RJN Apollo Spectra HOSPITALS

Specialists in Surgery

PATIENT SAFETY & QUALITY OF CARE NABH CERTIFIED

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

Patient Name Ms Pratibha Singh MRN : 175783 Age 38 Sex F Date/Time 24/08/24

Mob No. .....

Investigations : (Please Tick)

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

H - 142
W - 46
BP - 150/60
P - 80

Reports awa

Dr. Bhawna Garg
MBBS, DIP.GO, PGDHA
MEDICAL CO ORDINATOR
RJN Apollo Spectra Hospital
Reg.No. MP18035

Vitals

B.P.
Pulse
SpO2
Temp

Medical Illness

Hypertension
Diabetes
Thyroid
Cardiac Disease
Drug Allergies

Next Appointment/Follow up

Signature :

Patient NAME	: Mrs.PRATIBHA SINGH	Collected	: 24/Aug/2024 09:18AM
Age/Gender	: 38 Y 0 M 0 D /F	Received	: 24/Aug/2024 09:41AM
UHID/MR NO	: ILK.00044123	Reported	: 24/Aug/2024 10:35AM
Visit ID	: ILK.130216	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%)	13.0	gm%	11.5-16.0	Cyanmeth
P.C.V (Hematocrit)	40.7	%	35-49	Cell Counter
RBC Count	5.1	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	80.1	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	28.1	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	31.9	g/dl	30.0-35.0	Calculated
RDW	14.9	%	11-16	Calculated
Total WBC count (TLC)	7,800	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	51.5	%	50-70	Cell Counter
Lymphocytes	39.2	%	20-40	
Monocytes	6.8	%	01-10	Cell Counter
Eosinophils	2.1	%	01-06	Cell Counter
Basophils	0.4	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	4,017	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	3058	per cumm	600-4000	Calculated
Monocyte (Abs.)	530	per cumm	0-600	Calculated
Eosinophil (Abs.)	164	per cumm	40-440	Calculated
Basophils (Abs.)	31	per cumm	0-110	Calculated
Platelet Count	3.60	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	16	mm lst hr.	0-20	Wester Green

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		O			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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Patient NAME	: Mrs.PRATIBHA SINGH	Collected	: 24/Aug/2024 09:18AM
Age/Gender	: 38 Y 0 M 0 D /F	Received	: 24/Aug/2024 09:41AM
UHID/MR NO	: ILK.00044123	Reported	: 24/Aug/2024 12:46PM
Visit ID	: ILK.130216	Status	: Final Report
Ref Doctor	: Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name	: INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE - FASTING (FBS) , *NAF PLASMA*				
Fasting Glucose	84.0	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	115.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
Ref.for Biological Reference Intervals: American Diabetic Assiosation.				

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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	5.5	%	Normal: <5,7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	H P L C
Approximate mean plasma glucose	111.15			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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Patient NAME	: Mrs.PRATIBHA SINGH	Collected	: 24/Aug/2024 09:18AM
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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE KIDNEY PROFILE (RFT/KFT) , *SERUM*				
Urea	13.78	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	4.2	mg/dL	2.6-6.0	Urease
Sodium	140.0	Meq/L	135-155	Direct ISE
Potassium	4.4	Meq/L	3.5-5.5	Direct ISE
Chloride	104.0	mmol/L	96-106	Direct ISE
Calcium	9.7	mg/dL	8.6-10.0	OCPC
Phosphorous	4.6	mg/dL	2.5-5.6	PMA Phenol
BUN	6.44	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-F			
Total Cholesterol	182.0	mg/dl	up to 200	End Point
Total Triglycerides	131.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	64.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	118	mg/dL	<130	
LDL Cholesterol	91.8	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	26.2	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	2.84		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

LIVER FUNCTION TEST (LFT) WITH GGT , *SERUM*

Test Name	Result	Unit	Bio. Ref. Range	Method
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	24.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	23.0	U/L	1-34	UV Kinetic (IFCC)
Alkaline Phosphatase	48.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	13.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	8.0	g/dl	6.4-8.3	Biuret
Albumin	4.4	g/dL	3.5-5.2	BCG
Globulin	3.6	g.dl	2.0-3.5	Calculated
A/G Ratio	1.22	%	1.0-2.3	Calculated

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Patient NAME	: Mrs.PRATIBHA SINGH	Collected	: 24/Aug/2024 09:18AM
Age/Gender	: 38 Y 0 M 0 D /F	Received	: 24/Aug/2024 11:51AM
UHID/MR NO	: ILK.00044123	Reported	: 24/Aug/2024 02:03PM
Visit ID	: ILK.130216	Status	: Final Report
Ref Doctor	: Dr.ARCOFEMI HEALTHCARE LIMITED	Client.Name	: INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL

THYROID PROFILE-I , *SERUM*

Test Name	Result	Unit	Bio. Ref. Range	Method
Trilodothyronine Total (TT3)	0.87	ng/dL	0.6-1.8	Chemilluminisence
Thyroxine (TT4)	8.28	µg/dL	4.5-10.9	Chemilluminisence
Thyroid Stimulating Hormone (TSH)	1.589	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.

