


Arcofemi



Certificate No.: PEH-2022-1862
April 07, 2022 - April 06, 2024

MR No. 140640 Patient Name Mr Bablu Dayal Age 57 Sex M Date 08/04/23

- vit D₃
- vit B12
- Cap Megareumon forte 1 CD
- vit D sachet 1 once a week
x 1 month


Dr. Bhawna Garg
MBBS, DIP.GO, FGDHA
Reg.No.-MP18035
Deputy Medical Superintendent
RJN Apollo Spectra Hospitals

Patient NAME : Mr.PRABHU DAYAL	Collected : 08/Apr/2023 12:46PM
Age/Gender : 57 Y 0 M 0 D /M	Received : 08/Apr/2023 12:52PM
UHID/MR NO : ILK.00029126	Reported : 08/Apr/2023 03:53PM
Visit ID : ILK.83703	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%)	14.3	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	44.4	%	40-54	Cell Counter
RBC Count	5.5	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	80.7	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	26.0	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.3	g/dl	30.0-35.0	Calculated
RDW	13.8	%	11-16	Calculated
Total WBC count (TLC)	5,500	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	56.2	%	50-70	Cell Counter
Lymphocytes	34.6	%	20-40	
Monocytes	6.1	%	01-10	Cell Counter
Eosinophils	2.8	%	01-06	Cell Counter
Basophils	0.3	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	3,091	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1903	per cumm	600-4000	Calculated
Monocyte (Abs.)	336	per cumm	0-600	Calculated
Eosinophil (Abs.)	154	per cumm	40-440	Calculated
Basophils (Abs.)	16	per cumm	0-110	Calculated
Platelet Count	1.50	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	18	mm 1st hr.	0-20	Wester Green
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SIN NO :10339291,

A.K. Rajong

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M.D. (PATH)

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DEPARTMENT OF HEMATOLOGY

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

Blood Grouping	B			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.



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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	97.0	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	112.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.



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GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA

Glycosylated Haemoglobin HbA1c	5.4	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	107.71			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%

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COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM

Urea	18.87	mg/dL	13.0-43.0	Urease
Creatinine	0.7	mg/dL	0.5-1.3	Enzymatic
Uric Acid	4.8	mg/dL	3.5-7.2	Urease
Sodium	136.0	Meq/L	135-155	Direct ISE
Potassium	4.6	Meq/L	3.5-5.5	Direct ISE
Chloride	104.0	mmol/L	96-106	Direct ISE
Calcium	8.8	mg/dL	8.6-10.0	OCPC
Phosphorous	2.7	mg/dL	2.5-5.6	PMA Phenol
BUN	8.82	mg/dL	6.0-20.0	Reflect Spectrothoto



(Handwritten Signature)

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

Type OF Sample	SERUM			
Total Cholesterol	159.0	mg/dl	up to 200	End Point
Total Triglycerides	128.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	40.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	119	mg/dL	<130	
LDL Cholesterol	93.4	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	25.6	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.98		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
Total Bilirubin	0.4	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.3	mg/dL	0.0-0.9	Calculated
SGOT / AST	26.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	17.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	62.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	16.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	6.5	g/dl	6.4-8.3	Biuret
Albumin	3.7	g/dL	3.5-5.2	BCG
Globulin	2.8	g/dl	2.0-3.5	Calculated
A/G Ratio	1.32	%	1.0-2.3	Calculated



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Visit ID : ILK.83703	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY-SPECIAL

Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN D -25 HYDROXY , SERUM

25 (OH) Vitamin-D	12.4	ng/mL	Deficiency : < 10.0 Sufficiency :30- 100 Insufficiency :10- 30 Toxicity > 100	Chemilluminisence
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INTERPRETATION:

This test measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) fractions of vitamin D. 25 (OH) vit. D is influenced by sunlight, latitude, skin pigmentation & hepatic function. It promotes absorption of calcium and phosphorus and mineralization of bones and teeth.

COMMENTS :

Deficiency in children causes Rickets & in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany.

Decreased Levels :- Inadequate exposure to sunlight Dietary deficiency
 Vitamin D malabsorption Severe Hepatocellular diseases
 Anticonvulsants Drugs Nephrotic syndrome

Increased levels :- Vitamin D intoxication



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PROSTATE SPECIFIC ANTIGEN (TOTAL) - PSA , SERUM

Total PSA	1.18	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 then 10.0 ng/ml are highly predictive of cancer.

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

Determination of Free PSA along with total PSA is usefull 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 patiens 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 interchangably.
- 4.All results should be corelated with clinical findings and result of other investigations.



