

MR No. 177987 Patient Name Mrs Tasneem Anon Age 63 Sex F Date 13/09/24

Mob No.

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- T/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

H-150
W-60
BP-115/72
P-69

- Physician reference
- Urologist reference

Vitals

- B.P.
- P.R.
- SpO2
- Temp

[Signature]
Dr. Bhawna Garg
MBBS, DIP.GO, PGDIP
MEDICAL CO ORDINATOR
RjN Apollo Spectra Hospital
Reg.No. M18035

Medical Illness

- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Next Appointment/Follow up

Signature :

Patient NAME : Mrs.TASNEEM AMIN	Collected : 13/Sep/2024 10:33AM
Age/Gender : 63 Y 0 M 0 D /F	Received : 13/Sep/2024 11:13AM
UHID/MR NO : ILK.00044839	Reported : 13/Sep/2024 12:16PM
Visit ID : ILK.132497	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%)	11.1	gm%	11.5-16.0	Cyanmeth
P.C.V (Hematocrit)	35.1	%	35-49	Cell Counter
RBC Count	4.2	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	84.2	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	26.6	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	31.6	g/dl	30.0-35.0	Calculated
RDW	15.2	%	11-16	Calculated
Total WBC count (TLC)	8,100	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	69.1	%	50-70	Cell Counter
Lymphocytes	22.2	%	20-40	
Monocytes	5.5	%	01-10	Cell Counter
Eosinophils	2.8	%	01-06	Cell Counter
Basophils	0.4	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	5,597	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1798	per cumm	600-4000	Calculated
Monocyte (Abs.)	446	per cumm	0-600	Calculated
Eosinophil (Abs.)	227	per cumm	40-440	Calculated
Basophils (Abs.)	32	per cumm	0-110	Calculated
Platelet Count	1.51	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	36	mm 1st hr.	0-20	Wester Green
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(Signature)

DR. ASHOK KUMAR
M.D. (PATH)

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

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1900

1900



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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 ,hypochromic RBC's.
No cytoplasmic inclusions or hemoparasite seen.

WBC'S : Normal in number , morphology and distribution. No toxic granules seen.
No abnormal cell seen.

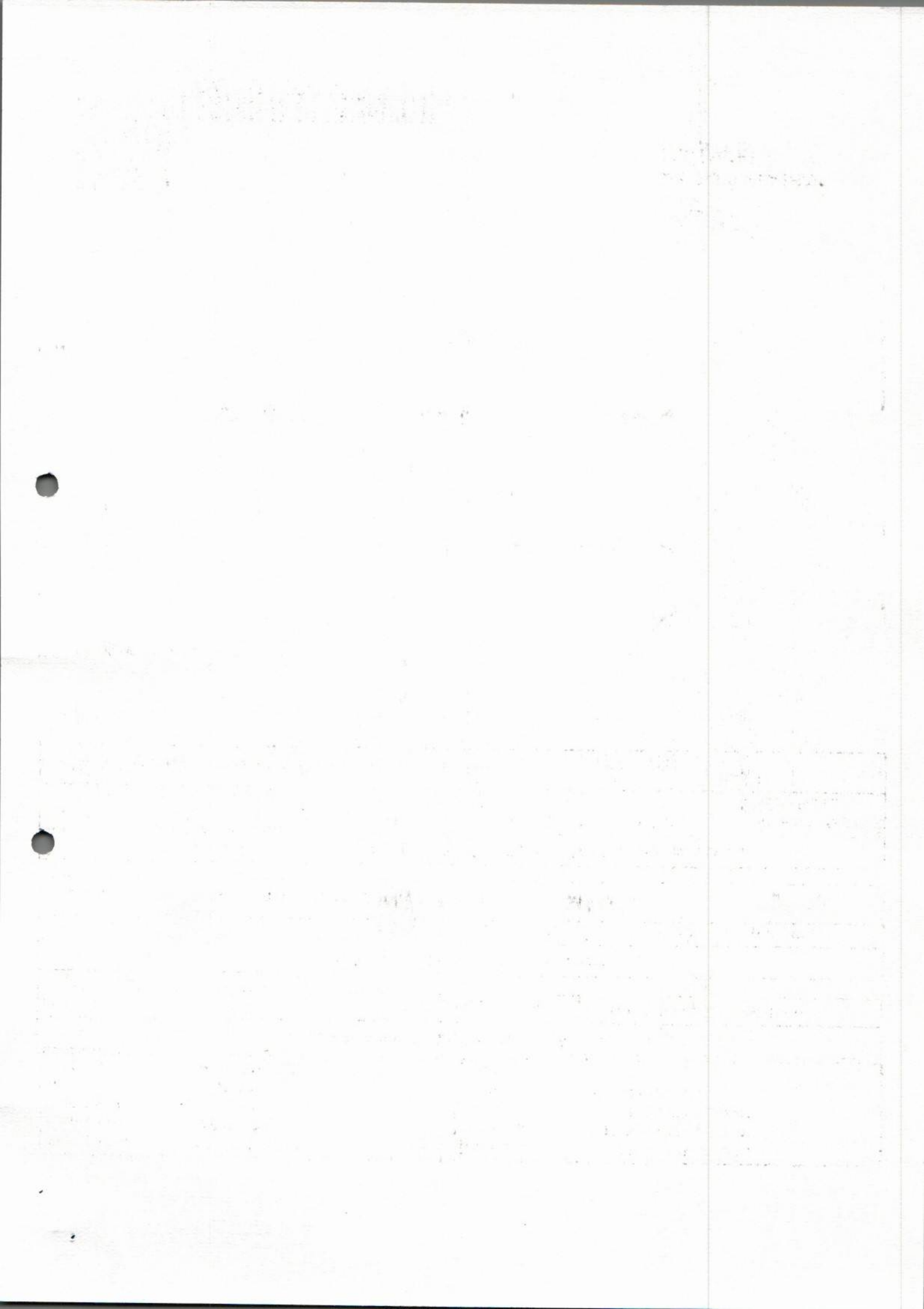
PLATELETS : Adequate on smear .

