



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

Patient Name Mr. Neelam MRN : 121295 Age 47 Sex f Date/Time 13/1/24

Mob No. ....

**Investigations : (Please Tick)**

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- bA1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

H-150  
W-72  
BP-110/80  
P-99

*Physician reference*

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

**Vitals**

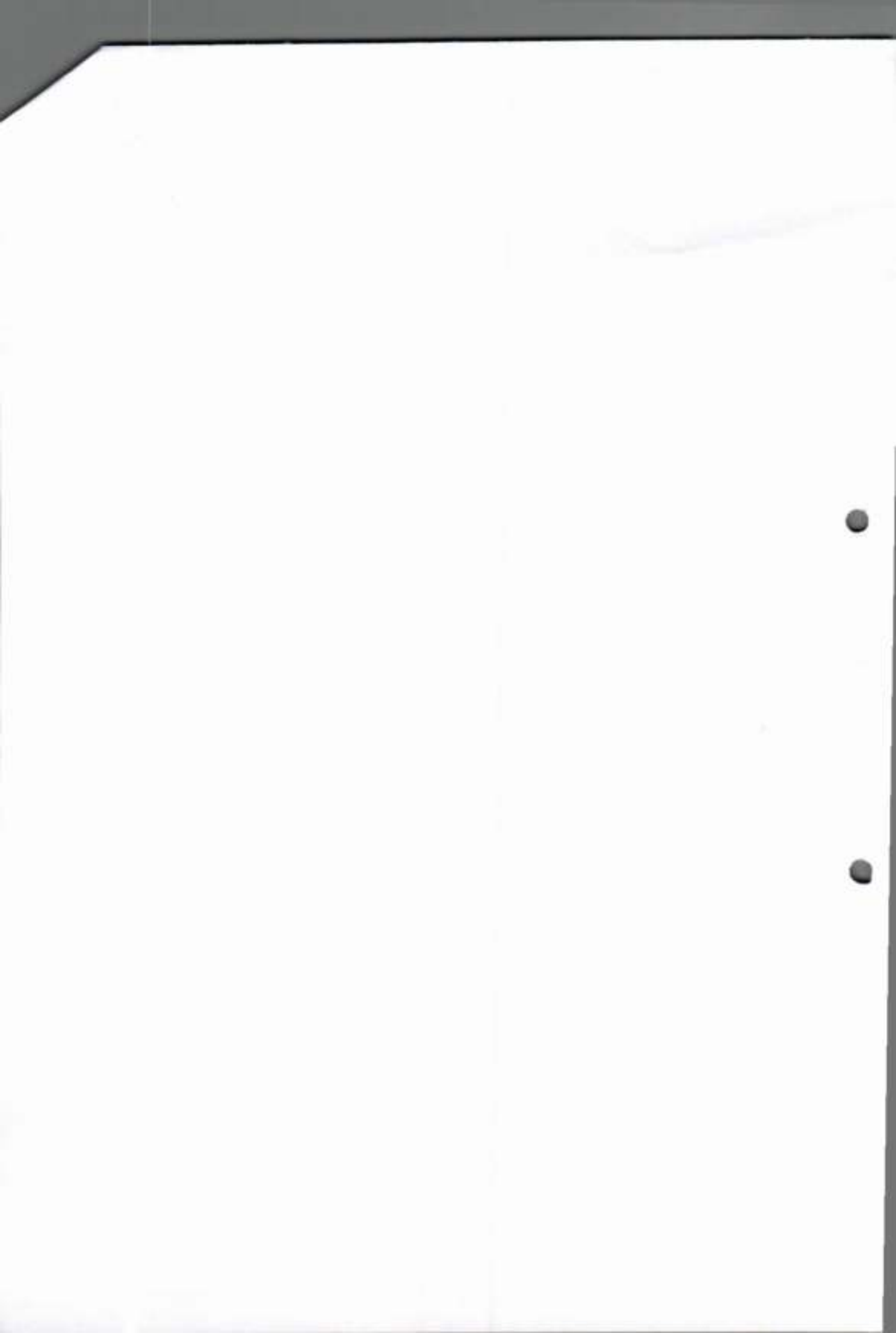
- B.P.
- R.
- SPO2
- Temp

**Medical Illness**

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

**Next Appointment/Follow up**

Signature :



