



Patient Name Mr Aroun Shurus Age 39 Sex M Date

Mob No.

Investigations: (Please Tick)

CBC

ESR

CRP

S-Vit D3

S-Vit B12

RBS

Ingar - F/PP

HbA1C

LFT/KFT

PT

INR

RA Factor

Anti CCP

HLA B27

ANA

HIV

HBsAg

Anti HCV

Vitals

SPO₂

Temp

Medical Illness

Hypertension

Diabetes

Thyroid

Cardiac Disease

Drug Allergies

Next Appointment/Follow up

Signature:

Dr. Bhawna Garg

MBBS, DIP.GO, PGDHA

MEDICAL CO ORDINATOR RJN Apollo Spectra Hospital Reg.No. MP18035

RATAN JYOTI NETRALAYA PRIVATE LIMITED

CIN: U85110MP2013PTC030901

Registered Office: 18, Vikas Nagar, Near Sai Baba Mandir, Gwalior - 474002

RJN APOLLO SPECTRA HOSPITALS

18, Vikas Nagar, Near Sai Baba Mandir, Gwalior - 474002 Ph. No.: 0751-2454600, 2450500 www.apollospectra.com

Registered Vide No. NH/1542/MAR-2016

BENGALURU | CHENNAI | DELHI | GWALIOR | HYDERABAD | JAIPUR | KANPUR | MUMBAI | PUNE





: Mr. ARUN SHARMA

Age/Gender

: 39 Y O M O D /M

UHID/MR NO Visit ID : ILK.00044660 : ILK.132030

Ref Doctor

: Dr.ARCOFEMI HEALTHCARE LIMITED

Collected

: 09/Sep/2024 09:22AM

Received

: 09/Sep/2024 09:51AM

Reported Status

: 09/Sep/2024 10:22AM

Client Name

: Final Report : INSTA

DEPARTMENT OF HEMATOLOGY

COMPLETE BLO	OOD COUNT- CB	C / HAEMOGRAM ,	WHOLE BLOOD EDTA	
Haemoglobin (Hb%)	14.7	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	43.1	%	40-54	Cell Counter
RBC Count	5.1	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	84.5	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	28.7	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	34.0	g/dl	30.0-35.0	Calculated
RDW	13.5	%	11-16	Calculated
Total WBC count (TLC)	7,300	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	59.6	%	50-70	Call Country	
Lymphocytes	26.8	%	20-40	Cell Counter	
Monocytes	7.8	%	01-10	Cell Counter	
Eosinophils	5.6	%	01-06	Cell Counter	
Basophils	0.2	%	00-01	Cell Counter	

Absolute Leucocyte Count

Neutrophil (Abs.)	4,351	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1956	per cumm	600-4000	Calculated
Monocyte (Abs.)	569	per cumm	0-600	Calculated
Eosinophil (Abs.)	409	per cumm	40-440	Calculated
Basophils (Abs.)	15	per cumm	0-110	Calculated
Platelet Count	3.30	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	6	mm lst hr.	0-20	Wester Green

