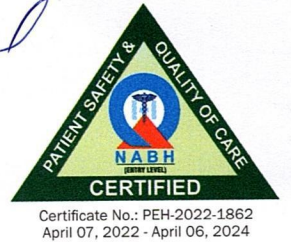


Arcofemi Mediwheel



MR No. 146801 Patient Name Mr Arun Sharma Age 37 Sex M Date 08/07/23

- Sr. Cholesterol ↑
- other reports wnl
- Low fat diet / Exercise

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

Patient NAME : Mr.ARUN SHARMA	Collected : 08/Jul/2023 10:17AM
Age/Gender : 37 Y O M O D /M	Received : 08/Jul/2023 10:24AM
PHID/MR NO : ILK.00031516	Reported : 08/Jul/2023 01:22PM
Visit ID : ILK.90752	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%)	15.5	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	44.2	%	40-54	Cell Counter
RBC Count	5.2	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	84.5	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	29.7	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	35.1	g/dl	30.0-35.0	Calculated
RDW	13.3	%	11-16	Calculated
Total WBC count (TLC)	7,600	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	52.0	%	50-70	Cell Counter
Lymphocytes	35.5	%	20-40	
Monocytes	6.8	%	01-10	Cell Counter
Eosinophils	5.2	%	01-06	Cell Counter
Basophils	0.5	%	00-01	Cell Counter

***Absolute Leucocyte Count**

Neutrophil (Abs.)	3,952	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	2698	per cumm	600-4000	Calculated
Monocyte (Abs.)	517	per cumm	0-600	Calculated
Eosinophil (Abs.)	395	per cumm	40-440	Calculated
Basophils (Abs.)	38	per cumm	0-110	Calculated
Platelet Count	3.10	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	12	mm 1st hr.	0-20	Wester Green
--------------------------------------	----	------------	------	--------------



SIN NO :10365949,

(Signature)

DR. ASHOK KUMAR
M.D. (PATH)

Patient NAME : Mr.ARUN SHARMA Age/Gender : 37 Y 0 M 0 D /M PHID/MR NO : ILK.00031516 Visit ID : ILK.90752 Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Collected : 08/Jul/2023 10:17AM Received : 08/Jul/2023 10:24AM Reported : 08/Jul/2023 01:22PM Status : Final Report Client Name : INSTA
---	---

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.



SIN NO :10365949,

(Signature)

DR. ASHOK KUMAR
M.D. (PATH)

Patient NAME : Mr.ARUN SHARMA	Collected : 08/Jul/2023 10:17AM
Age/Gender : 37 Y 0 M 0 D /M	Received : 08/Jul/2023 10:24AM
UHID/MR NO : ILK.00031516	Reported : 08/Jul/2023 11:29AM
Visit ID : ILK.90752	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

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

Fasting Glucose	87.0	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	118.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.

A.K. Jayaram

DR. ASHOK KUMAR
M.D. (PATH)



SIN NO : 10365949,

Patient NAME : Mr.ARUN SHARMA	Collected : 08/Jul/2023 10:17AM
Age/Gender : 37 Y 0 M 0 D /M	Received : 08/Jul/2023 10:24AM
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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA				
Glycosylated Haemoglobin HbA1c	4.9	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	94.22			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%



SIN NO :10365949,

A.K. Rajong

DR. ASHOK KUMAR
M.D. (PATH)

Patient NAME : Mr.ARUN SHARMA	Collected : 08/Jul/2023 10:17AM
Age/Gender : 37 Y 0 M 0 D /M	Received : 08/Jul/2023 10:24AM
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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM				
Urea	25.27	mg/dL	13.0-43.0	Urease
Creatinine	0.9	mg/dL	0.5-1.3	Enzymatic
Uric Acid	4.6	mg/dL	3.5-7.2	Urease
Sodium	135.0	Meq/L	135-155	Direct ISE
Potassium	4.1	Meq/L	3.5-5.5	Direct ISE
Chloride	104.0	mmol/L	96-106	Direct ISE
Calcium	9.8	mg/dL	8.6-10.0	OCPC
Phosphorous	3.6	mg/dL	2.5-5.6	PMA Phenol
BUN	11.81	mg/dL	6.0-20.0	Reflect Spectrothoto



SIN NO : 10365949,

A.K. Rajong

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Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
Type OF Sample	SERUM			
Total Cholesterol	228.0	mg/dl	up to 200	End Point
Total Triglycerides	184.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	54.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	174	mg/dL	<130	
LDL Cholesterol	137.2	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	36.8	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	4.22		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED



SIN NO :10365949,

A.K. Rajong

DR. ASHOK KUMAR
M.D. (PATH)

