

Arcofeni



		April 07, 2022 - April 06, 2024
Patient Name Mr Pawan Kuman MRN	:/64977 Age 34 Sex Date	Time 23 / 8 3 / 9
Investigations : (Please Tick)		No
CBC		
ESR	H	160 Cm
CRP		10 1
S-Vit D3	W	66 19
S-Vit B12	BP	132/94
RBS		(3)
HbA1C	P	160 Cm 66 kg 132/94 66
LFT/KFT		
PT		
INR		
RA Factor		
Anti CCP		
HLA B27		
ANA	0 1	
HIV	Refer to con	4
HBsAg		*
Anti HCV	Refersion	
Vitals		+
≅ .	al ama Gard	
P.R.	Dr. Bhawna Garg MBBS, DIP.GO, PGDHA MBBS, MP18035	
SPO2	Req.No. The sintendent	t
Temp	Reg.NoMP18035 Reg.NoMP18035 Deputy Medical Superintendent RJN Apollo Spectra Hospitals	
Medical Illness		
Hypertension		
Diabetes		

Next Appointment/Follow up

Signature:

RATAN JYOTI NETRALAYA PRIVATE LIMITED

CIN: U85110MP2013PTC030901

Thyroid

Cardiac Disease Drug Allergies

Registered Office: 18, Vikas Nagar, Near Sai Baba Mandir, Gwalior - 474002

RJN APOLLO SPECTRA HOSPITALS

18, Vikas Nagar, Near Sai Baba Mandir, Gwalior - 474002 Ph. No.: 0751-2454600, 2450500 www.apollospectra.com Registered Vide No. NH/1542/MAR-2016





Visit ID

: Mr. PAWAN KUMAR : 34 Y 0 M 0 D /M

: ILK.00039344 : ILK.115856

Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected

: 23/Mar/2024 09:42AM

Received Reported

: 23/Mar/2024 10:34AM : 23/Mar/2024 11:02AM

Status Client Name

: Final Report : INSTA

DEPARTMENT OF HEMATOLOGY

COMPLETE BLO	OOD COUNT- CB	C / HAEMOGRAM ,	WHOLE BLOOD EDTA	
Haemoglobin (Hb%)	16.0	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	47.3	%	40-54	Cell Counter
RBC Count	5.6	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	85.1	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	28.8	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	33.9	g/dl	30.0-35.0	Calculated
RDW	13.5	%	11-16	Calculated
Total WBC count (TLC)	7,000	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	50.2	%	50-70	Cell Counter
Lymphocytes	38.9	%	20-40	
Monocytes	5.8	%	01-10	Cell Counter
Eosinophils	4.2	%	01-06	Cell Counter
Basophils	0.9	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	3,514	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	2723	per cumm	600-4000	Calculated
Monocyte (Abs.)	406	per cumm	0-600	Calculated
Eosinophil (Abs.)	294	per cumm	40-440	Calculated
Basophils (Abs.)	63	per cumm	0-110	Calculated
Platelet Count	2.20	Lac/cmm	1.50-4.00	Cell Counter

ERYTHR	OCYTE SEDIN	MENTATION RATE (E	SR)	
Erythrocyte Sedimentation Rate (ESR)	4	mm lst hr.	0-20	Wester Green

Page 1 of 9





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: lpc.rjn@gmail.com

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DEPARTMENT OF HEMATOLOGY

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

Tost Name				
Test Name	Result	Unit	Bio. Ref. Range	Method
				Mictilou

	GLUCOSE - FASTIN	G (FBS) , NAF PLASM	A	
Fasting Glucose	92.0	mg/dL	65-110	God - Pod

GLUCOSE, P	OST PRANDIAL (PP), 2 I	HOURS (POST ME	AL) , FLUORIDE PL	ASMA
Post Prandial Glucose	112.0	mg/dL	90-140	2hrs. aftergm glucose/lunch

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DEPARTMENT OF	BIOCHEMISTRY-ROUTINE
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	DEI ARTIMENT OF BIO	CHEIVIIS I KT-K	JUTINE	
Test Name	Result	Unit	Bio. Ref. Range	Method
			Dio. Her. Hange	Method

GLYCOSYLATE	D HAEMOGLOBIN	(GHB/HBA:	1C) , WHOLE BLOOD EDTA	
Glycosylated Haemoglobin HbA1c	5.6	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	114.59			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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A.K. PARKLIM

DR. ASHOK KUMAR M.D. (PATH)

