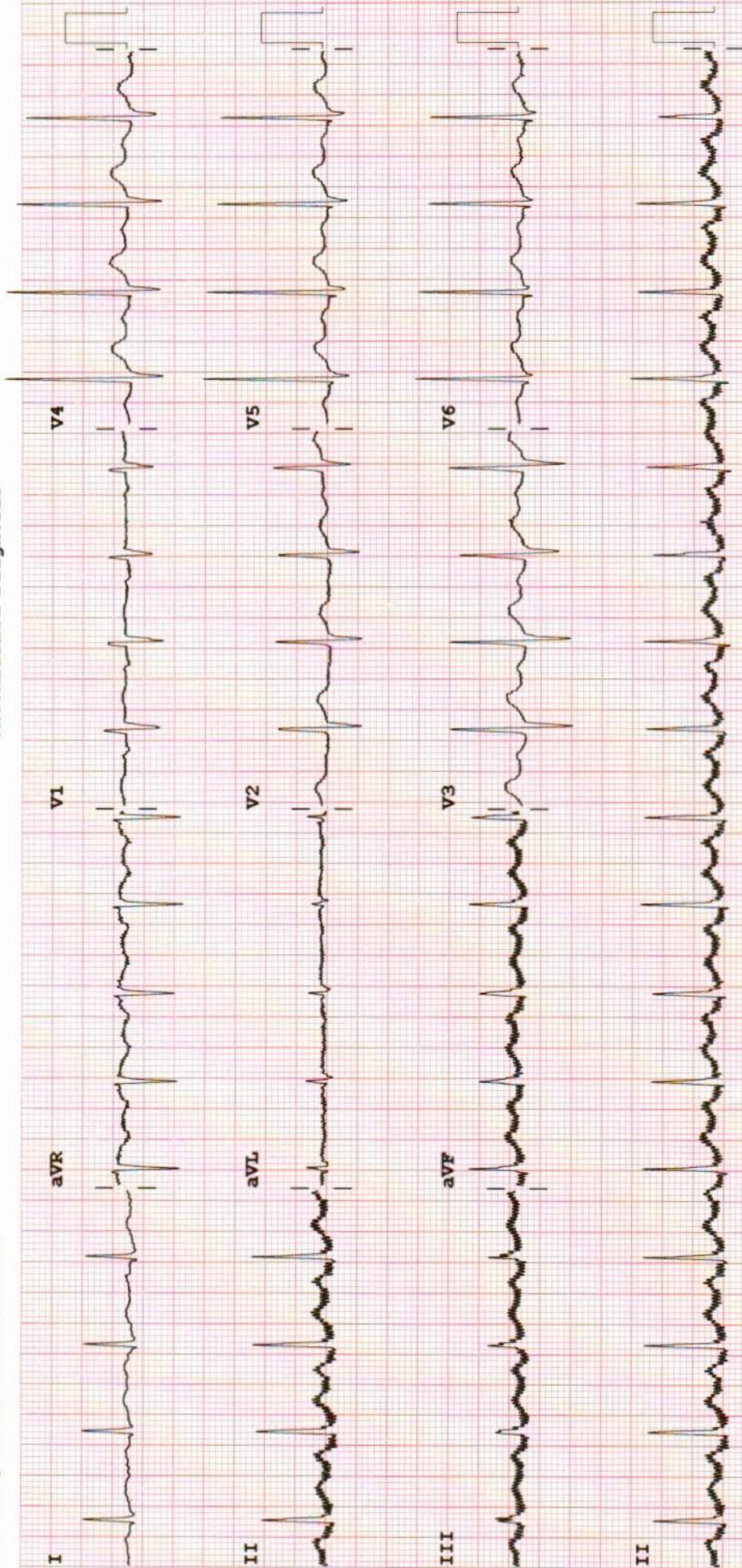
--AXIS--

P 73
 QRS 56
 T 28

12 Lead; Standard Placement

- ABNORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL P?


PT. NAME: GAJENDRA KUMAR CHAUDHARY	AGE/SEX: 59Y/M
REF.BY: -190360	08/3/2025

X RAY CHEST (PA)

IMAGING FINDINGS:

Few fibrotic opacities are seen in right upper and left mid lung zones
Right CP angle appears minimally blunted - ?minimal right pleural effusion/ thickening- Needs
USG correlation
Prominent bronchovascular markings seen in both lung fields.
Left costophrenic angle appear clear and normal.
Cardiothoracic ratio is within normal limit.
B/L domes of diaphragm are smooth, regular and normal in position.

Please correlate with clinical findings and relevant investigations.


Dr. ABHISHEK GUPTA
(MD RADIODIAGNOSIS)

Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medico legal purposes. For any kind of typing error, please intimate us within 7 days of reporting.