Patient NAME : Mrs.NEELAM	Collected : 13/Jan/2024 09:28AM
Age/Gender : 47 Y 0 M 0 D /F	Received : 13/Jan/2024 09:35AM
UHID/MR NO : ILK.00022231	Reported : 13/Jan/2024 11:01AM
Visit ID : ILK.108968	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%)	12.4	gm%	11.5-16.0	Cyanmeth
P.C.V (Hematocrit)	37.4	%	35-49	Cell Counter
RBC Count	4.5	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	82.5	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	27.3	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	33.1	g/dl	30.0-35.0	Calculated
RDW	14.3	%	11-16	Calculated
Total WBC count (TLC)	7,800	/cu mm	4000-11000	Cell Counter

**Differential Count by Flowcytometry/Microscopy**

Neutrophils	61.4	%	50-70	Cell Counter
Lymphocytes	27.7	%	20-40	
Monocytes	6.3	%	01-10	Cell Counter
Eosinophils	4.1	%	01-06	Cell Counter
Basophils	0.5	%	00-01	Cell Counter

**Absolute Leucocyte Count**

Neutrophil (Abs.)	4,805	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	2164	per cumm	600-4000	Calculated
Monocyte (Abs.)	495	per cumm	0-600	Calculated
Eosinophil (Abs.)	318	per cumm	40-440	Calculated
Basophils (Abs.)	40	per cumm	0-110	Calculated
Platelet Count	4.00	Lac/cmm	1.50-4.00	Cell Counter

**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

Erythrocyte Sedimentation Rate (ESR)	32	mm 1st hr.	0-20	Wester Green
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SIN NO : 10427794

*A.K. Ashok Kumar*

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

Patient NAME : Mrs.NEELAM	Collected : 13/Jan/2024 09:28AM
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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.



SIN NO : 10427794

*(Signature)*

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



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Age/Gender : 47 Y 0 M 0 D /F	Received : 13/Jan/2024 09:35AM
UHID/MR NO : ILK.00022231	Reported : 13/Jan/2024 11:10AM
Visit ID : ILK.108968	Status : Final Report
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	75.0	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	94.0	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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*A. K. Rajan*

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

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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA</b>				
Glycosylated Haemoglobin HbA1c	5.4	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	107.42			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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Test Name	Result	Unit	Bio. Ref. Range	Method
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**COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM**

Urea	18.28	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	4.1	mg/dL	2.6-6.0	Urease
Sodium	136.0	Meq/L	135-155	Direct ISE
Potassium	4.6	Meq/L	3.5-5.5	Direct ISE
Chloride	103.0	mmol/L	96-106	Direct ISE
Calcium	9.5	mg/dL	8.6-10.0	OCPC
Phosphorous	3.2	mg/dL	2.5-5.6	PMA Phenol
BUN	8.54	mg/dL	6.0-20.0	Reflect Spectrophoto

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SIN NO :10427794

*Ashok Kumar*

**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

• 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.



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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	212.0	mg/dl	up to 200	End Point
Total Triglycerides	146.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	71.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	141	mg/dL	<130	
LDL Cholesterol	111.8	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	29.2	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	2.99		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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*(Signature)*

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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	0.5	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.4	mg/dL	0.0-0.9	Calculated
SGOT / AST	<b>44.0</b>	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	<b>53.0</b>	U/L	1-34	UV Kinetic (IFCC)
Alkaline Phosphatase	<b>156.0</b>	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	<b>87.0</b>	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.1	g/dl	6.4-8.3	Biuret
Albumin	4.3	g/dL	3.5-5.2	BCG
Globulin	2.8	g.dl	2.0-3.5	Calculated
A/G Ratio	1.54	%	1.0-2.3	Calculated