Page 1 of 9



SIN NO :10506604,

DR. SARITA PATHAK

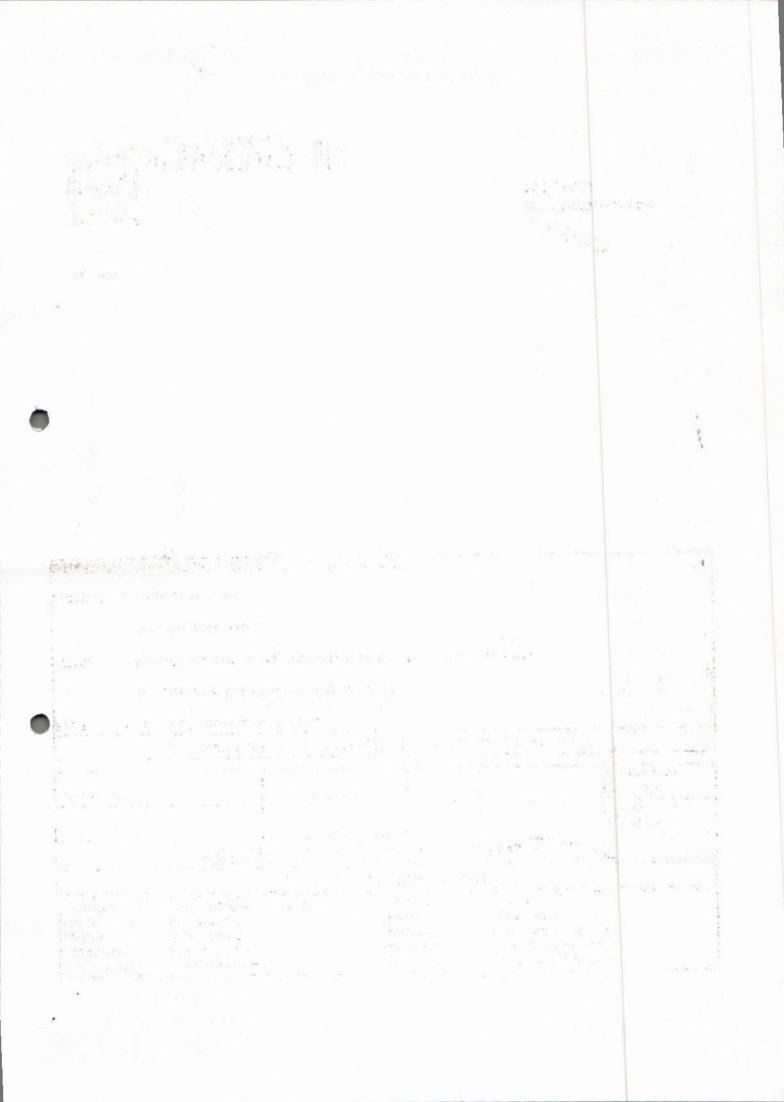
M.D (PATH)

RJN Apollo Spectra Hospitals

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

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DEPARTMENT OF HEMATOLOGY

	BLOOD GROUPING(A,B,O) AND RH FACTOR,	WHOLE BLOOD EDTA
Blood Grouping	В	Slide/Tube Agglutination
Rh (D) Type	POSITIVE	Slide/Tube Agglutination

BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION, WHOLE BLOOD EDTA

RBC'S

: Normocytic Normochromic RBC's.

No cytoplasmic inclusions or hemoparasite seen.

WBC'S

: Normal in number , morphology and distribution. No toxic granules seen.

No abnormal cell seen.

PLATELETS : Adequate on smear .

IMPRESSION; NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.

Page 2 of 9





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DEPARTMENT	OF BIOCHEMISTRY-ROUTINE
------------	-------------------------

Test Name Result Unit Bio. Ref. Range Method

GLUCOSE - F	ASTING	(FBS)	NAF PLASMA

Fasting Glucose 85.0 mg/dL 65-110 God - Pod

Ref.for Biological Reference Intervals: American Diabetic Assiosation.

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

Post Prandial Glucose 120.0 mg/dL 90-140 2hrs. after...gm glucose/lunch

Ref.for Biological Reference Intervals: American Diabetic Assiosation.