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 huperthyroidism).

A.K. Rajoria

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Age/Gender	: 38 Y 0 M 0 D /F	Received	: 24/Aug/2024 09:41AM
UHID/MR NO	: ILK.00044123	Reported	: 24/Aug/2024 02:43PM
Visit ID	: ILK.130216	Status	: Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

CUE - COMPLETE URINE ANALYSIS , *URINE*

Test Name	Result	Unit	Bio. Ref. Range	Method
Physical Examination				
Colour	STRAW			Visual
Appearance	Clear			Visual
pH	6.5		5.0-7.5	Dipstick
Specific Gravity	1.005		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/Rothperas
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	1-2	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	

A.K. Rajoria

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE SUGAR (POST PRANDIAL) , *URINE(PP)*				
URINE SUGAR (P. P.)	NIL		NIL	

***** End Of Report *****

DR. ASHOK KUMAR
M.D. (PATH)

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

ECHO CARDIOGRAPHY REPORT

Patient Name: MRS PRATIBHA SINGH	Age / Sex 38Y/F
UHID/Bill No:175763	Date :24 /08/2024

Echocardiography was performed on vivid T8

Quality Of Imaging	:	Adequate
Mitral Valve	:	Normal
Tricuspid Valve	:	MILD TR/PAH
Aortic Valve	:	Normal
Pulmonary Valve	:	Normal
Left Atrium	:	3.4cms
Left Ventricle	:	IVSD : 1.2 cms LVPWD : 1.2cms EDD : 4.9 cms EF 60% ESD : 3.0 cms 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

CONCUSION S/P ASD -SURGICAL CLOSURE

- NO RESIDUAL SHUNT ACROSS THE DEFECT CLOSURE
- NORMAL CARDIAC CHAMBERS DIMENSION.
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL LV SYSTOLIC FUNCTION, LVEF 60 %
- MILD TR/PAH
- INTACT SEPTUM
- NO CLOT /VEGETATION / PERICARDIAL EFFUSION

Dr. Abhishek Sharma
MBBS,MD (Medicine), DNB (Cardiology)
Consultant Interventional Cardiology
RJN Apollo Spectra Hospitals
Gwalior, MP 12056

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

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MR No. ..... Patient Name Pratitha Singh Age ..... Sex 38/ Date 20/8/24

Mob No. .....

Investigations : (Please Tick)

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

Health checkup

C/E - Ea (P) EDC-de, TM-gd

Nkmp Thm. NAD

No Active ENT Intervention

Vitals

B.P.
P.R.
SPO2
Temp

Medical Illness

Hypertension
Diabetes
Thyroid
Cardiac Disease
Drug Allergies

Next Appointment/Follow up

Signature :

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

MR No. ..... Patient Name Pratibha Singh Age 38 Sex F Date 24/06/24

Investigations : (Please Tick)

Mob No. .....

1500/-

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

Health checkup

O/E

- Calculus
- Stain
- Gen. gingivitis.

T/A -

Oral Prophylx

Vitals

B.P.
P.R.
SPO2
Temp

Rx.

- Vaseline paste -1-1- M N
- Chlorhex 0.2% M/W 1-1-1 M N
- Sfolin gum paint. -1-1-1- M A N

Medical Illness

Hypertension
Diabetes
Thyroid
Cardiac Disease
Drug Allergies

Next Appointment/Follow up

Signature :

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

SR.NO.	: 2050620	DATE	: 24-August-2024
NAME	: MRS PRATIBHA SINGH	MRD NO.	: R-130599
AGE/SEX	: 38 YRS / FEMALE	CITY	: GWALIOR

VISION	DISTANCE		NEAR	
	OD	OS	OD	OS
UNAIDED	5/60	6/60		
WITH GLASSES	6/6P	6/6		
WITH PIN HOLE	6/6	6/6		
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
10:24AM	15		16	