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Patient NAME : Mr. PAWAN KUMAR
Age/Gender : 34 Y 0 M 0 D /M
UHID/MR NO : ILK.00039344

Visit ID : ILK.115856 Ref Doctor : Dr ARCOFEM

Dr.ARCOFEMI HEALTHCARE LIMITED

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE					
Test Name	Result	Unit	Bio. Ref. Range	Method	
	COMPLETE KIDNEY PR	OFILE (RFT/KFT)	, SERUM		
Urea	16.67	mg/dL	13.0-43.0	Urease	
Creatinine	0.8	mg/dL	0.5-1.3	Enzymatic	
Uric Acid	6.4	mg/dL	3.5-7.2	Urease	
Sodium	137.0	Meg/L	135-155	Direct ISE	
Potassium	4.1	Meq/L	3.5-5.5	Direct ISE	
Chloride	105.0	mmol/L	96-106	Direct ISE	
Calcium	9.1	mg/dL	8.6-10.0	OCPC	
Phosphorous	3.5	mg/dL	2.5-5.6	PMA Phenol	
BUN	7.79	mg/dL	6.0-20.0	Reflect	

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DR. ASHOK KUMA

DR. ASHOK KUMAR M.D. (PATH)

Spectrothoto

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Dr.ARCOFEMI HEALTHCARE LIMITED

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: 23/Mar/2024 09:42AM : 23/Mar/2024 10:34AM : 23/Mar/2024 11:18AM

Status : Fii Client Name : IN

: Final Report : INSTA

Test Name	Result	Unit	Bio. Ref. Range	Method
	LIPID PRO	FILE , SERUM		
Type OF Sample	CLEAR			
Total Cholesterol	221.0	mg/dl	up to 200	End Point
Total Triglycerides	84.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	
HDL Cholesterol	58.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	163	mg/dL	<130	
LDL Cholesterol	146.2	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	16.8	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.81		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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A.K. Fayor

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Mr. PAWAN KUMAR 34 Y 0 M 0 D /M ILK.00039344 ILK.115856

Dr.ARCOFEMI HEALTHCARE LIMITED

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DEPARTMENT	OF BIOCHEMISTR	Y-ROUTINE
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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	0.1	mg/dL	0.0-0.3	Jendrassik-Grof			
Indirect Bilirubin	0.6	mg/dL	0.0-0.9	Calculated			
SGOT / AST	31.0	U/L	1-30	UV Kinetic (IFCC)			
SGPT / ALT	39.0	U/L	1-45	UV Kinetic (IFCC)			
Alkaline Phosphatase	48.0	U/L	43-115	PNPP			
Gamma Glutaryl Transferase (GGT)	20.0	U/L	0.0-55.0	Reflect Spectrophoto			
Total Protein	6.5	g/dl	6.4-8.3	Biuret			
Albumin	4.5	g/dL	3.5-5.2	BCG			
Globulin	2	g.dl	2.0-3.5	Calculated			
A/G Ratio	2.25	%	1.0-2.3	Calculated			

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A.K. Pajong.

DR. ASHOK KUMAR M.D. (PATH)

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Age/Gender : 34 Y 0 M 0 D /M
UHID/MR NO : ILK.00039344
Visit ID : ILK.115856

Ref Doctor

ILK.115856 Dr.ARCOFEMI HEALTHCARE LIMITED Collected : 23/Mar/2024 09:42AM Received : 23/Mar/2024 01:04PM Reported : 23/Mar/2024 02:01PM

Status : Final Report
Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL					
Test Name	Result	Unit	Bio. Ref. Range	Method	
			Die Her Hange	Wethou	

THYROID PROFILE-I, SERUM					
Trilodothyronine Total (TT3)	1.38	ng/dL	0.6-1.8	Chemilluminisence	
Thyroxine (TT4)	8.52	μg/dL	4.5-10.9	Chemilluminisence	
Thyroid Stimulating Hormone (TSH)	2.728	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 R	ELATED GUIDLINES FOR F	REFERENCE RANGE	S FOR TSH	
TSH	1st Trimester	2nd & 3rd Tri	mester	
(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 hyperthyroidism).