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Age/Gender : 37 Y 0 M 0 D /M	Received : 08/Jul/2023 10:24AM
UHID/MR NO : ILK.00031516	Reported : 08/Jul/2023 11:29AM
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Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
Total Bilirubin	0.7	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.2	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.5	mg/dL	0.0-0.9	Calculated
SGOT / AST	36.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	61.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	72.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	66.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	6.5	g/dl	6.4-8.3	Biuret
Albumin	4.8	g/dL	3.5-5.2	BCG
Globulin	1.7	g/dl	2.0-3.5	Calculated
A/G Ratio	2.82	%	1.0-2.3	Calculated



SIN NO : 10365949,

A.K. Rajong

DR. ASHOK KUMAR
M.D. (PATH)

Patient NAME : Mr.ARUN SHARMA	Collected : 08/Jul/2023 10:17AM
Age/Gender : 37 Y 0 M 0 D /M	Received : 08/Jul/2023 11:57AM
UHID/MR NO : ILK.00031516	Reported : 08/Jul/2023 01:23PM
Visit ID : ILK.90752	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)	1.16	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	9.30	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	1.834	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 IU/ml)	0.52-38.9	1.7-9.1	0.7-6.4	0.3-5.6

PREGNANCY RELATED GUIDLINES FOR REFERENCE RANGES FOR TSH

TSH	1st Trimester	2nd & 3rd Trimester
(u IU/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).



SIN NO :10365949,

A.K. Rajongga

DR. ASHOK KUMAR
M.D. (PATH)

Patient NAME : Mr.ARUN SHARMA	Collected : 08/Jul/2023 10:17AM
Age/Gender : 37 Y 0 M 0 D /M	Received : 08/Jul/2023 10:24AM
UHID/MR NO : ILK.00031516	Reported : 08/Jul/2023 12:12PM
Visit ID : ILK.90752	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	STRAW			Visual
Appearance	Clear			Visual
pH	6.0		5.0-7.5	Dipstick
Specific Gravity	1.010		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 ***



SIN NO :10365949,

A.K. Rajong

DR. ASHOK KUMAR
M.D. (PATH)



RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No. : 071



।। सर्वेन्द्रियाणाम् नयनम् प्रधानम् ।।

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. : 1865785
NAME : MR ARUN SHARMA
AGE/SEX : 37 YRS / MALE

DATE : 08-July-2023
MRD NO. : R-100238
CITY : jhansi

PAST SURGERIES :

NIL IN

PRESENT COMPLAINTS :

ROUTINE EYE CHECKUP IN

SYSTEMIC DISEASES :

NIL

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

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
12:21PM	14		15	

DIAGNOSIS :

MYOPIC ASTIGMATISM IN BE

Rx.	EYE	From	To	Instructions
1 HYLOSOFT EYE DROP ONE DROP 4 TIMES A DAY FOR 182 DAYS	BOTH	8-Jul-2023	5-Jan-2024	EYE

TREATMENT PLAN : GLASS PRESCRIPTION
REFERRED TO :
DR. REMARK : F/UP YEARLY/SOS
NEXT REVIEW : AS PER DR. ADVISED

DR PRASHANT BULCHANDANI

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 इंश्योरेन्स 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

ECHO CARDIOGRAPHY REPORT

Patient Name : Mr. ARUN SHARMA
Date : 08/07/2023

AGE & Sex : 37yrs /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 : 1.1 cms LVPWD : 1.2cms
EDD : 4.7 cms EF 58 %
ESD : 2.9 cms FS 30 %

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-58%
NORMAL VALVES
INTACT SEPTUM
NO CLOT /VEGETATION /PERICARDIAL EFFUSION

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

Consultant
Dr. Abhishek sharma (DNB)
(Interventional Cardiologist)

PATIENT NAME - ARUN SHARMA 37 Y/M
REFERRED BY - H.C.P
DATE - 08/07/2023
INVESTIGATION - USG WHOLE ABDOMEN

IMAGING FINDINGS:-

Liver appears normal in size , 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 well distended. GB wall and lumen content appears normal. No echogenic focus within GB lumen. Visualized **CBD** is of normal caliber.

Spleen appears normal in size (~ 8.5 cm), 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 ~ 9x4.5 cm and left kidney ~ 8.9x4.4 cm. 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 (~ 12.4 cc), 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.