IMPRESSION ; NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



A.K. Rajan

DR. ASHOK KUMAR
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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	138.0	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	245.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.

Sarita Pathak

DR. SARITA PATHAK
 M.D (PATH)

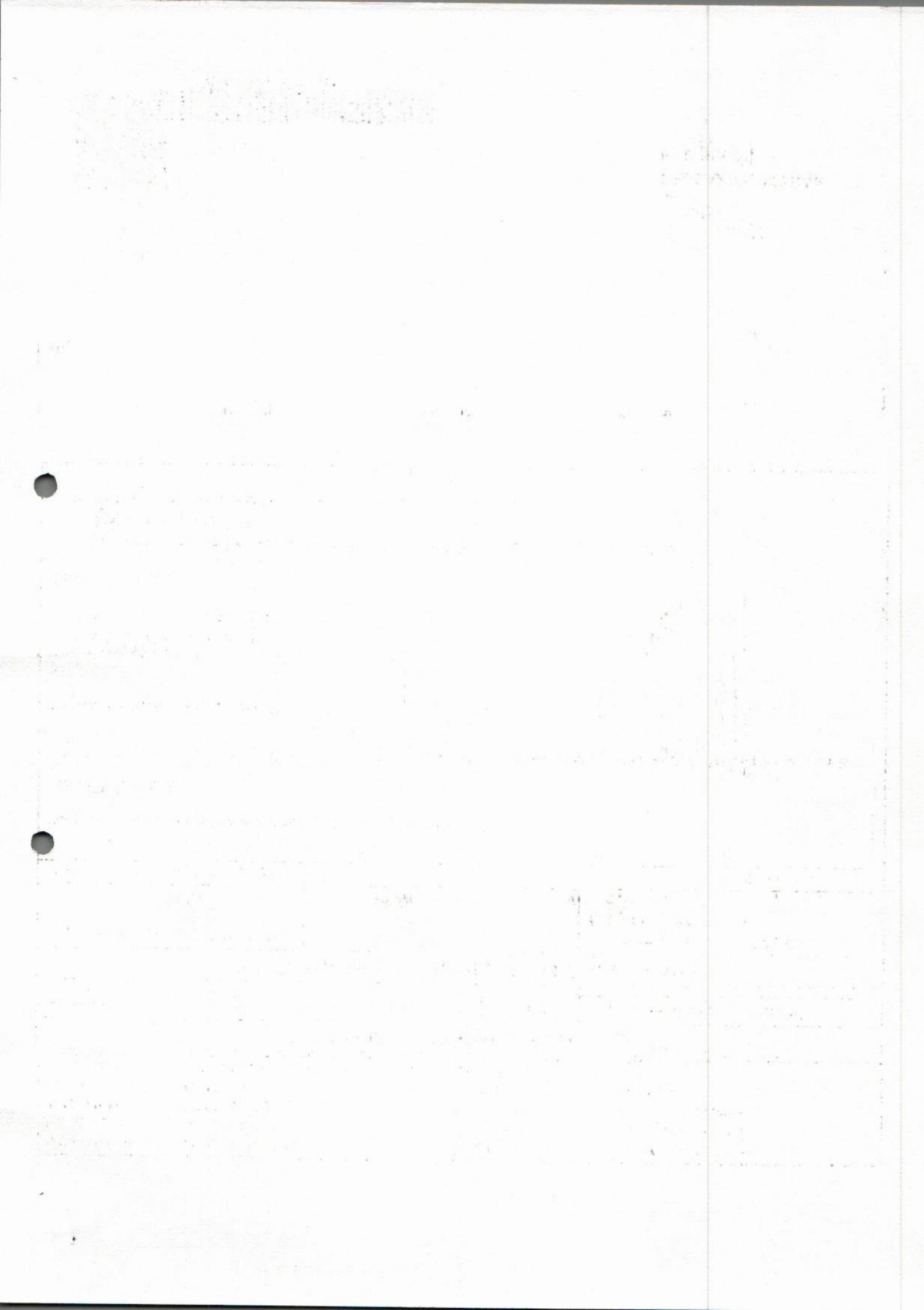


SIN NO : 10508342

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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	H P L C
Approximate mean plasma glucose	217.34			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%

Sarita Pathak

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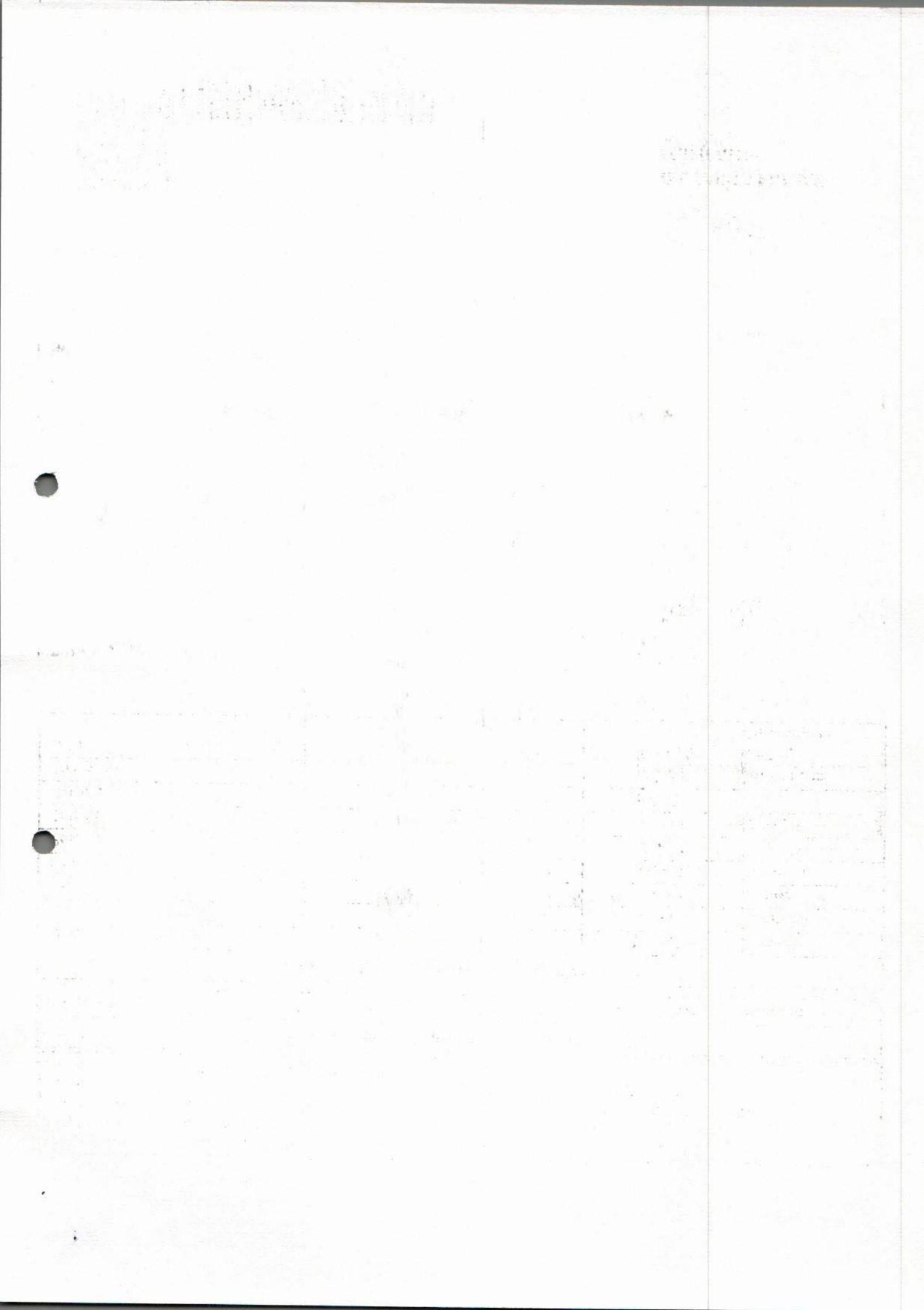


