



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

MR No. 122490 Patient Name Mohd Jafar Age 37 Sex M Date 13/09/24  
Mob No. ....

**Investigations : (Please Tick)**

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

H + 150  
W - 73  
BP - 125/90  
P - 97

*Physician  
reference*

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

**Vitals**

- B.P.
- P.R.
- SPO2
- Temp

**Medical Illness**

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

**Next Appointment/Follow up**

Signature :

Patient NAME : Mr.MOHAMMAD JAFAR	Collected : 13/Sep/2024 10:41AM
Age/Gender : 39 Y 0 M 0 D /M	Received : 13/Sep/2024 11:13AM
UHID/MR NO : ILK.00044841	Reported : 13/Sep/2024 12:16PM
Visit ID : ILK.132499	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%)	14.5	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	45.6	%	40-54	Cell Counter
RBC Count	5.9	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	78.0	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	24.4	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	31.8	g/dl	30.0-35.0	Calculated
RDW	15.9	%	11-16	Calculated
Total WBC count (TLC)	8,000	/cu mm	4000-11000	Cell Counter

**Differential Count by Flowcytometry/Microscopy**

Neutrophils	74.9	%	50-70	Cell Counter
Lymphocytes	17.7	%	20-40	
Monocytes	5.8	%	01-10	Cell Counter
Eosinophils	1.4	%	01-06	Cell Counter
Basophils	0.2	%	00-01	Cell Counter

**Absolute Leucocyte Count**

Neutrophil (Abs.)	5,968	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1409	per cumm	600-4000	Calculated
Monocyte (Abs.)	460	per cumm	0-600	Calculated
Eosinophil (Abs.)	113	per cumm	40-440	Calculated
Basophils (Abs.)	14	per cumm	0-110	Calculated
Platelet Count	1.80	Lac/cmm	1.50-4.00	Cell Counter

**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

Erythrocyte Sedimentation Rate (ESR)	4	mm 1st hr.	0-20	Wester Green
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SIN NO : 10508347

**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

• Results may vary from lab to lab and from time to time for the same parameter for the same patient • Assays are performed in accordance with standard procedures.  
• In case of disparity test may be repeated immediately. • This report is not valid for medico legal purpose.

*A.K. Rajong*

**DR. ASHOK KUMAR**  
M.D. (PATH)

Patient NAME : Mr.MOHAMMAD JAFAR	Collected : 13/Sep/2024 10:41AM
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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,hypochromic RBC's.  
No cytoplasmic inclusions or hemoparasite seen.

**WBC'S** : Normal in number with increase in neutrophils. No toxic granules seen.  
No abnormal cell seen.

**PLATELETS** : Adequate on smear

**IMPRESSION ;** NORMOCYTIC NORMOCHROMIC WITH MILDLY NEYTROPHILIA.



*A.K. Rajong*

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M.D. (PATH)

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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
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**GLUCOSE - FASTING (FBS) , NAF PLASMA**

Fasting Glucose	85.0	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	126.0	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)



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Test Name	Result	Unit	Bio. Ref. Range	Method
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**GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA**

Glycosylated Haemoglobin HbA1c	5.9	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	H P L C
Approximate mean plasma glucose	122.63			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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Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM**

Urea	22.66	mg/dL	13.0-43.0	Urease
Creatinine	0.9	mg/dL	0.5-1.3	Enzymatic
Uric Acid	6.5	mg/dL	3.5-7.2	Urease
Sodium	145.0	Meq/L	135-155	Direct ISE
Potassium	4.3	Meq/L	3.5-5.5	Direct ISE
Chloride	<b>107.0</b>	mmol/L	96-106	Direct ISE
Calcium	9.7	mg/dL	8.6-10.0	OCPC
Phosphorous	3.5	mg/dL	2.5-5.6	PMA Phenol
BUN	10.59	mg/dL	6.0-20.0	Reflect Spectrothoto

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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
Type OF Sample	SERUM F			
Total Cholesterol	97.0	mg/dl	up to 200	End Point
Total Triglycerides	96.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	39.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	58	mg/dL	<130	
LDL Cholesterol	<b>38.8</b>	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	19.2	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	2.49		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	2.4	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.5	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	1.9	mg/dL	0.0-0.9	Calculated
SGOT / AST	33.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	66.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	69.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	44.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.4	g/dl	6.4-8.3	Biuret
Albumin	4.8	g/dL	3.5-5.2	BCG
Globulin	2.6	g.dl	2.0-3.5	Calculated
A/G Ratio	1.85	%	1.0-2.3	Calculated



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Patient NAME : Mr.MOHAMMAD JAFAR	Collected : 13/Sep/2024 10:41AM
Age/Gender : 39 Y 0 M 0 D /M	Received : 13/Sep/2024 02:05PM
UHID/MR NO : ILK.00044841	Reported : 13/Sep/2024 03:56PM
Visit ID : ILK.132499	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)	1.29	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	10.31	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	2.883	µIU/ml	0.35-5.50	Chemilluminescence

COMMENT :- Above mentioned reference ranges are standard reference ranges.

