

Arcofemi Mediwheel



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

MR No. 146800 Patient Name Mr Gajendra Singh Age 57 Sex M Date 02/07/23

Ht. → 169
W → 72
BP → 161/79
P → 79

Physician
reference

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

Patient NAME : Mr.GAJENDRA KUMAR CHAUDHARY	Collected : 08/Jul/2023 09:44AM
Age/Gender : 57 Y 0 M 0 D /M	Received : 08/Jul/2023 10:03AM
UHID/MR NO : ILK.00031514	Reported : 08/Jul/2023 01:21PM
Visit ID : ILK.90748	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%)	11.6	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	37.2	%	40-54	Cell Counter
RBC Count	5.5	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	67.8	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	21.2	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	31.2	g/dl	30.0-35.0	Calculated
RDW	18.8	%	11-16	Calculated
Total WBC count (TLC)	8,400	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	68.2	%	50-70	Cell Counter
Lymphocytes	21.8	%	20-40	
Monocytes	6.3	%	01-10	Cell Counter
Eosinophils	2.8	%	01-06	Cell Counter
Basophils	0.9	%	00-01	Cell Counter

Absolute Leucocyte Count

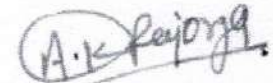
Neutrophil (Abs.)	5,729	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1831	per cumm	600-4000	Calculated
Monocyte (Abs.)	529	per cumm	0-600	Calculated
Eosinophil (Abs.)	235	per cumm	40-440	Calculated
Basophils (Abs.)	76	per cumm	0-110	Calculated
Platelet Count	2.40	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	44	mm 1st hr.	0-20	Wester Green
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SIN NO :10365929,



DR. ASHOK KUMAR
M.D. (PATH)

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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 RBCs.

No cytoplasmic inclusions or hemoparasite.

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

No abnormal cell seen.

PLATELETS : Adequate on smear.

IMPRESSION : MICROCYTIC HYPOCHROMIC BLOOD PICTURE.



A.K. Rajan

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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	194.0	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	296.0	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	9.2	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	216.48			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	13.59	mg/dL	13.0-43.0	Urease
Creatinine	0.7	mg/dL	0.5-1.3	Enzymatic
Uric Acid	3.6	mg/dL	3.5-7.2	Urease
Sodium	135.0	Meq/L	135-155	Direct ISE
Potassium	4.0	Meq/L	3.5-5.5	Direct ISE
Chloride	99.0	mmol/L	96-106	Direct ISE
Calcium	9.8	mg/dL	8.6-10.0	OCPC
Phosphorous	3.2	mg/dL	2.5-5.6	PMA Phenol
BUN	6.35	mg/dL	6.0-20.0	Reflect Spectrothoto



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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
Type OF Sample	SERUM			
Total Cholesterol	213.0	mg/dl	up to 200	End Point
Total Triglycerides	198.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	44.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	169	mg/dL	<130	
LDL Cholesterol	129.4	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	39.6	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	4.84		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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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	0.4	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.2	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.2	mg/dL	0.0-0.9	Calculated
SGOT / AST	20.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	22.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	115.0	U/L	43-115	PNPP
Gamma Glutamyl Transferase (GGT)	36.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.2	g/dl	6.4-8.3	Biuret
Albumin	4.8	g/dL	3.5-5.2	BCG
Globulin	2.4	g/dl	2.0-3.5	Calculated
A/G Ratio	2.00	%	1.0-2.3	Calculated

A.K. Fajana

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Patient NAME : Mr.GAJENDRA KUMAR CHAUDHARY	Collected : 08/Jul/2023 09:44AM
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UHID/MR NO : ILK.00031514	Reported : 08/Jul/2023 01:23PM
Visit ID : ILK.90748	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	0.34	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 interchangeably.
- 4.All results should be corelated with clinical findings and result of other investigations.

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Age/Gender : 57 Y 0 M 0 D /M	Received : 08/Jul/2023 11:57AM
UHID/MR NO : ILK.00031514	Reported : 08/Jul/2023 01:23PM
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DEPARTMENT OF BIOCHEMISTRY-SPECIAL

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

Trilodothyronine Total (TT3)	1.36	ng/dL	0.6-1.8	Chemilluminisence
Thyroxine (TT4)	9.51	µg/dL	4.5-10.9	Chemilluminisence
Thyroid Stimulating Hormone (TSH)	2.483	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 IU/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 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).