Page 3 of 9

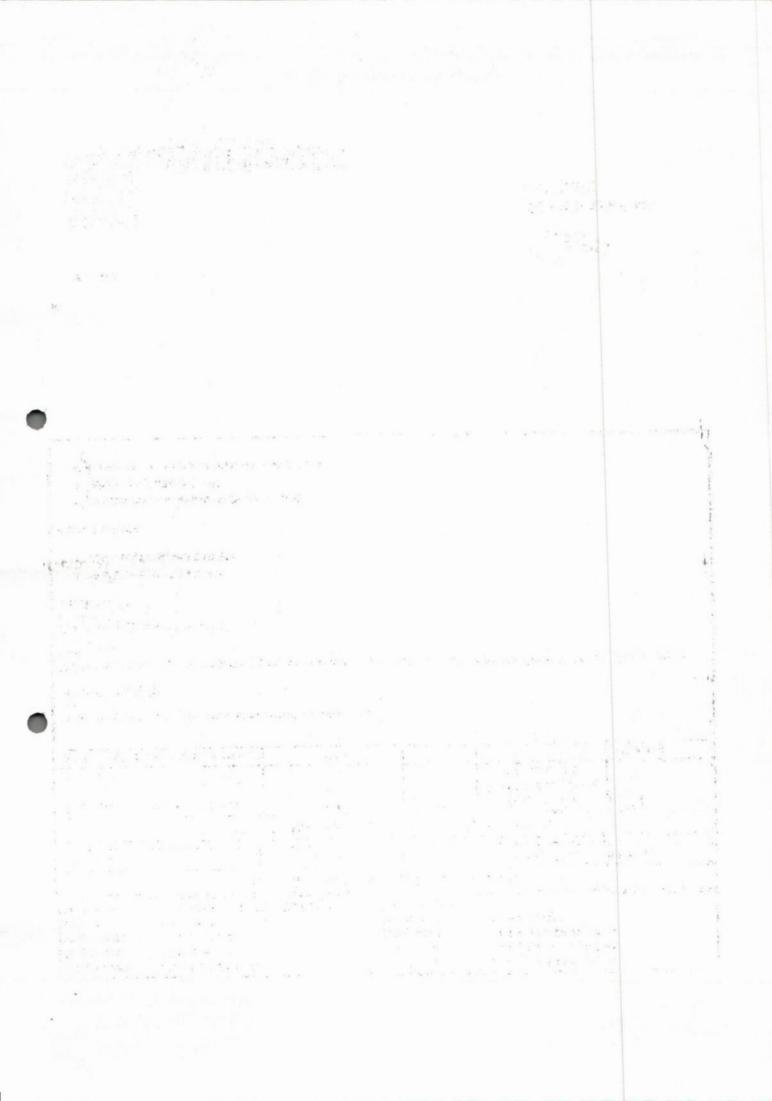


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DEPARTMENT OF BIG	OCHEMISTRY-ROUTINE
-------------------	--------------------

est Name	Result	Unit	Bio. Ref. Range	Method
GLYCOS	YLATED HAEMOGLOBIN	(GHB/HBA1	C) , WHOLE BLOOD EDTA	
Glycosylated Haemoglobin HbA1		%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	HPLC
Approximate mean plasma gluco	se 99.67			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 glycemic 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%

Page 4 of 9



SIN NO :10506604,