AGE RELATED GUIDELINES 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 GUIDELINES 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.

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).




DR. ASHOK KUMAR  
M.D. (PATH)

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Age/Gender : 39 Y 0 M 0 D /M	Received : 13/Sep/2024 11:13AM
UHID/MR NO : ILK.00044841	Reported : 13/Sep/2024 03:30PM
Visit ID : ILK.132499	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	1.030		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	0-1	/Hpf	0-2	
Epithelial Cells	3-4	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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Test Name	Result	Unit	Bio. Ref. Range	Method
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**URINE SUGAR (POST PRANDIAL) , URINE(PP)**

URINE SUGAR (P. P.)	NIL		NIL	
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**\*\*\* End Of Report \*\*\***



*A.K. Rajong*

**DR. ASHOK KUMAR**  
M.D. (PATH)

## ECHO CARDIOGRAPHY REPORT

Patient Name: MR. MOHAMMAD JAFAR	Age / Sex 39Y/ M
UHID/Bill No: 177490	Date :13/09/2024

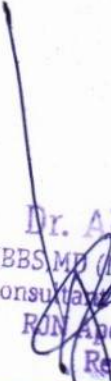
Echocardiography was performed on vivid T8

Quality Of Imaging : Adequate  
Mitral Valve : Normal  
Tricuspid Valve : Normal  
Aortic Valve : Normal  
Pulmonary Valve : Normal  
Left Atrium : 3.4cms  
Left Ventricle :  
IVSD : 1.2 cms      LVPWD : 1.2cms  
EDD : 4.9 cms      EF 56%  
ESD : 3.0 cms      FS 28%

RWMA : MILD BASAL INFERIOR SEGMENTAL HYPOKINESIA  
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.
- MILD BASAL INFERIOR SEGMENTAL HYPOKINESIA
- FAIR LV SYSTOLIC DYSFUNCTION, LVEF 56%
- NORMAL VALVE
- INTACT SEPTUM
- NO CLOT / VEGETATION / PERICARDIAL EFFUSION

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

Consultant

Dr. Abhishek sharma (DNB)  
(Interventional Cardiologist)



॥ 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. : 2054933  
 NAME : MR MOHAMMAD JAFAR  
 AGE/SEX : 40 YRS / MALE

DATE : 13-September-2024  
 MRD NO. : R-132258  
 CITY : DATIA

VISION	DISTANCE		NEAR	
	OD	OS	OD	OS
UNAIDED	6/18P	6/24	N6	N6
WITH GLASSES				
WITH PIN HOLE	6/6	6/6		
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
1:22PM	16		15	

Rx.	EYE	From	To	Instructions
1 SOFTDROPS EYE DROP 10ML (SODIUM CARBOXY METHAYLCELLULOSE AND GLYCERIN) ONE DROP 4 TIMES A DAY FOR 90 DAYS		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 ● कैशलेस इश्योरेन्स 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

MR No. .... Patient Name Mohammad jafar Age 59 Sex M Date 18/09/24

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

*yeastie clunkup.*

*O/E -*

- Calculus m*
- Spec'm m*
- Gen. gingivitis.*

*P/A -*

*oral prophy*

**Vitals**

- B.P.
- P.R.
- SPO2
- Temp

*hr.*

*Cholm 103 7/10*

**Medical Illness**

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

**Next Appointment/Follow up**

Signature :



**PATIENT NAME** - MOHAMMAD JAFAR 39Y/M  
**REFERRED BY** - H.C.P  
**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.

**Visualized Pancreas** 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 ~ 9.7x3.9cm and left kidney ~ 9.6x4cm. 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 (~ 25cc), 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.





PT. NAME: MOHAMMAD JAFAR	AGE/SEX: 39Y/M
REF. BY: 177490	13/09/2024

**X RAY CHEST (PA) -**

**IMAGING FINDINGS:**

Artifacts are seen  
? Fibrotic strand seen in left middle zone - old healed infective etiology  
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.  
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)

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.