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THYROID PROFILE-I , SERUM

Trilodothyronine Total (TT3)	1.32	ng/dL	0.6-1.8	Chemilluminisence
Thyroxine (TT4)	7.91	µg/dL	4.5-10.9	Chemilluminisence
Thyroid Stimulating Hormone (TSH)	7.135	µIU/ml	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 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.
- slightly 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 (secondary hyperthyroidism).



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DEPARTMENT OF BIOCHEMISTRY-SPECIAL

Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN - B12 , SERUM

Vitamin - B12	101.0	pg/mL	180-914	Chemilluminisence
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INTERPRETATION

Vitamin B12 deficiency causes macrocytic / Megaloblastic anaemia and neurological abnormalities.
Pernicious anaemia is also caused by vitamin B12 deficiency that is due to lack of intrinsic factor.
Vitamin B12 deficiency is caused by low intake B12 Gastrectomy, Diseases of small intestine malabsorption



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DEPARTMENT OF CLINICAL PATHOLOGY

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

Physical Examination

Colour	STRAW			Visual
Appearance	Slightly Turbid			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	2-3	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

*** End Of Report ***



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ECHO CARDIOGRAPHY REPORT

Patient Name : Mr PRABHUDAYAL .
Date : 08/04/2023

AGE & Sex :57yrs /male

Echocardiography was performed on vivid.

Quality Of Imaging : Adequate

Mitral Valve : Normal

Tricuspid Valve : Normal

Aortic Valve : Normal

Pulmonary Valve : Normal

Left Atrium : 3.4cms

Left Ventricle :

IVSD : 1.2 cms

EDD : 4.7 cms

ESD : 2.8 cms

LVPWD : 1.2cms

EF 60 %

FS 32 %

RWMA : NO REGIONAL WALL MOTION ABNORMALITY
Right Atrium : Normal
Right Ventricle : Normal
Aorta : 3.1cms
IAS IVS : Intact
Pulmonary Artery : Normal
Pericardium : Normal
SVC, IVC : Normal
Pulmonary Artery : Normal
Intracardiac Masses : Nil
Doppler : E > A

Conclusion :

NORMAL CARDIAC CHAMBERS DIMENSION .
NO REGIONAL WALL MOTION ABNORMALITY
NORMAL LV SYSTOLIC FUNCTION , LVEF-60%
NORMAL VALVES
INTACT SEPTUM
NO CLOT /VEGETATION /PERICARDIAL EFFUSION

Dr. Abhishek Sharma
MBBS,MD (Medicine) DNB (Cardiology)
Consultant Interventional Cardiology
RJN Apollo Spectra Hospitals
Reg No. MP 12056
Consultant

Dr. Abhishek sharma (DNB)
(Interventional Cardiologist)





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

SR.NO. : 1847915 DATE : 08-April-2023
NAME : MR PRABHU DAYAL MRD NO. : R-093525
AGE/SEX : 57 YRS / MALE CITY : Jhansi

Rx.	EYE	From	To	Instructions
1 WETEYE GEL IP 0.1% ONE DROP 4 TIMES A DAY FOR 60 DAYS	BOTH EYE	8-Apr-2023	6-Jun-2023	

TREATMENT PLAN : -CSG
REFERRED TO :

Ratan Jyoti Netralaya
18, Vikas Nagar
Near Sai Baba Temple
Gwalior-474002
DR. SHRIKANT THAPAK
Reg.No MP - 140005

NEXT REVIEW : 9-Oct-2023 11:04AM OR EARLIER IN CASE OF ANY PROBLEM

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) Counselling
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)

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

स्वामी विद्यानंद भारती आई बैंक

नेत्रदान

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

MR No. Patient Name Prabhu Dayal Age Sex M Date 8/4/23

Health checkup

O/E

- Calculus 111
- stone 111
- Gen. gingivitis.

As,

check ups w/w

↓

Patient name	MR. PRABHU DAYAL	Age/sex	57Y /M
Ref. By	H.C.P	Date	08.04.2023

USG WHOLE ABDOMEN

The **Liver** is normal in size and outline. It shows diffuse hyper echopattern. No obvious focal pathology is seen. The intra and extra hepatic biliary passages are not dilated.

The **Gall Bladder** is normal in size, has normal wall thickness with no evidence of calculi.

The **Pancreas** is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductal dilatation is seen.

Spleen is normal in size and echogenicity.

Both **Kidneys** are normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen.

There is no evidence of ascites.

The **Urinary Bladder** is normal in size and outline. There is no evidence of any obvious intraluminal or perivesical pathology

The **Prostate** is normal in size.. It shows a uniform parenchymal echogenicity and smooth outlines with no evidence of focal or diffuse lesion seen.