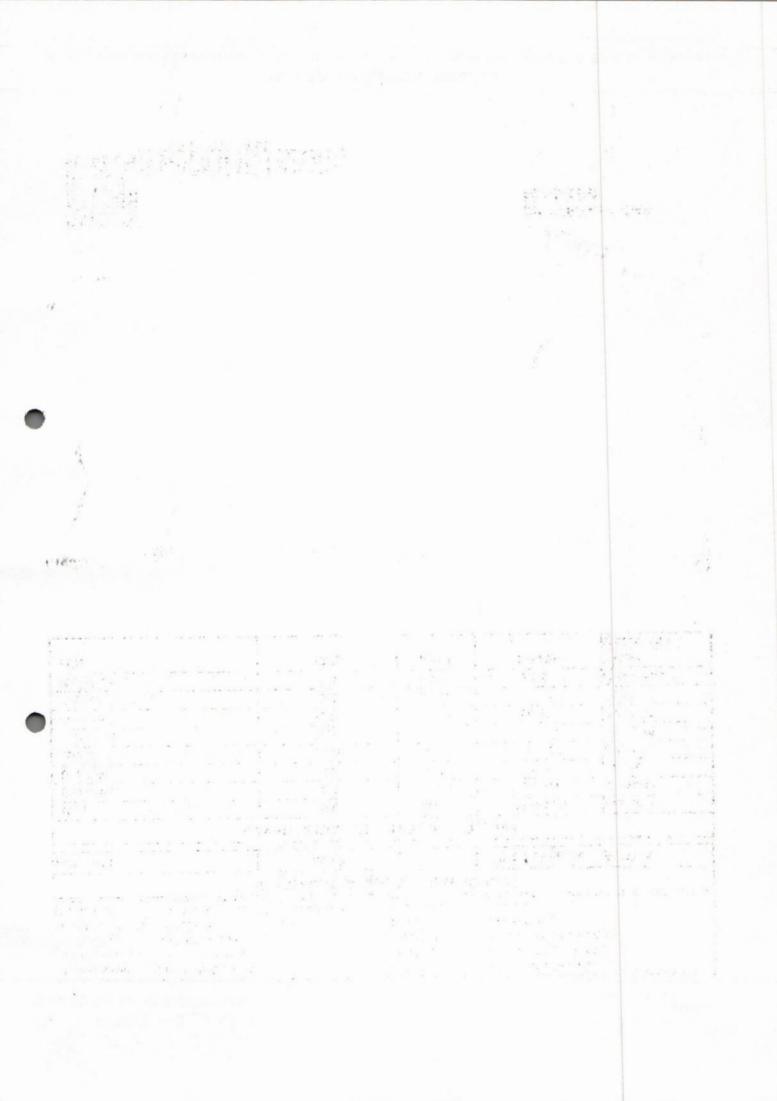
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	DEPARTMENT OF BIO	CHEMISTRY-RO	UTINE	
Test Name	Result	Unit	Bio. Ref. Range	Method
	COMPLETE KIDNEY PR	OFILE (RFT/KFT)	, SERUM	
Urea	26.86	mg/dL	13.0-43.0	Urease
Creatinine	0.9	mg/dL	0.5-1.3	Enzymatic
Uric Acid	5.2	mg/dL	3.5-7.2	Urease
Sodium	140.0	Meg/L	135-155	Direct ISE
Potassium	4.5	Meg/L	3.5-5.5	Direct ISE
Chloride	105.0	mmol/L	96-106	Direct ISE
Calcium	9.2	mg/dL	8.6-10.0	OCPC
Phosphorous	3.8	mg/dL	2.5-5.6	PMA Phenol
BUN	12.55	mg/dL	6.0-20.0	Reflect Spectrothoto