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COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM

Urea	17.68	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	5.5	mg/dL	2.6-6.0	Urease
Sodium	143.0	Meq/L	135-155	Direct ISE
Potassium	4.4	Meq/L	3.5-5.5	Direct ISE
Chloride	108.0	mmol/L	96-106	Direct ISE
Calcium	9.4	mg/dL	8.6-10.0	OCPC
Phosphorous	3.4	mg/dL	2.5-5.6	PMA Phenol
BUN	8.26	mg/dL	6.0-20.0	Reflect Spectrothoto



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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	SERUM F			
Total Cholesterol	177.0	mg/dl	up to 200	End Point
Total Triglycerides	150.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	47.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	130	mg/dL	<130	
LDL Cholesterol	100	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	30	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.77		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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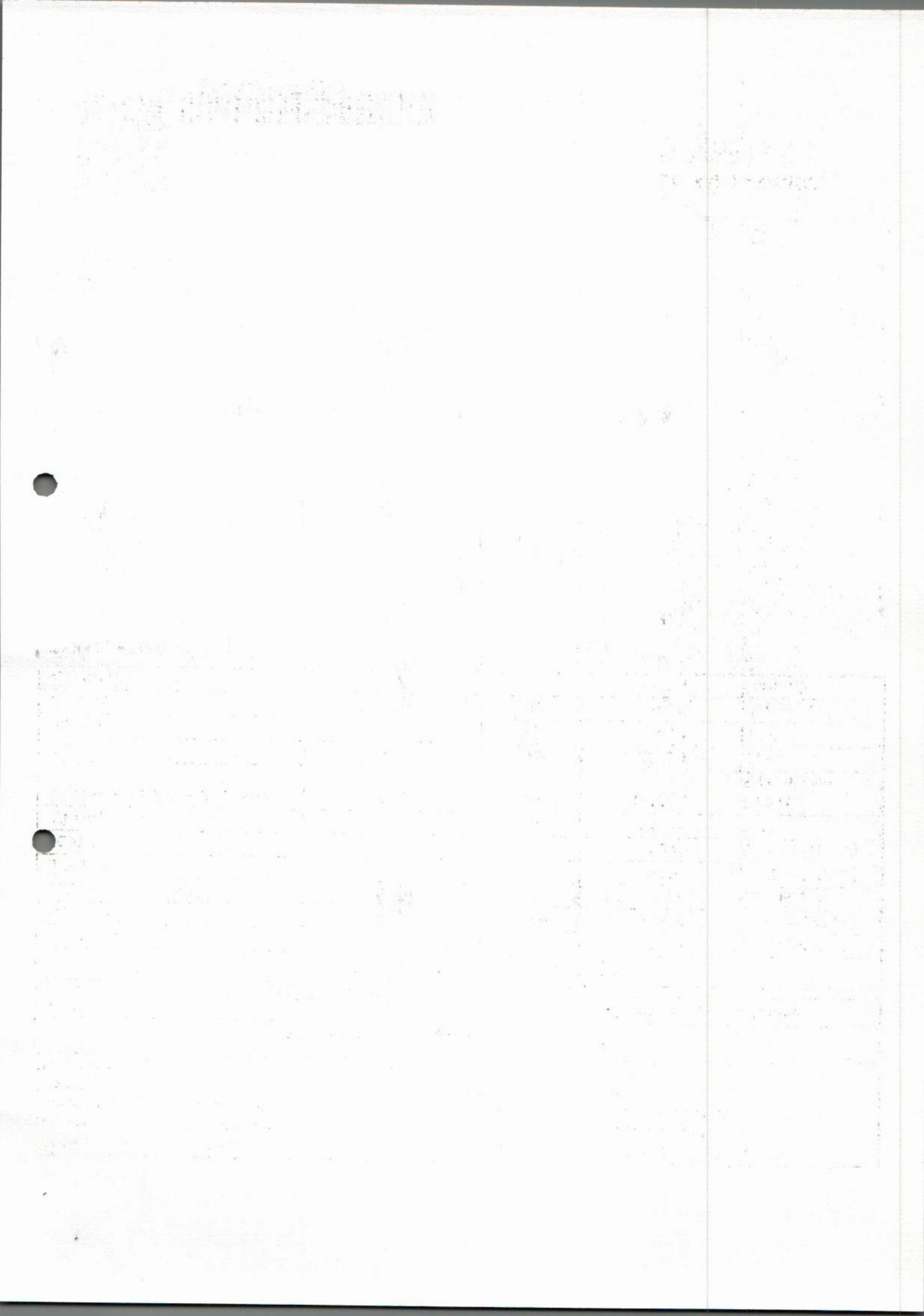