Rx.	EYE	From	To	Instructions
1 SENSIEYES PLUS EYE DROPS 1*10ML (POLYETHYLENE GLYCOL 400 % PROPYLENE GLYCOL OPTHALMIC				
ONE DROP 4 TIMES A DAY FOR 182 DAYS	BOTH EYE	24-Aug-2024	21-Feb-2025	
2 LOTERIS (LOTEPREDNOL 1%)				
ONE DROP 3 TIMES A DAY FOR 7 DAYS	BOTH EYE	24-Aug-2024	30-Aug-2024	
ONE DROP 2 TIMES A DAY FOR 7 DAYS	BOTH EYE	31-Aug-2024	6-Sep-2024	
ONE DROP 1 TIMES A DAY FOR 7 DAYS	BOTH EYE	7-Sep-2024	13-Sep-2024	

TREATMENT PLAN : -GLASSES (BLUE RAY)

REFFERED TO :

DR. SHRIKANT THAPAK

Reg.No MP - 140005

NEXT REVIEW : 24-Feb-2025 10:54AM 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) Counselled

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

PATIENT NAME – **PRATIBHA SINGH 38Y/F**
REFERRED BY – **HEALTH CHECKUP**
DATE – **24/08/2024**
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. Hepatic calcifications are seen

Gall Bladder (H/O cholecystectomy)

Spleen appears normal in size (~8.4cm), 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 ~8.9x3cm and left kidney ~9.2x3.7cm. 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 partially distended

TAS:-
Uterus is mildly retroverted, appears normal in size, position and echotexture. No abnormal measurable mass or cyst in adnexal region.

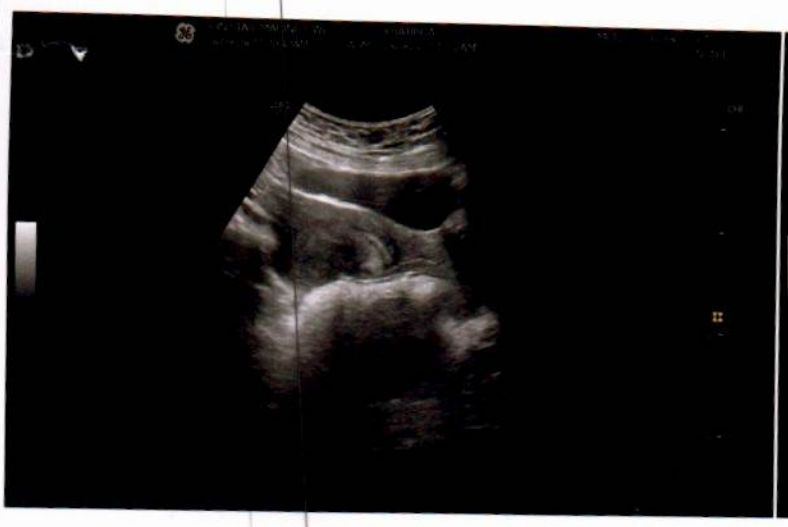
No obvious ascites.