*(Signature)*

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

Patient NAME : Mrs.NEELAM	Collected : 13/Jan/2024 09:28AM
Age/Gender : 47 Y 0 M 0 D /F	Received : 13/Jan/2024 12:44PM
UHID/MR NO : ILK.00022231	Reported : 13/Jan/2024 01:14PM
Visit ID : ILK.108968	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)	1.18	ng/dL	0.6-1.8	Chemiluminisence
Thyroxine (TT4)	10.67	µg/dL	4.5-10.9	Chemiluminisence
Thyroid Stimulating Hormone (TSH)	2.096	µIU/ml	0.35-5.50	Chemiluminisence

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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Visit ID : ILK.108968  
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Collected : 13/Jan/2024 09:28AM  
Received : 13/Jan/2024 09:35AM  
Reported : 13/Jan/2024 02:18PM  
Status : Final Report  
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	6.5		5.0-7.5	Dipstick
Specific Gravity	1.010		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	3-4	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 \*\*\***

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*A. K. Fajana*

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NEELAM  
 Patient ID 121295  
 01/13/2014  
 Female  
 46yrs Indian  
 Meds:

Tabular Summary

BRUCE: Total Exercise Time 04:06  
 Max HR: 151 bpm 86% of max predicted 174 bpm HR at rest: 93  
 Max BP: 120/80 mmHg Max RPP: 16440 mmHg\*bpm  
 Maximum Workload: 8.20 METS

Max ST: -1.15 mm, 0.00 mV/s in III; EXERCISE STAGE 2 03:29  
 Arrhythmia: A:16, PSVC:1  
 ST/HR index: 1.81  $\mu$ V/bpm  
 Location Number: \*0\*

Test Reason:  
 Medical History:  
 Ref. MD: Ordering MD:  
 Technician: Test Type:  
 Comment:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	00:31	0.50	0.00	1.1	100			0	-0.25	
EXERCISE	STAGE 1	03:00	2.20	10.00	5.7	136	120/80	16320	0	-0.55	
	STAGE 2	01:07	3.00	12.00	8.2	151			0	-1.00	
RECOVERY		02:04	0.00	0.00	1.0	108			0	-0.35	

Test is Negative for Exercise Induced Ischemia.