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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

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	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.3	mg/dL	0.0-0.9	Calculated
SGOT / AST	18.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	16.0	U/L	1-34	UV Kinetic (IFCC)
Alkaline Phosphatase	71.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	37.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	6.7	g/dl	6.4-8.3	Biuret
Albumin	4.1	g/dL	3.5-5.2	BCG
Globulin	2.6	g.dl	2.0-3.5	Calculated
A/G Ratio	1.58	%	1.0-2.3	Calculated



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Patient NAME : Mrs.TASNEEM AMIN	Collected : 13/Sep/2024 10:33AM
Age/Gender : 63 Y 0 M 0 D /F	Received : 13/Sep/2024 02:05PM
UHID/MR NO : ILK.00044839	Reported : 13/Sep/2024 03:55PM
Visit ID : ILK.132497	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)	0.96	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	10.31	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	1.279	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

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.

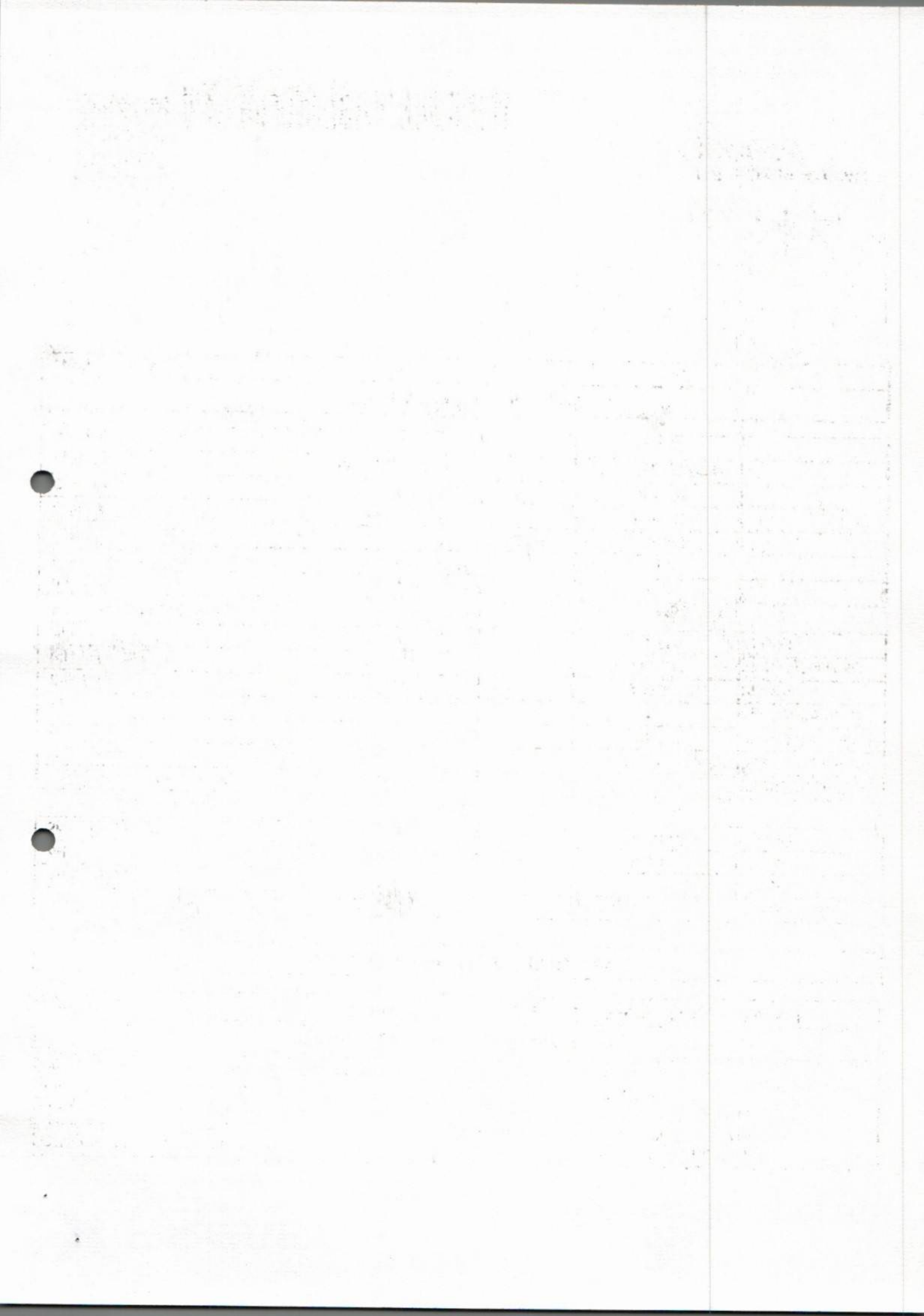
- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- Normal T3 &T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- slightly elevated 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).