Page 5 of 9



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Client Name

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DEPARTMENT	OF BIOCHEMISTRY-ROUTINE
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		CHEIVIISTIKT	NOOTINE	
Test Name	Result	Unit	Bio. Ref. Range	Method
	LIPID PRO	FILE , SERUM		
Type OF Sample	SERUM-F			
Total Cholesterol	202.0	mg/dl	up to 200	End Point
Total Triglycerides	147.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	
HDL Cholesterol	55.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	147	mg/dL	<130	
LDL Cholesterol	117.6	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	29.4	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.67		Low Risk: 3.3-4.4 Average Risk: 4.5-7.1 Moderate Risk: 7.2- 11.0 High Risk: >11.0	CALCULATED

Page 6 of 9

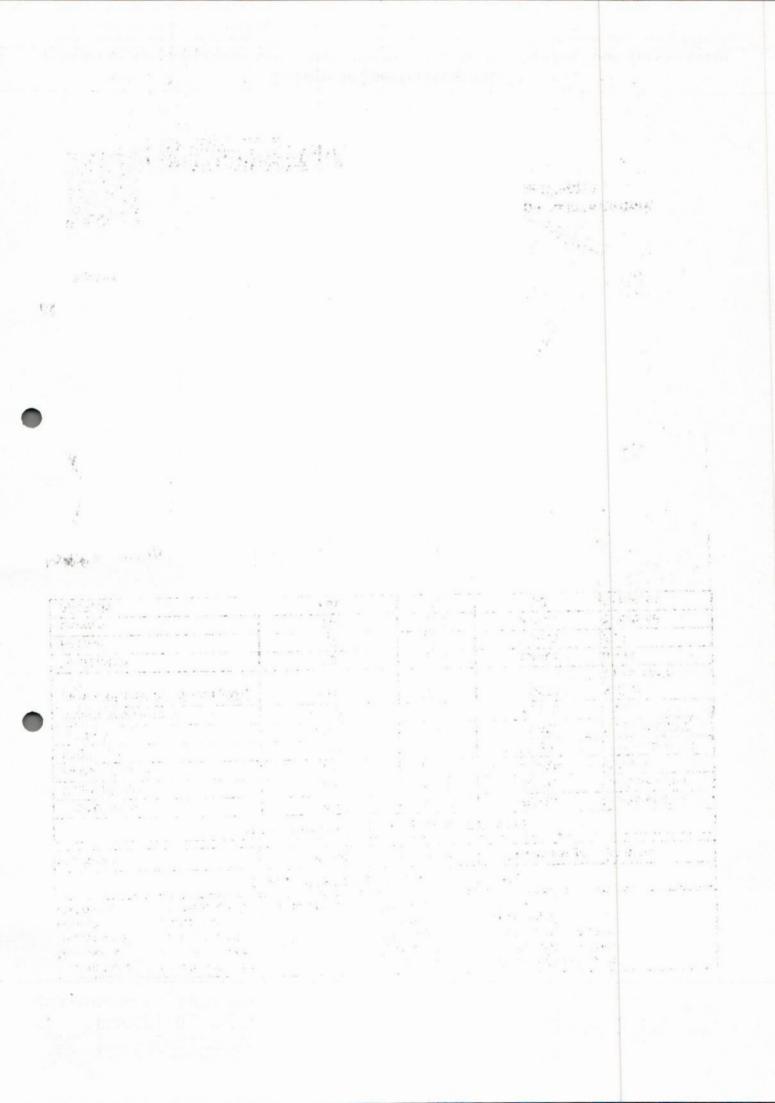




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: Mr.ARUN SHARMA

Age/Gender UHID/MR NO

: 39 Y 0 M 0 D /M : ILK.00044660

Visit ID

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Collected

: 09/Sep/2024 09:22AM

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: 09/Sep/2024 09:51AM

Reported Status

: 09/Sep/2024 10:27AM

Client Name

: Final Report : INSTA

DEPARTMENT	OF BIOCHEMISTRY-ROUTINE
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	The state of the s				
Test Name	Result	Unit	Bio. Ref. Range	Method	
LIVER	FUNCTION TEST	(LFT) WITH GG	T , 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	28.0	U/L	1-30	UV Kinetic (IFCC)	
SGPT / ALT	43.0	U/L	1-45	UV Kinetic (IFCC)	
Alkaline Phosphatase	55.0	U/L	43-115	PNPP	
Gamma Glutaryl Transferase (GGT)	45.0	U/L	0.0-55.0	Reflect Spectrophoto	
Total Protein	6.5	g/dl	6.4-8.3	Biuret	
Albumin	4.7	g/dL	3.5-5.2	BCG	
Globulin	1.8	g.dl	2.0-3.5	Calculated	
A/G Ratio	2.61	%	1.0-2.3	Calculated	

Page 7 of 9





Santaland

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Method

Patient NAME

: Mr.ARUN SHARMA

Age/Gender

: 39 Y O M O D /M

UHID/MR NO Visit ID

: ILK.00044660

Ref Doctor

Test Name

: ILK.132030 : Dr.ARCOFEMI HEALTHCARE LIMITED Collected

: 09/Sep/2024 09:22AM

Received

: 09/Sep/2024 10:11AM

Reported

: 09/Sep/2024 02:13PM

Status

: Final Report

Bio. Ref. Range

Client Name

Unit

: INSTA

DEPARTMENT O	BIOCHEMISTRY-SPECIAL	Ī
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	THYROID PR	OFILE-I , SERUM		
Trilodothyronine Total (TT3)	1.40	ng/dL	0.6-1.8	Chemilluminisence
Thyroxine (TT4)	8.39	μg/dL	4.5-10.9	Chemilluminisence
Thyroid Stimulating Hormone (TSH)	2.060	μIU/mI	0.35-5.50	Chemilluminisence

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 R	ELATED GUIDLINES FOR	REFERENCE RANGE	S FOR TSH	0.0 0.0
TSH	1st Trimester	2nd & 3rd Tri	The same of the sa	
(u lu/ml)	0.2 - 2.5	0.3 - 3.0		

Result

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.

Ultrasensetive kits used.

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

- -Primary hypethyroidism 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.
- :-.singhtly 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 propanolol.
- :-Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (seconday hypothyroidism).