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Age/Gender : 57 Y 0 M 0 D /M	Received : 08/Jul/2023 10:03AM
UHID/MR NO : ILK.00031514	Reported : 08/Jul/2023 11:54AM
Visit ID : ILK.90748	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	6.0		5.0-7.5	Dipstick
Specific Gravity	1.015		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	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	

*** End Of Report ***



SIN NO :10365929,

A. K. Rajong

DR. ASHOK KUMAR
M.D. (PATH)

PATIENT NAME - GAJENDRA KUMAR CHAUDHARY 57 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 (~ 10.5 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 ~ 10x4.7 cm and left kidney ~ 10.4x4.5 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 (~ 19.7 cc), shape and echotexture.

No obvious ascites.

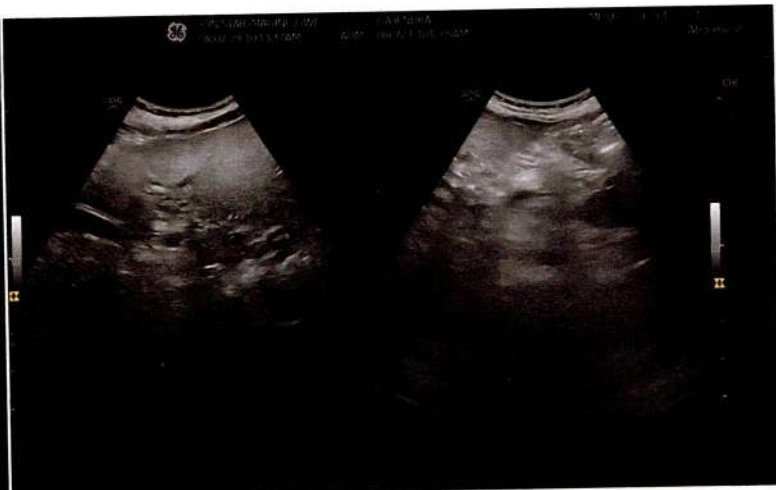
OPINION:- Features are suggestive of-

- **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.





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

AHC

SR.NO.	: 1865781	DATE	: 08-July-2023
NAME	: MR GAJENDRA KUMAR CHAUDHARY	MRD NO.	: R-100235
AGE/SEX	: 57 YRS / MALE	CITY	: GWALIOR

PAST SURGERIES :

NIL IN

INVESTIGATION :

GLAUCOMA SCREENING WITH GONIO IN LE (DONE)

Rx.	EYE	From	To	Instructions
1 BEPODROPS EYE DROPS /BEPOTASTINE BESILATE 1.5% W/V ONE DROP 2 TIMES A DAY FOR 30 DAYS	BOTH EYE	8-Jul-2023	6-Aug-2023	
2 ONTEARS EYE DROPS 1*15ML (CARBOXYMETHYLCELLULOSE SODIUM LUBRICANT IP 0.5% W/V) ONE DROP 6 TIMES A DAY FOR 60 DAYS	BOTH EYE	8-Jul-2023	5-Sep-2023	

TREATMENT PLAN : -GLASS PRESCRIPTION
 REFERRED TO :
 DR. REMARK : PERIODICAL FOLLOW UPS
 NEXT REVIEW : AS PER DR. ADVISED

DR KRISHNA PRASAD CHOUHAN

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. GAJENDRA KUMAR CHAUDHARY
Date : 08/07/2023

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 : 1.1 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 : A > E

Conclusion :

NORMAL CARDIAC CHAMBERS DIMENSION .
NO REGIONAL WALL MOTION ABNORMALITY
NORMAL LV SYSTOLIC FUNCTION , LVEF-58%
GRADE I DIASTOLIC DYSFUNCTION
NORMAL VALVES
INTACT SEPTUM
NO CLOT /VEGETATION /PERICARDIAL EFFUSION

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

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

MR No. Patient Name Gajendra Singh Age 57 Sex male Date 8/7/23

Genital Abnormality
+3
+6

CA = +6

Generalized Gingivitis

Periodontitis

Stomatitis

Candidiasis

Oral hairy leucoplakia

Clostridium - AIDS



Rate 88 . Sinus rhythm.....normal P axis, V-rate 50- 99
. RSR' in V1 or V2, right VCD or RVH.....QRS area positive & R' V1/V2
PR 189 . Baseline wander in lead(s) V5
QRSD 95
QT 356
QTc 431