SIN NO :10508342

A.K. Rajong

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M.D. (PATH)



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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	PALE YELLOW			Visual
Appearance	Clear			Visual
pH	6.0		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	2-3	/Hpf	0-5	
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	

URINE SUGAR FASTING , URINE

Fasting Urine Sugar	NIL		NIL	
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URINE SUGAR (POST PRANDIAL) , URINE(PP)

URINE SUGAR (P. P.)	PRESENT 1+		NIL	
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***** End Of Report *****



A.K. Raju

DR. ASHOK KUMAR
M.D. (PATH)

PT. NAME: TASNEEM AMIN	AGE/SEX: 63Y/F
REF. BY: 177487	13/09/2024

X RAY CHEST (PA)

IMAGING FINDINGS:

Metallic artifacts are seen

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.

Soft tissue and bony cage appear normal.

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)

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.



॥ 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

SR.NO. : 2054936
NAME : MRS TASMIN AMIN
AGE/SEX : 60 YRS / FEMALE

DATE : 13-September-2024
MRD NO. : R-132260
CITY : DATIA

VISION	DISTANCE		NEAR	
	OD	OS	OD	OS
UNAIDED	6/9	6/24		
WITH GLASSES				
WITH PIN HOLE	6/9	6/9		
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
1:29PM	14		14	

Rx. EYE From To Instructions
1 HYVET EYE DROP 5ML/ SODIUM HYALURONATE EYE DROPS ONE DROP 4 TIMES A DAY FOR 90 DAYS BOTH EYE 13-Sep-2024 11-Dec-2024

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


DR. AMOL CHAUDHARI

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 ● कौशलैस 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

PATIENT NAME - **TASNEEM AMIN 63Y/F**
REFERRED BY - **HEALTH CHECKUP**
DATE - **13/09/2024**
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 (~8.6cm), 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 ~9.5x3.2cm and left kidney ~10.3x4cm. Both kidneys are normal in position, size, shape, echotexture and cortico-medullary differentiation. Bilateral PC systems are compact. No significant calculus or hydronephrosis on either side. Ureters are undilated on either side. Small cortical cyst seen at lower pole of left kidney

Urinary Bladder is normal in shape, wall and content.

TAS:-

Uterus is ? post menopausal atrophic (~6.7x2.4cm). No abnormal measurable mass or cyst in adnexal region.

No obvious ascites.

OPINION:- Features are suggestive of-

- **Grade I fatty liver**
- **Small left renal cortical cyst**

Suggested clinical correlation/Follow up imaging.



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PATIENT NAME - **TASNEEM AMIN 63Y/F**
REFERRED BY - **HEALTH CHECKUP**
DATE - **13/09/2024**
INVESTIGATION - **USG BREAST**

USG of both breasts was done using high frequency linear probe.

IMAGING FINDINGS:

Right breast: Shows homogeneous fibroglandular background echotexture. Shows no mass or large calcification. Nipple and overlying skin are normal.

Left breast: Shows homogeneous fibroglandular background echotexture. Shows no mass or large calcification. Nipple and overlying skin are normal.

Few prominent ducts in peri-areolar location in bilateral breasts

Both the breast reveals normal echotexture & fibroglandular parenchyma.

No evidence of any focal solid or cystic mass lesion is seen in bilateral breast.

No evidence of significant axillary lymphadenopathy.