Page 8 of 9



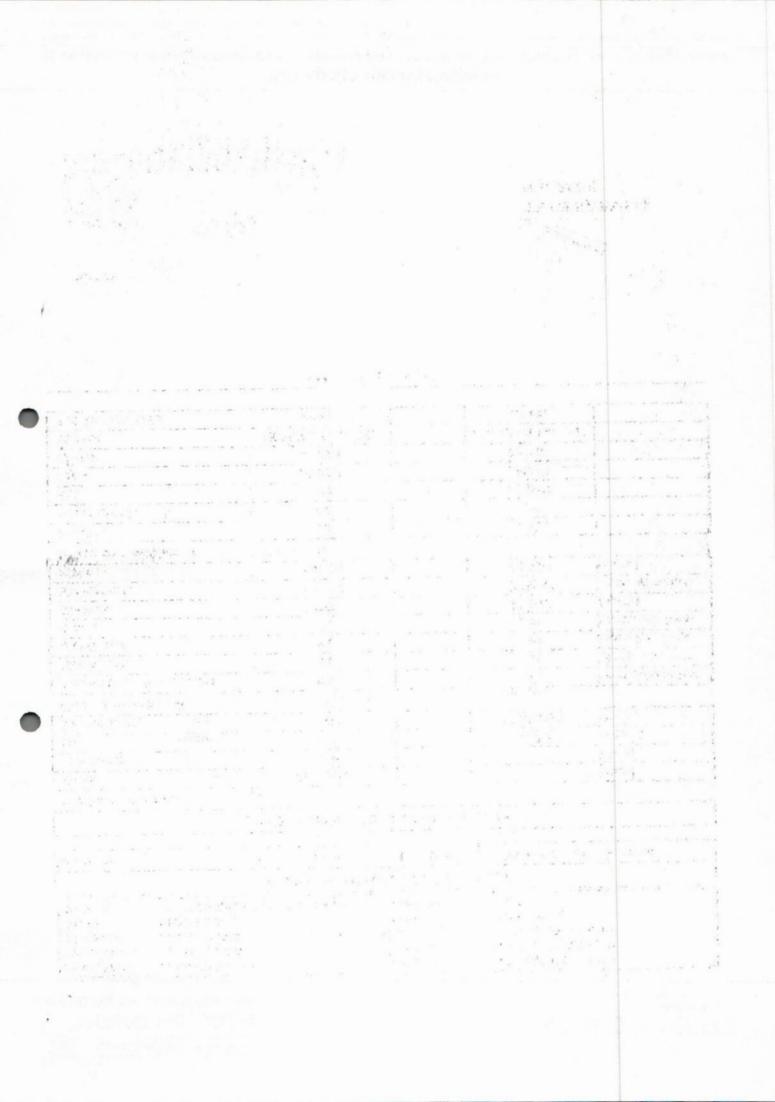


DR SARITA PAT

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: 09/Sep/2024 01:47PM

Status

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Client Name

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DEPARTMENT	OF	CLINICAL	PATHOLOGY
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Task Manager				
Test Name	Result	Unit	Bio. Ref. Range	Method

CUE - COMPLETE URINE ANALYSIS , URINE

Physical Examination

Colour	PALE YELLOW		Visual	-
Appearance	Clear		Visual	-
pH	6.0	5.0-7.5	Dipstick	
Specific Gravity	1.030	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	2-3	/Hpf	1 03	
Epithelial Cells			0-2	
	1-2	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	1
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

*** End Of Report ***

Page 9 of 9

STN NO :10506604,

DP SARITA PAT

DR. SARITA PATHAK M.D (PATH)

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ECHO CARDIOGRAPHY REPORT

Patient Name: MR. ARUN SHARMA	Age / Sex 39Y/M
UHID/Bill No:177129	Date :09/09/2024

Echocardiography was performed on vivid T8

Quality Of Imaging

Adequate

Mitral Valve

NORMAL

Tricuspid Valve

Normal

Aortic Valve

Left Ventricle

Normal

Pulmonary Valve

Normal

Left Atrium

3.4cms

: 1.2 cms

LVPWD: 1.2cms

IVSD EDD

: 4.9 cms

EF 58%

ESD

: 3.0 cms

FS 30%

RWMA

NO REGIONAL WALL MOTION ABNORMALITY

Right Atrium

Normal

Right Ventricle Aorta

Normal 3.1cms

IAS IVS

Intact

Pulmonary Artery

Normal

Pericardium

Normal

SVC, IVC

Normal

Pulmonary Artery

Normal

Intracardiac Masses

Nil

Doppler

E > A

CONCUSION

- NORMAL CARDIAC CHAMBERS DIMENSION.
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL LV SYSTOLIC FUNCTION, LVEF 58 % MBBS,MD
- NORMAL VALVE
- INTACT SEPTUM
- NO CLOT /VEGETATION / PERICARDIAL EFFUSION