Dr. Anshu Sharma



NEELAM  
Patient ID 121295  
01/13/2024  
12:46:34pm

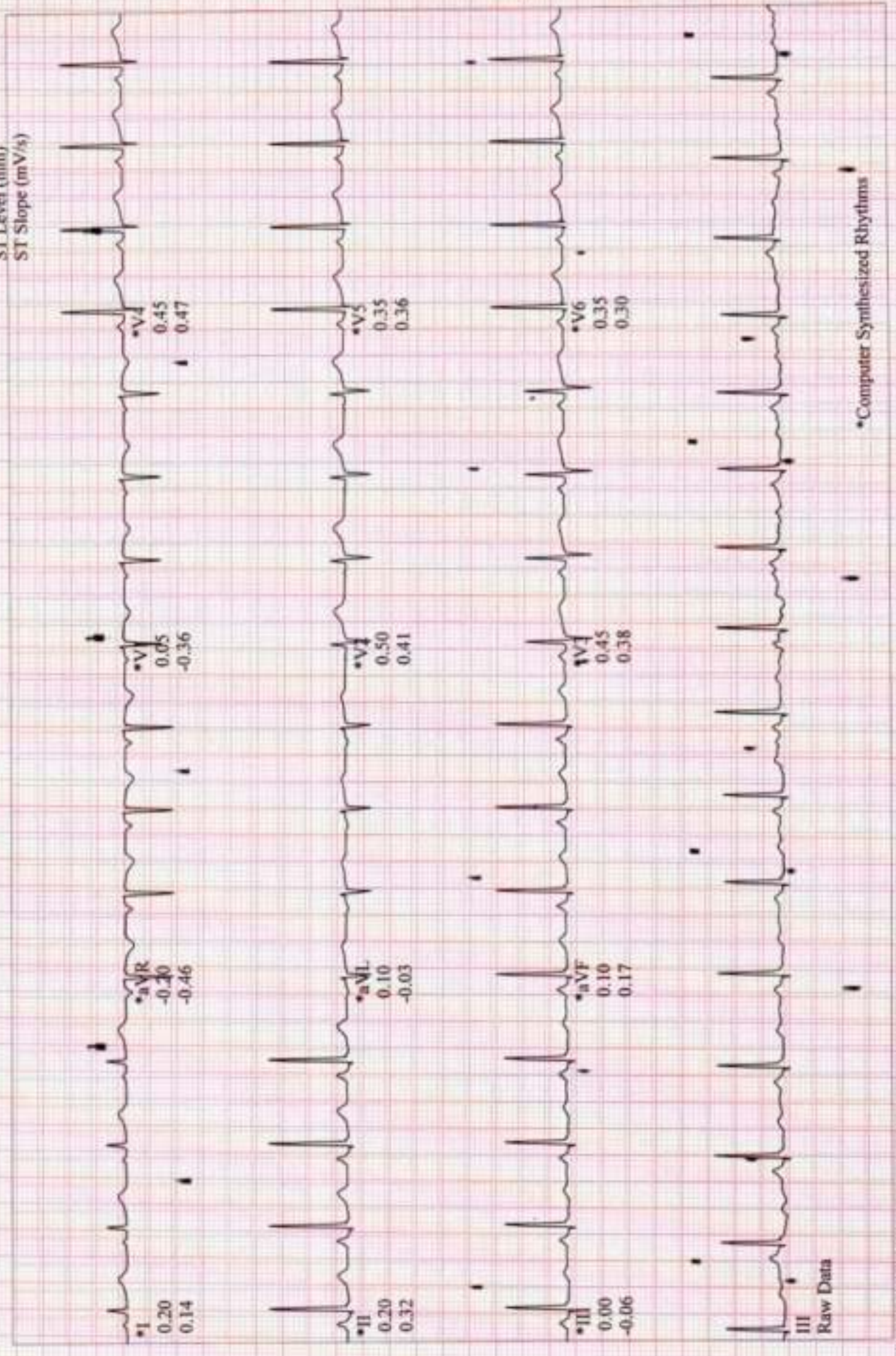
93 bpm

Linked Medians  
PRETEST  
SUPINE  
00:23

BRUCE  
0.0 mph  