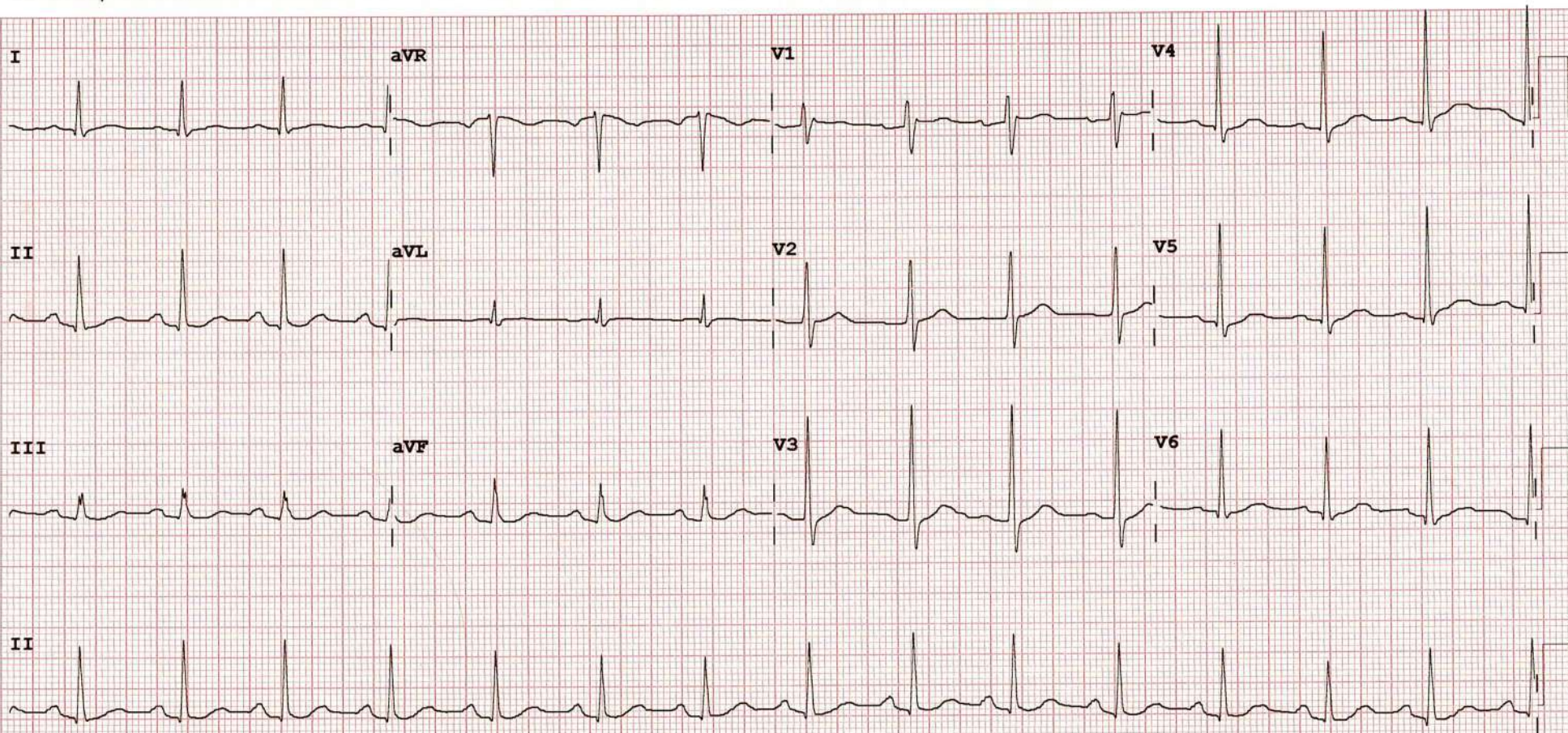
--AXIS--

P 73
QRS 62
T 61

- 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 GAJENDRA KUMAR CHAUDHARY	Age/sex	27 Y /M
Ref. By	146800	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)