Dr. A

idine) DNB (Cardiology) Consultant nt Tentional-Cardiology

RJN Applio Spectra Hospitals

Pon No. MP 12056

Consultant

Dr. Abhishek sharma (DNB) (Interventional Cardiologist)

RATAN JYOTI NETRALAYA PRIVATE LIMITED

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BENGALURU | CHENNAI | DELHI | GWALIOR | HYDERABAD | JAIPUR | KANPUR | MUMBAI PUNE





	3	Certificate No.: PEH-2022-1862 April 07, 2022 - April 06, 2024
MR No	Patient Name Sluur Straurs Age 39	Sex M Date 09/09/29
Investigations : (Mob No
CBC		
ESR	Health Cleekup	
CRP	70111 0001	
S-Vit D3	1	
S-Vit B12	1E	
RBS	Color I.	
Sugar - F/PP	Calcules my	
HbA1C		
LFT/KFT	Sparker my	
PT	Get	t Cayles , 8
INR	1. 1. 1.	10
RA Factor	Gar gagi wfels	7
Anti CCP		
HLA B27		
ANA (1.0		
HIV //P-	01.00 00.001	
HBsAg	oral peoply	
Anti HCV		_
	Explanta c - 18	
Vitals /		
D.P. ₩.		
P.R.	Choly SDS 4/W	
SPO2	700	
Temp		
Medical Illness		
Hypertension		
Diabetes		
Thyroid		
Cardiac Disease		
Drug Allergies		
Next Appointme	nt/Follow up	Signature :

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Signature



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 Opp. Medical College, Gate No. 3 Jhansi-284128 (U.P.) Ph. 0510-2322311 (M) 9109973225

SR.NO.

2054022

NAME

MR ARUN SHARMA : 38 YRS / MALE

AGE/SEX

DATE MRD NO. · 09-September-2024

: R-100238 : jhansi

PAST SURGERIES:

NIL IN

MICION	DISTANCE		NEAR	
VISION	OD	os	OD	os
UNAIDED	6/6	6/6	N6	N6
WITH GLASSES				
WITH PIN HOLE				
WITH COLOR				
VISION				

IOP READING TIME OD METHOD OD OS METHOD OS 14 10:18AM

Rx.

EYE

From

To

Instructions

1 SOFTDROPS EYE DROP 10ML (SODIUM CARBOXY METHAYLCELLULOSE AND GLYCERIN)

ONE DROP 4 TIMES A DAY FOR 365 DAYS

BOTH EYE 9-Sep-2024 8-Sep-2025

TREATMENT PLAN

REFFERED TO

DR. REMARK

NEXT REVIEW

: F/UP YEARLY/SOS

: AS PER DR. ADVISED

DR. SAVITRI DEVAL

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

: Patient and Attendant(s) Counselled

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

Speciality Clinics: Comprehensive Ophthalmology Clinic Cataract & IOL Clinic Vitreo Retina & Uvea Clinic Speciale 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)

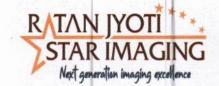
केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त . केशलैस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध

For Appointment Please Contact: 9111004046

स्वामी विद्यानंद भारती आई बैंक

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





PATIENT NAME

ARUN SHARMA 39Y/M

REFERRED BY

H.C.P

DATE

09/09/2024

INVESTIGATION

USG WHOLE ABDOMEN

IMAGING FINDINGS:-

Liver appears normal in size, position, shape and margin. Parenchyma shows increased echogenecities. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal.

Gall Bladder is ?contracted (Post prandial status)

Spleen appears normal in size (~ 8.9cm), 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 ~ 9.2x3.2cm and left kidney ~ 9x4.5cm. 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 normal in size (~ 15.2cc), shape and echotexture.

No obvious ascites.

OPINION: Features are suggestive of-

Grade I fatty liver

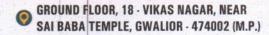
Suggested clinical correlation/Follow up imaging.