OPINION:- Features are suggestive of-

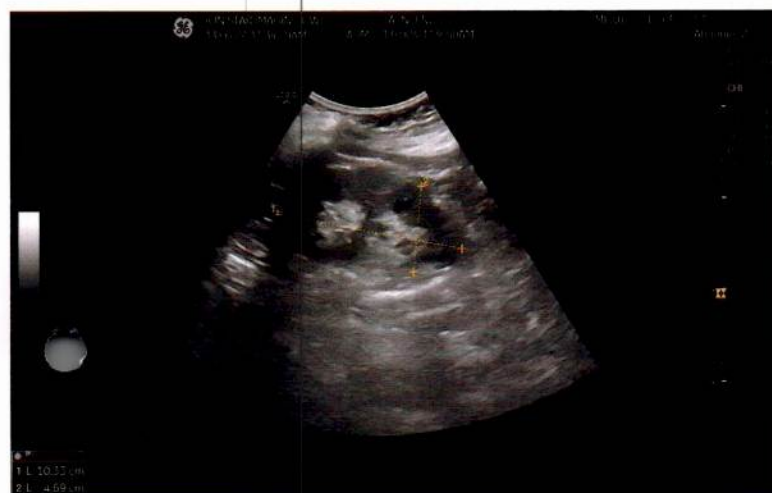
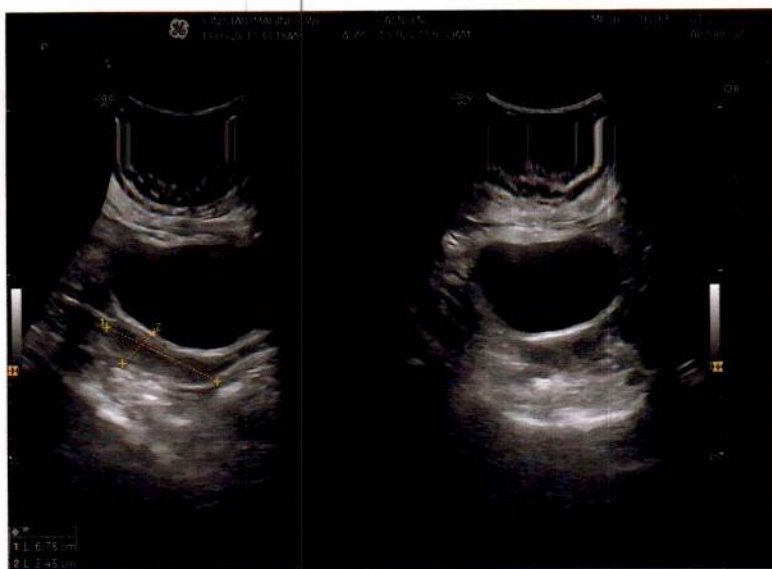
- **No significant abnormality in sonomammography both breasts.**

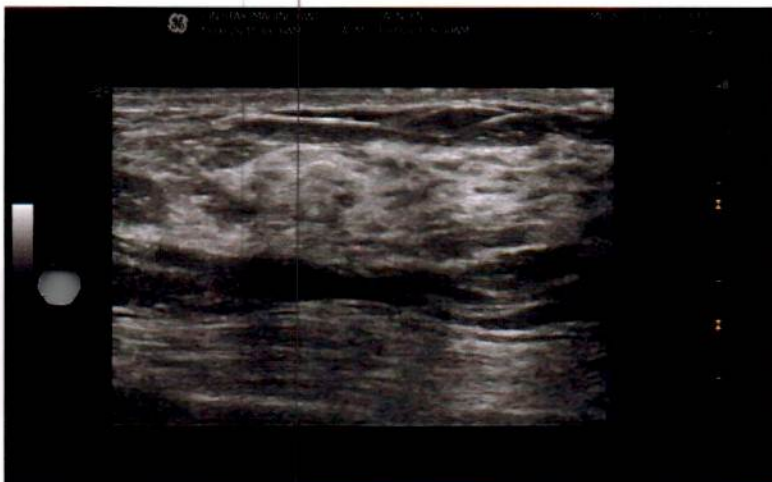
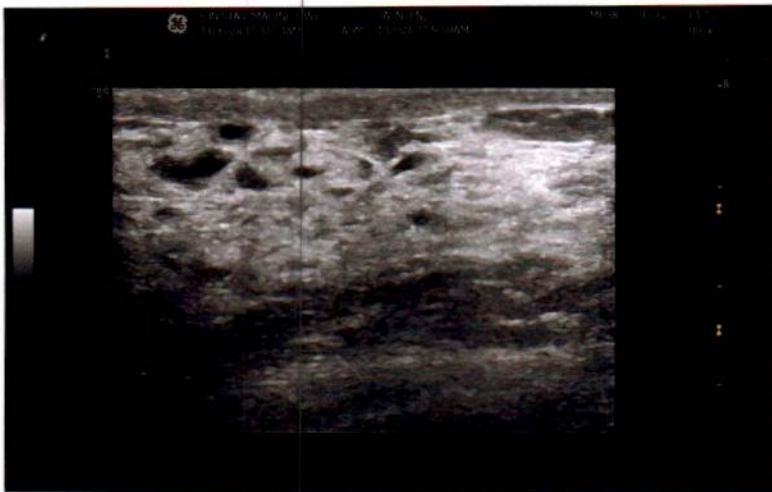
Clinical correlation and follow up study is suggested. **Mammographic correlation is suggested**



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.