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms



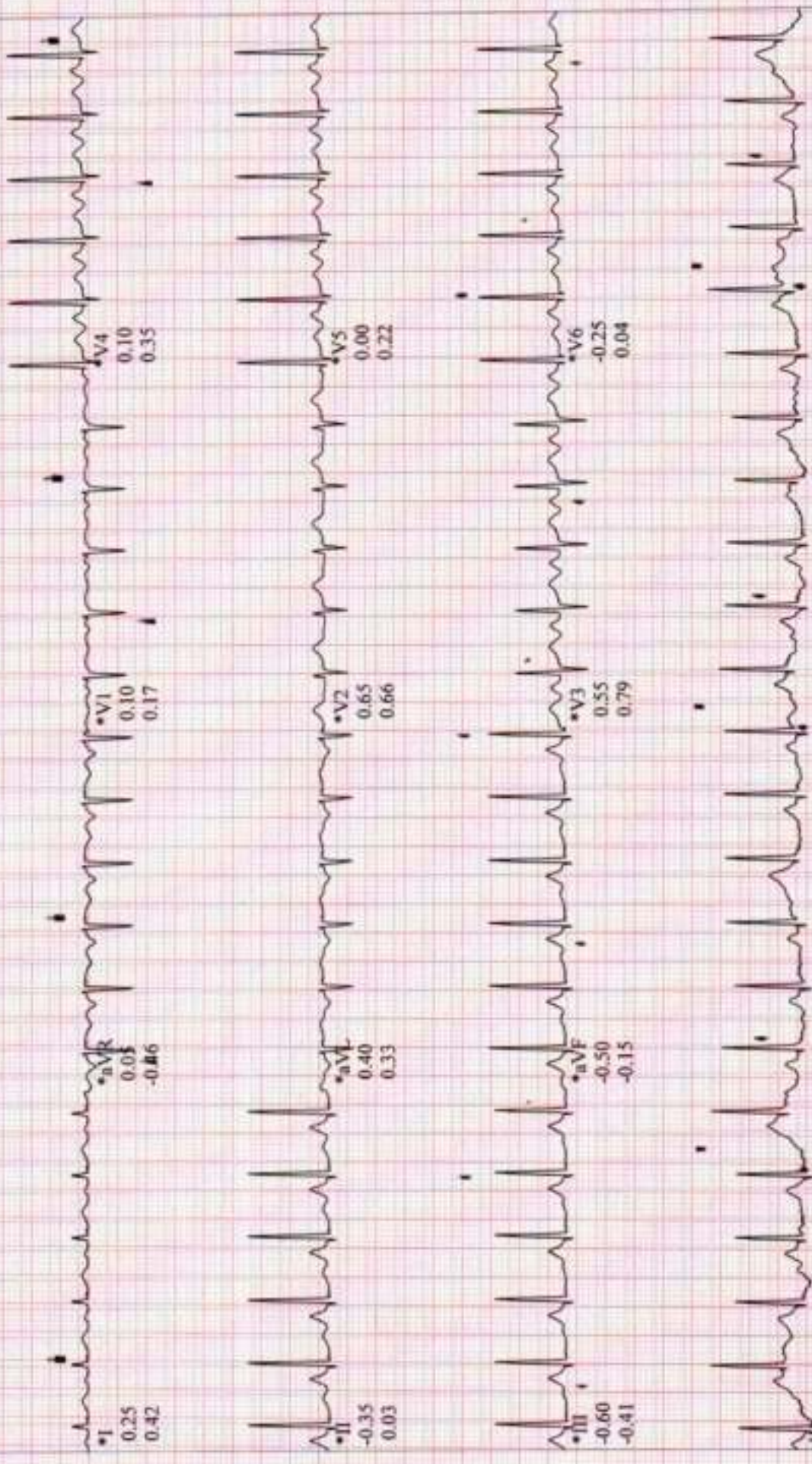
BRUCE  
2.2 mph  
10.0 %

Linked Medians  
EXERCISE  
STAGE 1  
02:50

137 bpm  
120/80 mmHg

NEELAM  
Patient ID 121295  
01/13/2024  