MR No. Patient Name Age Sex Date

Asum Sharma, 37y/M 8/7/23
Health check up

OT - RT → Perforia ⊙
Ear ⊙ - EAC -
TMG →



Went
Thru -

CSOM ⊙ 2022

~~ENT Intervention~~

~~during exam~~

Adis
Tympanology & Sedotas

[Signature]

Dr. Sunil Gupta
MS (ENT)
Reg. No. MP13378
RJN Apollo Spectra Hospitals

MR No. Patient Name Arun Sharma Age Sex Male Date 9/7/23

No fresh chief complaint
Check Biting ~~of~~ Both side of jaw (Post side).

Cervical - $\frac{5}{5}$
Abnormal $\frac{5}{5}$

Adv. Restoration $\frac{5}{5}$

Chlorhex - 0.2% M/W O/D

(2)

Instruction $\frac{e}{v}$:- Donot use HARD BRUSH
:- Donot use Stick Food (Avoid)

37 Years

Male

Rate 66 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . Borderline low voltage, extremity leads.....all extremity leads <0.6mV

PR 127
 QRSD 84
 QT 384
 QTc 403

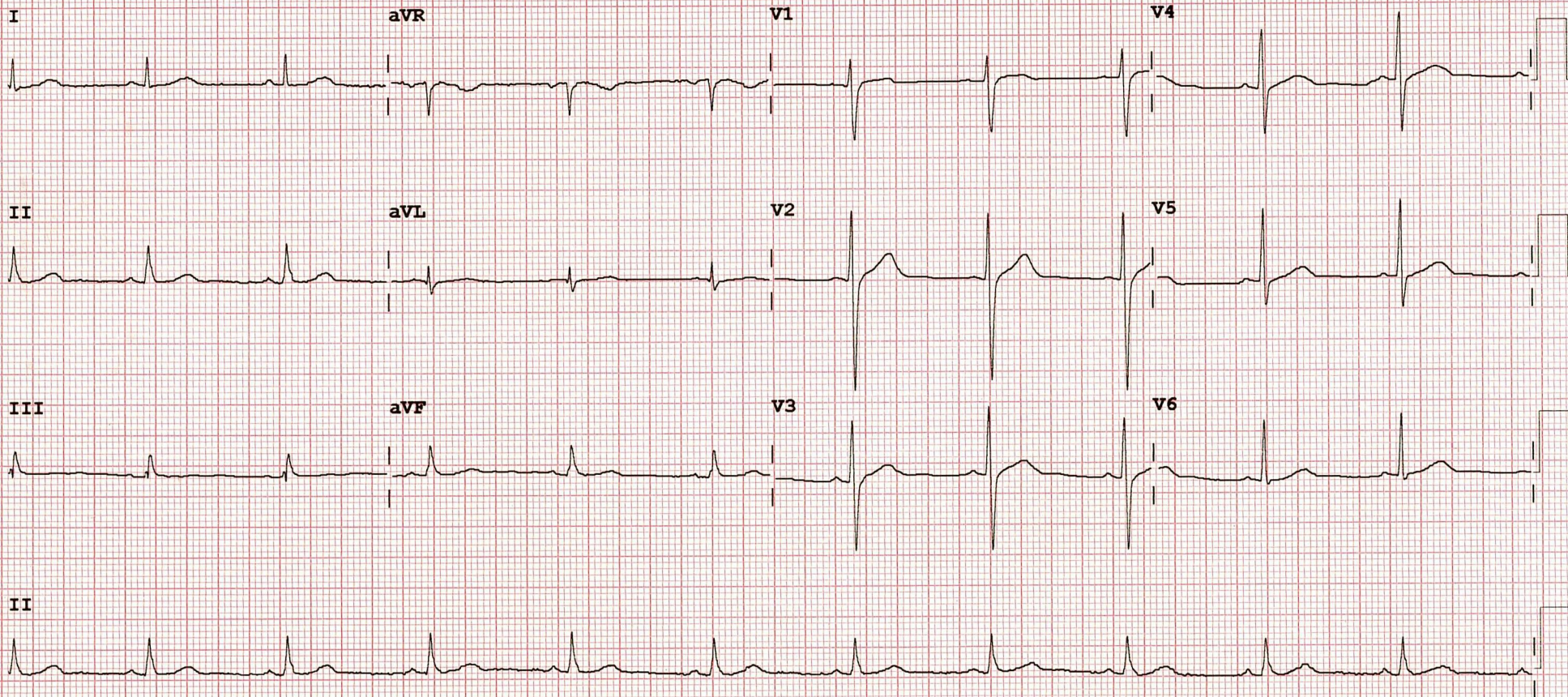
--AXIS--

P 25
 QRS 67
 T 34

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

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 ARUN SHARMA	Age/sex	37 Y /M
Ref. By	146801	Date	08.07.2023

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.

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