Rate 75 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
Sinus rhythm.....normal P axis, V-rate 50- 99

PR 169
QRSD 80
QT 361
QTc 404

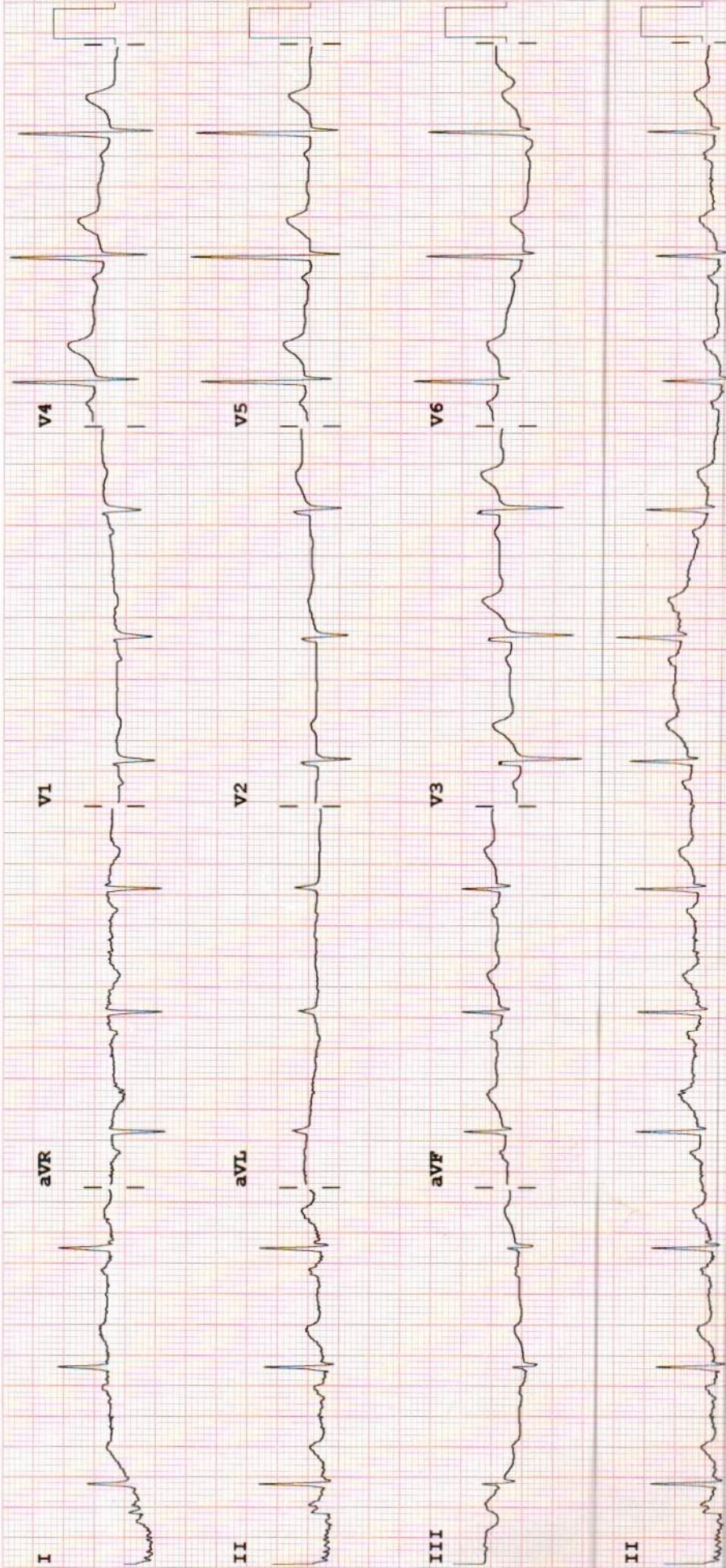
--AXIS--

P 57
QRS 29
T 60

12 Lead; Standard Placement

- NORMAL 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?

आयकर विभाग



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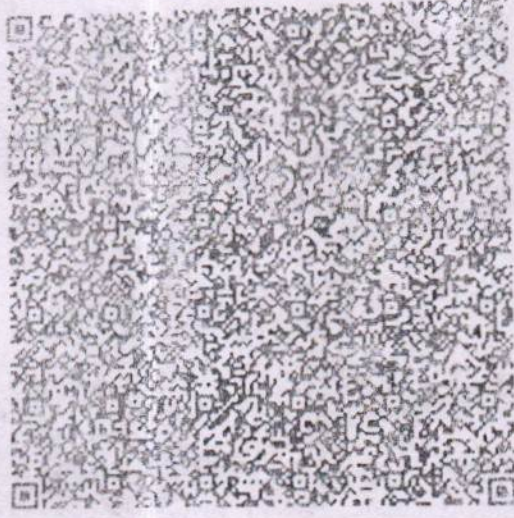


नाम / Name
TASNEEM AMIN

पिता का नाम / Father's Name
NISAR AHMAD SIDDIQUI

जन्म की तारीख /

Date of Birth
06/11/1960



Tasneem

हस्ताक्षर / Signature

Tasneem

15092018