12:49:32pm

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms



NEELAM  
Patient ID 121295  
01/13/2024  
12:50:46pm

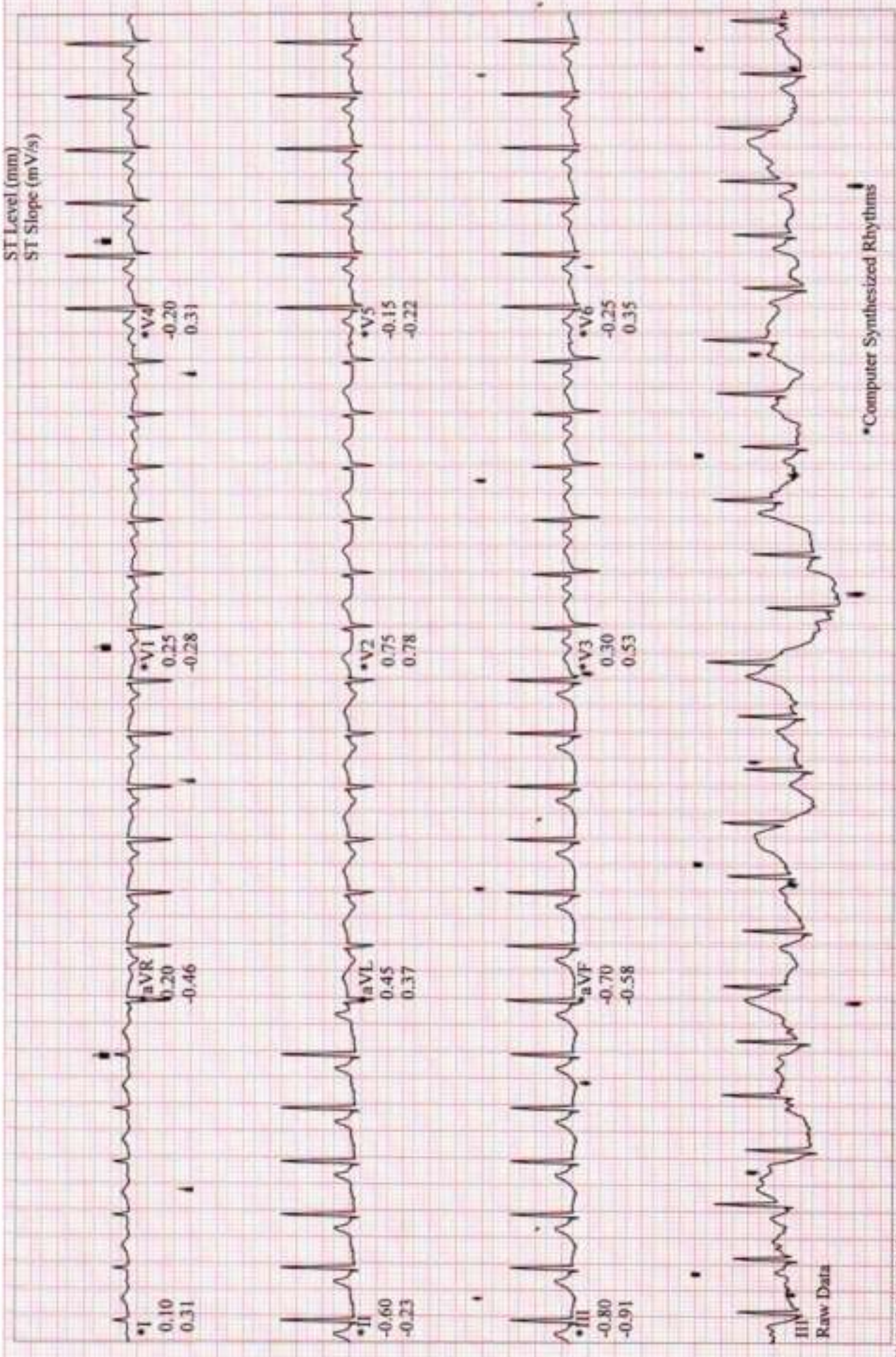
Linked Medians  
EXERCISE  
STAGE 2  
04:04