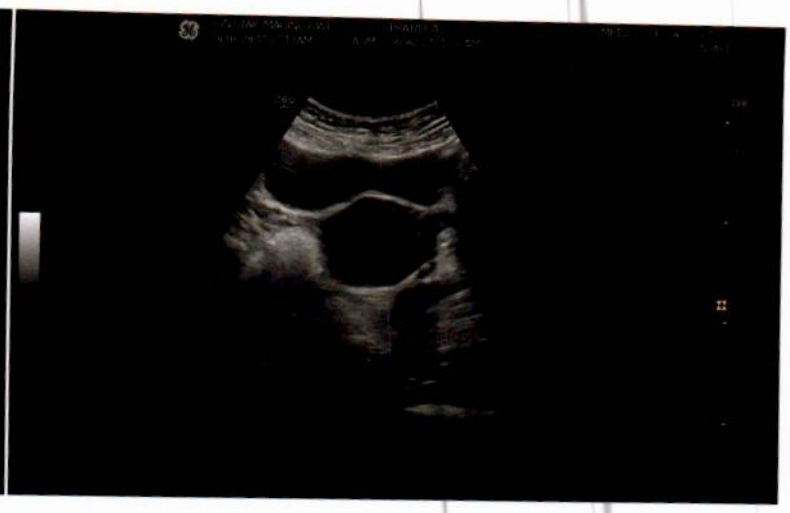
OPINION:- Features are suggestive of-

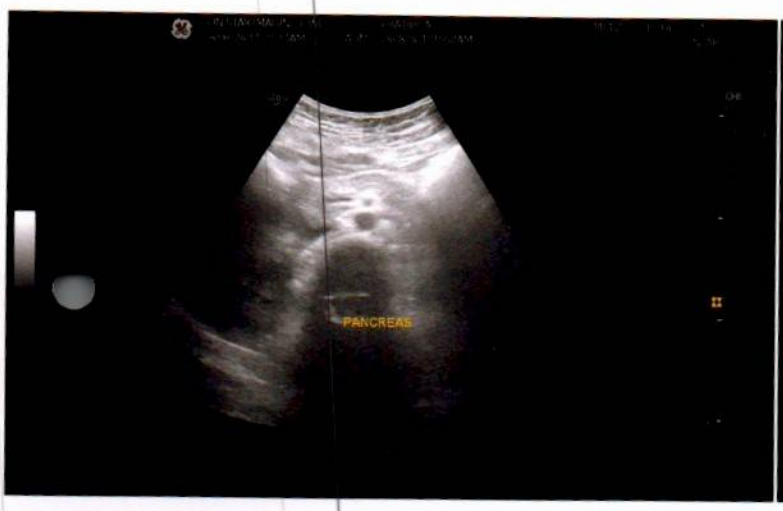
- **Early fatty liver with hepatic calcifications**

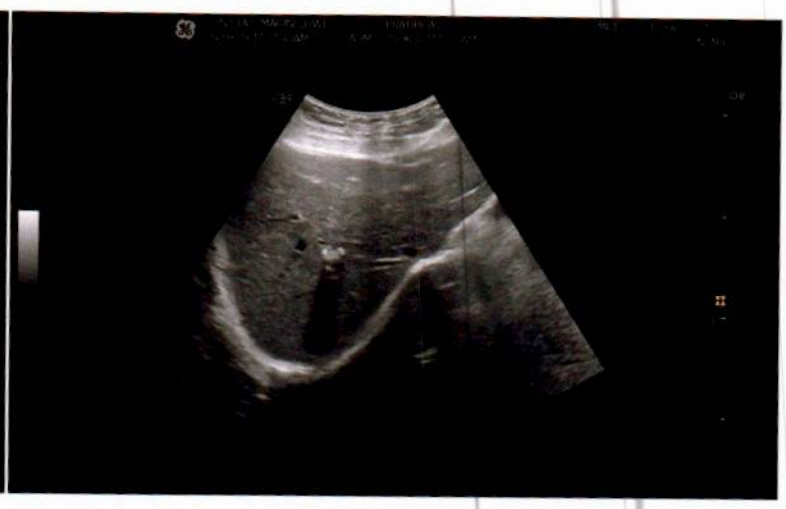
Suggested clinical correlation/Follow up imaging.

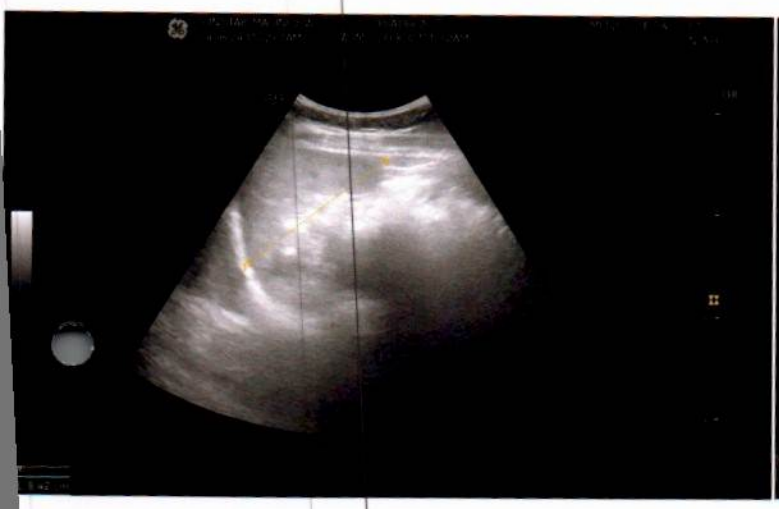
DR. SAKSHI CHAWLA
(MD RADIODIAGNOSIS)