Impression:-

- **Grade 1 fatty liver.**

Please correlate clinically.


DR. ANOOP ARYA (SINGHAL)
DMRD, DNB (RADIODIAGNOSIS)

Rate 84 . Atrial flutter with predominant 4:1 AV block.....A-rate 333, multiple Ps
 : LAD, consider left anterior fascicular block.....axis(240,-40), S>R II III aVF
 : Abnormal R-wave progression, early transition.....QRS area>0 in V2

PR
 QRSd 74
 QT 350
 Qtc 414

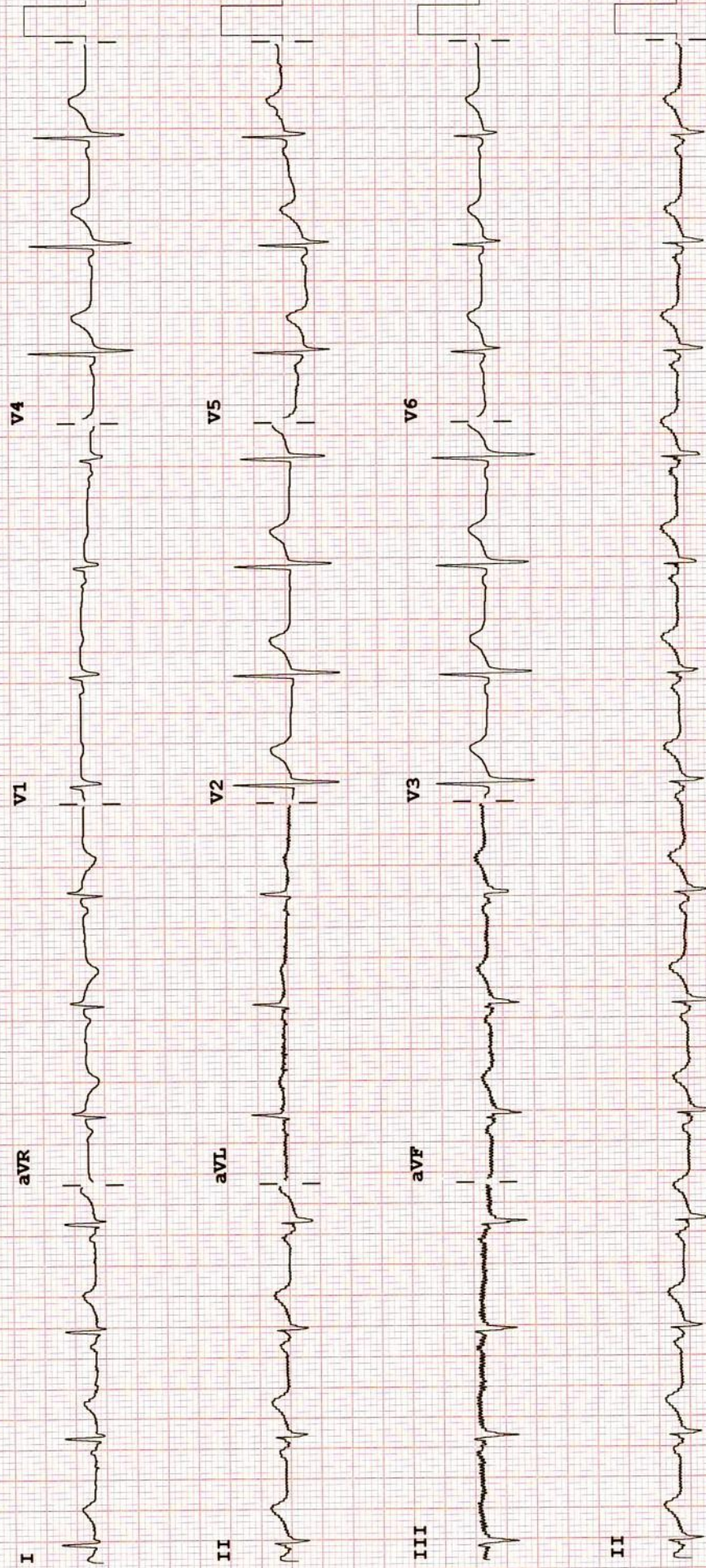
--AXIS--

P
 QRS -45
 T 50

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?

Patient name	MR. PRABHU DAYAL	Age/sex	57Y/M
Ref. By	140640	Date	08.04.2023

XRAY CHEST

- The lung fields appear clear.
- Bilateral C.P. angles appear clear.
- Cardiac size within normal limits.
- Soft tissue shadow and bony thoracic cage appears normal.

Please correlate clinically.

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