BRUCE  
3.0 mph  
12.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead

ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms



NEELAM  
Patient ID 121295  
01/11/2024  
12:50:48pm

Linked Medians ( PEAK EXERCISE )  
EXERCISE STAGE 2  
04:07

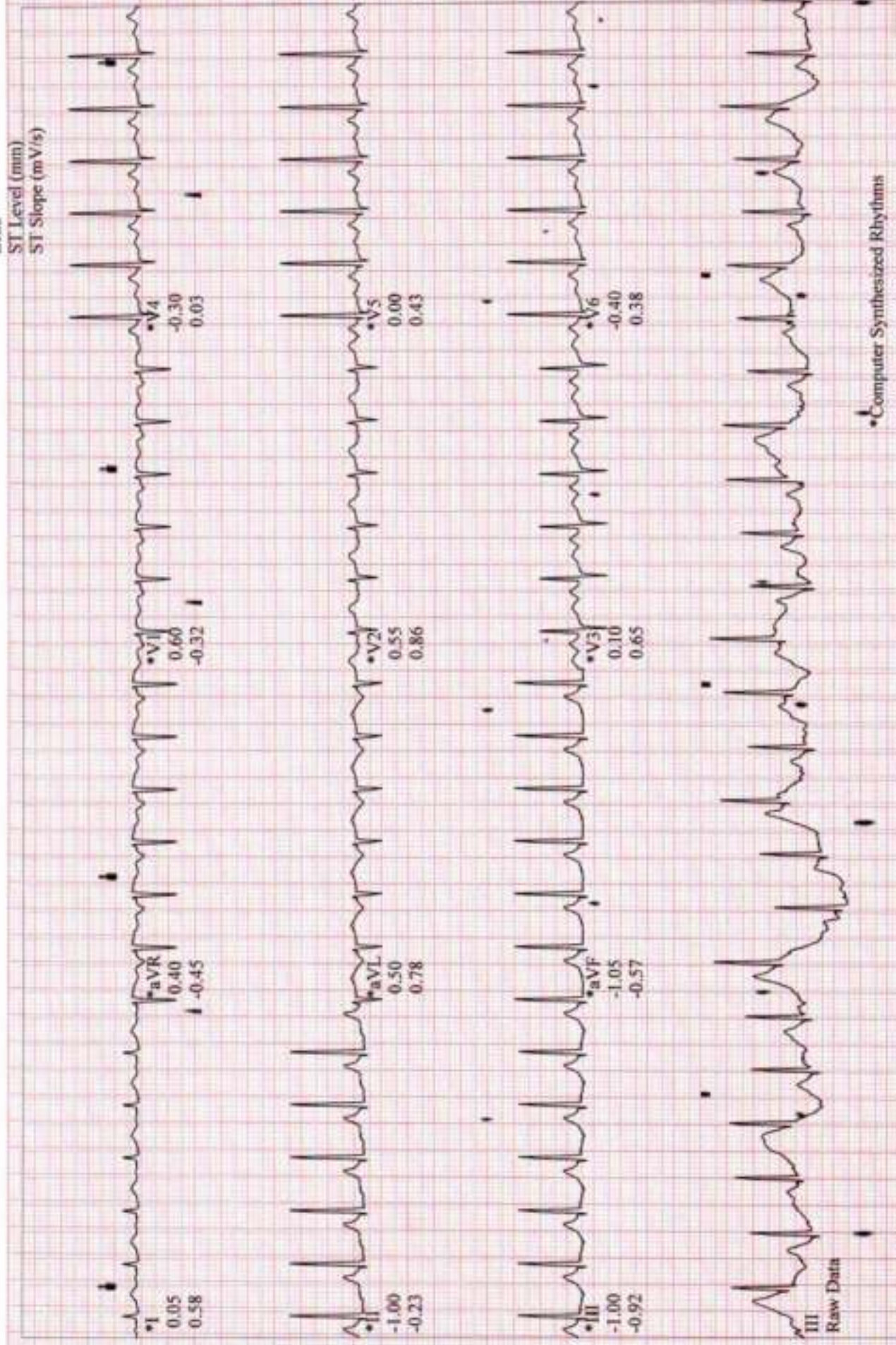
151 bpm

RATAN JYOTI DALMIA HEART INSTITUTE

BRUCE  
3.0 mph  
12.0 %

Lead

ST Level (mm)  
ST Slope (mV/s)