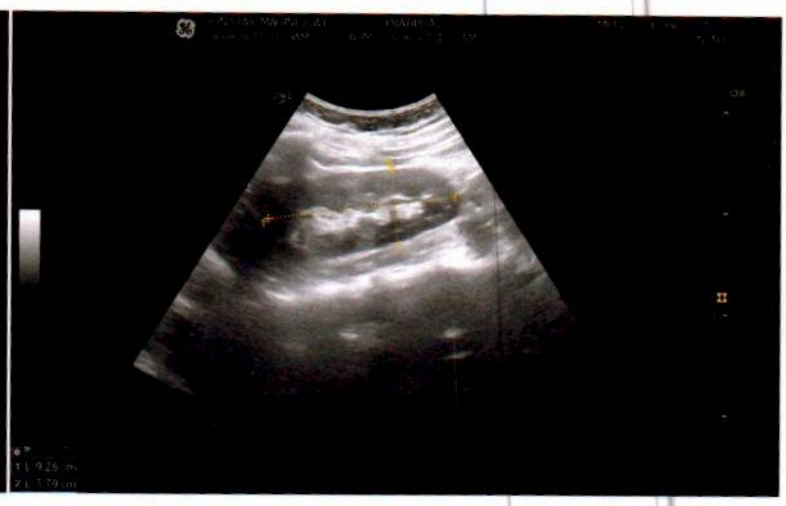


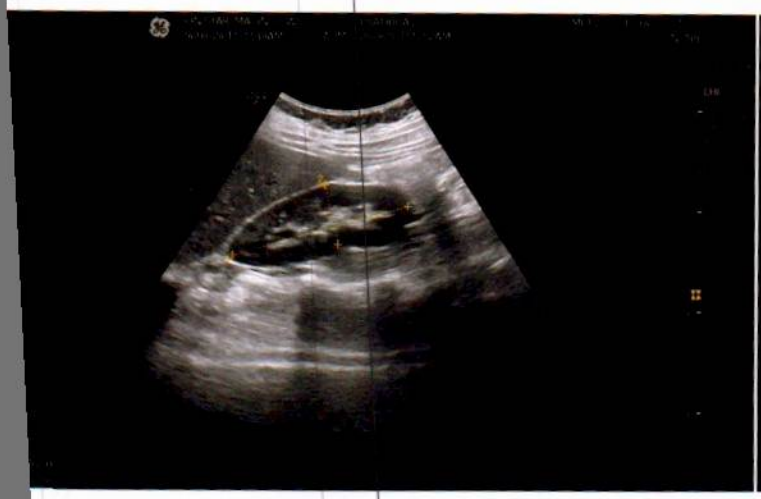


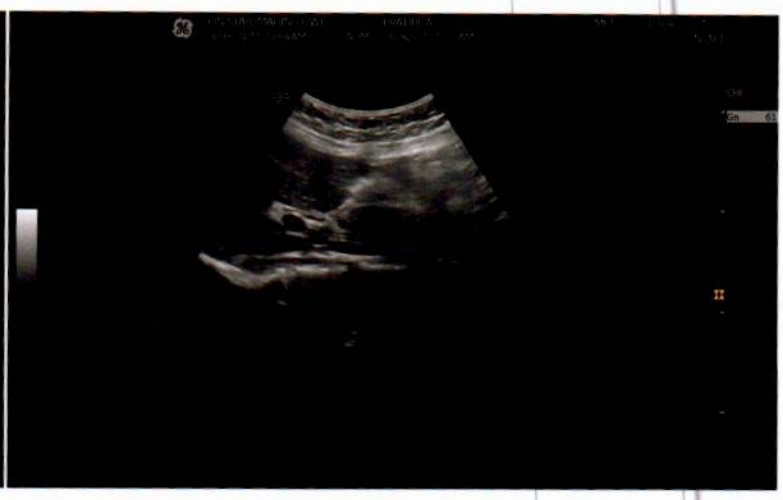

PANCREAS











RJN Apollo Spectra HOSPITALS

Specialists in Surgery

PATIENT SAFETY & QUALITY OF CARE NABH CERTIFIED

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

PT. NAME: PRATIBHA SINGH		AGE/SEX:38Y/F
REF.BY: 175763		24/08/2024

X RAY CHEST (PA)

IMAGING FINDINGS:

Metallic artifacts are seen
Sternal sutures seen in situ.
Prominent vascular markings seen in both lung fields.
B/L costophrenic angle appear clear and normal.
Cardiothoracic ratio is within normal limit.
B/L domes of diaphragm are smooth, regular and normal in position.

Please correlate with clinical findings and relevant investigations.

DR. SAKSHI CHAWLA
(MD RADIODIAGNOSIS)