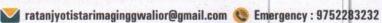
DR. SAKSHI CHAWLA (MD RADIODIAGNOSIS)

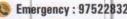
Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate; hence, findings should always be interpreted in to the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant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

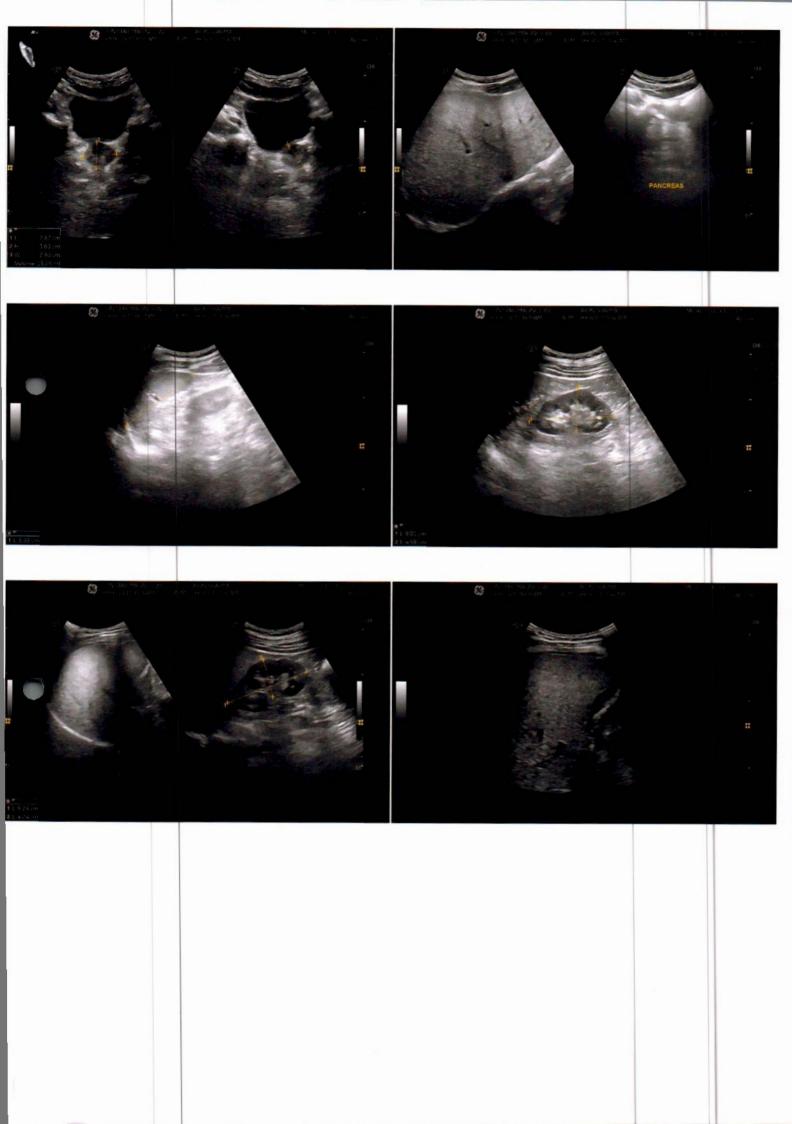
गर्भाशय कन्या भ्रूण की जाँच एवं हत्या दण्डनीय अपराध है।

बेटी बचाओ - बेटी पढ़ाओ













X RAY CHEST (PA)

IMAGING FINDINGS:

Prominent vascular markings seen in both lung fields.

B/L costophrenic angle appear clear and normal.

Trachea is central.

Cardiothoracic ratio is within normal limit.

B/L domes of diaphragm are smooth, regular and normal in position.

OPINION:

 No significant abnormality is noted in CXR - PA except for prominent vascular markings.

Please correlate with clinical findings and relevant investigations.

DR. SAKSHI CHAWLA (MD RADIODIAGNOSIS)

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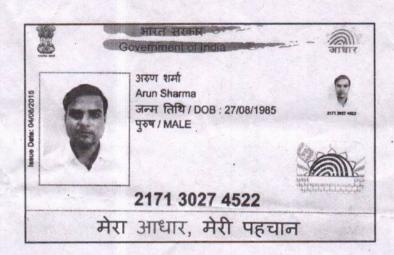
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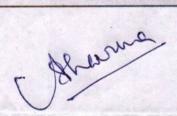
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