39 Years

Male

mohammad jafar

13-Sep-24 3:28:43 PM

Rate 81 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 . Probable left atrial enlargement.....P >50ms, <-0.10mV V1  
 PR 146 . Abnormal R-wave progression, early transition.....QRS area>0 in V2  
 QRS 87 . Borderline T wave abnormalities.....T/QRS ratio < 1/20 or flat T  
 QT 386 . Minimal ST elevation, anterior leads.....ST >0.10mV, V1-V4  
 QTc 448

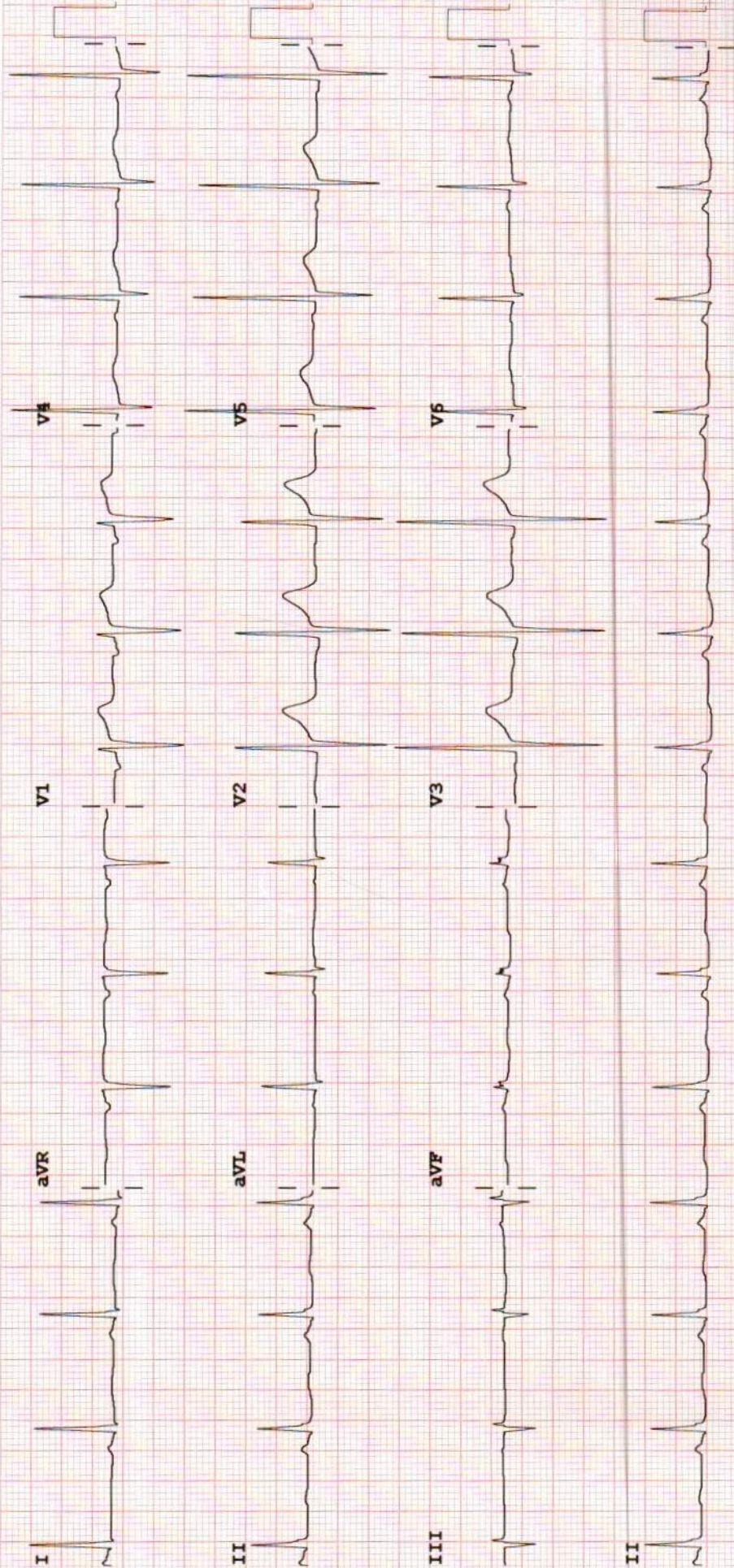
--AXIS--

P 46  
 QRS 16  
 T -17

12 Lead; Standard Placement

- ABNORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

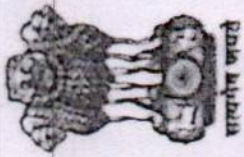
Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL?

P?



भारत सरकार

GOVERNMENT OF INDIA



मोहम्मद जफर

Mohammad Jafar

जन्म तिथि/ DOB: 10/04/1985

पुरुष / MALE



5067 8601 9537

आधार-आम आदमी का अधिकार

*Mohd Jafar*



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O: कमर मोहम्मद, कोल्हू  
मोहल्ला, पोस्ट ऑफीस के  
पाम, उनाव बालाजी, सेरसा,  
दतिया,  
मध्य प्रदेश - 475671

Address:

S/O: Qamar Mohammad, kolhu  
mohalla, near post office, unao  
balaji, Sersa, Datia,  
Madhya Pradesh - 475671



1947  
1800 300 1947



help@uidai.gov.in www.uidai.gov.in



P.O. Box No. 1947,  
Bengaluru-560 001