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A.K. Keyling

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DEPARTMENT	OF CLINICA	L PATHOLOGY
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DEFARTMENT OF CLINICAL PATHOLOGY					
Test Name	Result	Unit	Bio. Ref. Range	Method	

CUE - COMPLETE URINE ANALYSIS , URINE

Physical Examination

Colour	STRAW		Visual
Appearance	Clear		Visual
pH	7.0	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/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		ABSENT	
Bacteria	NORMALLY PRESENT NORMALLY PRESENT			
Budding Yeast Cells	Absent Absent			

*** End Of Report ***

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ECHO CARDIOGRAPHY REPORT

Patient Name

: MR PAWAN KUMAR

Date

: 23/03/2024

AGE & Sex :34yrs/M

Echocardiography was performed on vivid T8

Quality Of Imaging: Adequate

Mitral Valve Tricuspid Valve

:Normal : Normal

Aortic Valve

: Normal

Pulmonary Valve Left Atrium

Left Ventricle

: Normal

: 3.4cms

IVSD

ESD

: 1.2 cms

LVPWD: 1.2cms

EF 60%

EDD : 4.6 cms

: 2.8 cms

FS 32%

RWMA

: NO REGIONAL WALL MOTION ABNORMALITY

Right Atrium Right Ventricle : Normal : Normal

Aorta

: 3.1cms

IAS IVS Pulmonary Artery

: Intact : Normal

Pericardium

: Normal

SVC, IVC

: Normal

Pulmonary Artery

Intracardiac Masses: Nil

: Normal

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 MBBS,MD (Medicine) DNE (Card plogy) Consultant Interventional-Cardology RJN Apollo Spectra Hospitals Reg.No. MP 12056

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

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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. NAME

1919597

MR PAWAN KUMAR

AGE/SEX

34 YRS / MALE

DATE

: 23-March-2024

MRD NO. CITY

. R-119429 : MORENA

PAST SURGERIES :

NIL IN

VISION	DISTANCE		NEAR	
VISION	OD	os	OD	os
UNAIDED	6/12	6/12	N6	N6
WITH GLASSES				
WITH PIN HOLE	6/6	6/6		
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	os	OS METHOD
11:37AM	18		15	

Rx.

EYE

From

To

Instructions

SOFTDROP\$ EYE DROP 10ML (SODIUM CARBOXY METHAYLCELLULOSE AND GLYCERIN)

ONE DROP 4 TIMES A DAY FOR 60 DAYS

BOTH EYE 23-Mar-2024 21-May-2024

TREATMENT PLAN

: GLASS PRESCRIPTION

20-20-20 RULE HAVE BEEN EXPLAINED TO THE PATIENT

REVIEW SOS

REFFERED TO

NEXT REVIEW

AS PER DR. ADVISED

DR. JYOTSNA SHARMA

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.

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
 कैशलैस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध

For Appointment Please Contact: 9111004046

स्वामी विद्यानंद भारती आई बैंक नेन्नदान

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





Patient name	MR. PAWAN KUMAR	Age/sex	34Y/M
Ref. By	НСР	Date	23.03.24

USG WHOLE ABDOMEN

The **Liver** is normal in size and outline. It shows a diffuse hyper echopattern. No obvious ocal 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:-

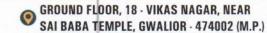
Grade I fatty liver

Please correlate clinically.

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

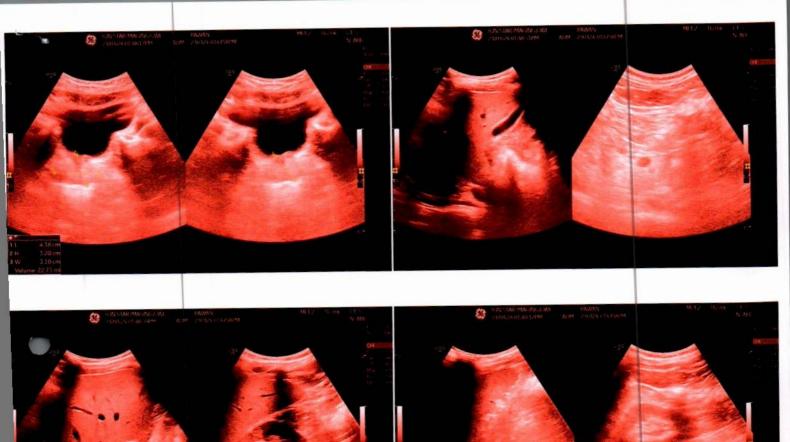
गर्भाशय कन्या भ्रूण की जाँच एवं हत्या दण्डनीय अपराध है।

बेटी बचाओ - बेटी पढाओ













Patient name	MR. PAWAN KUMAR	Age/sex	34Y/M
Ref. By	164977	Date	23.03.24

XRAY CHEST (PA VIEW)

- 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)