Computer Synthesized Rhythms



NEELAM  
Patient ID 121295  
01/13/2024  
12:51:38pm

Linked Medians  
RECOVERY  
#1  
00:50

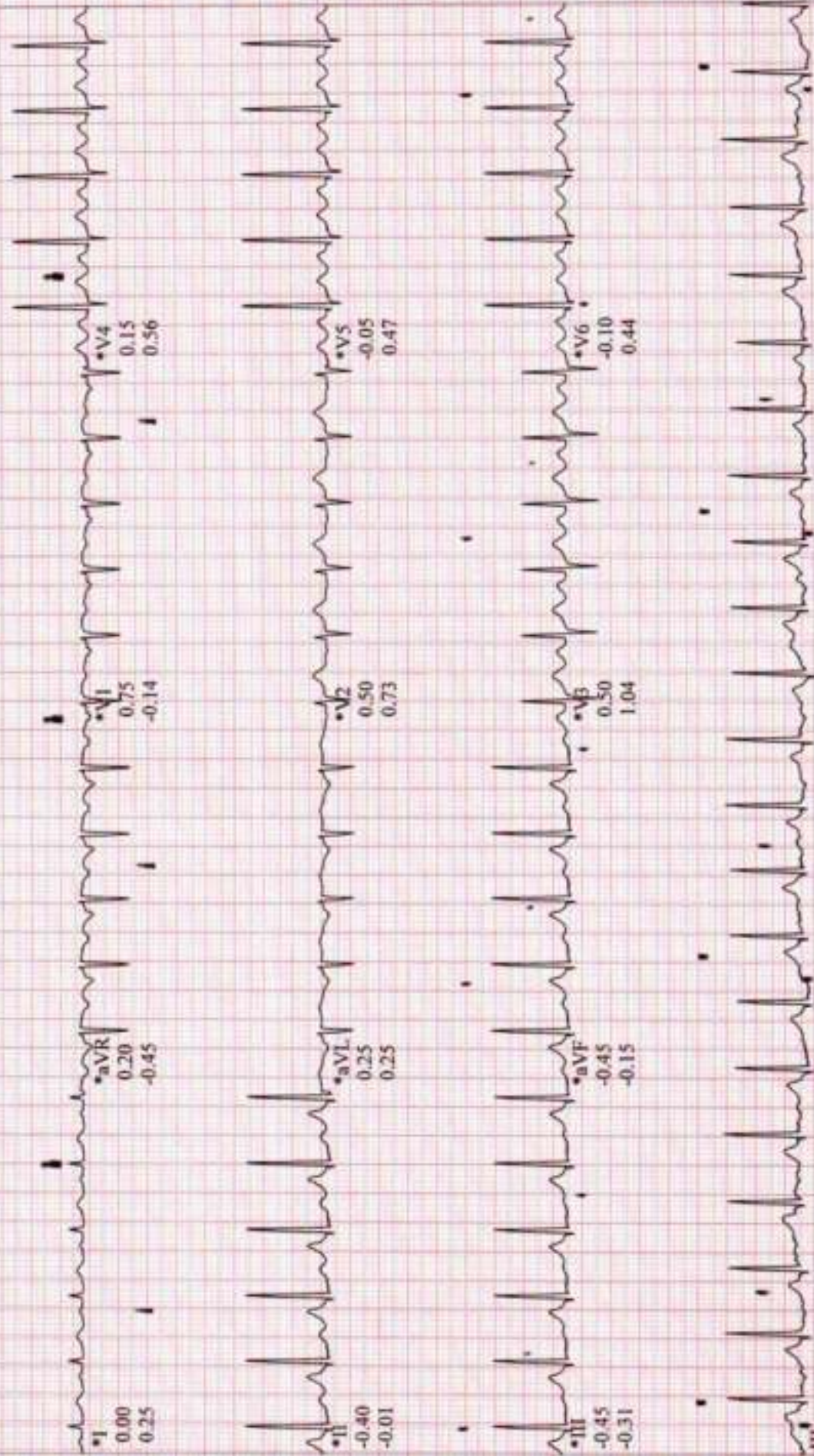
131 bpm

BRUCE  
1.5 mph  
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead

ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms



NEELAM  
Patient ID 121295  
01/13/2024  
12:51:48pm

Linked Medians  
RECOVERY  
#1  
01:01

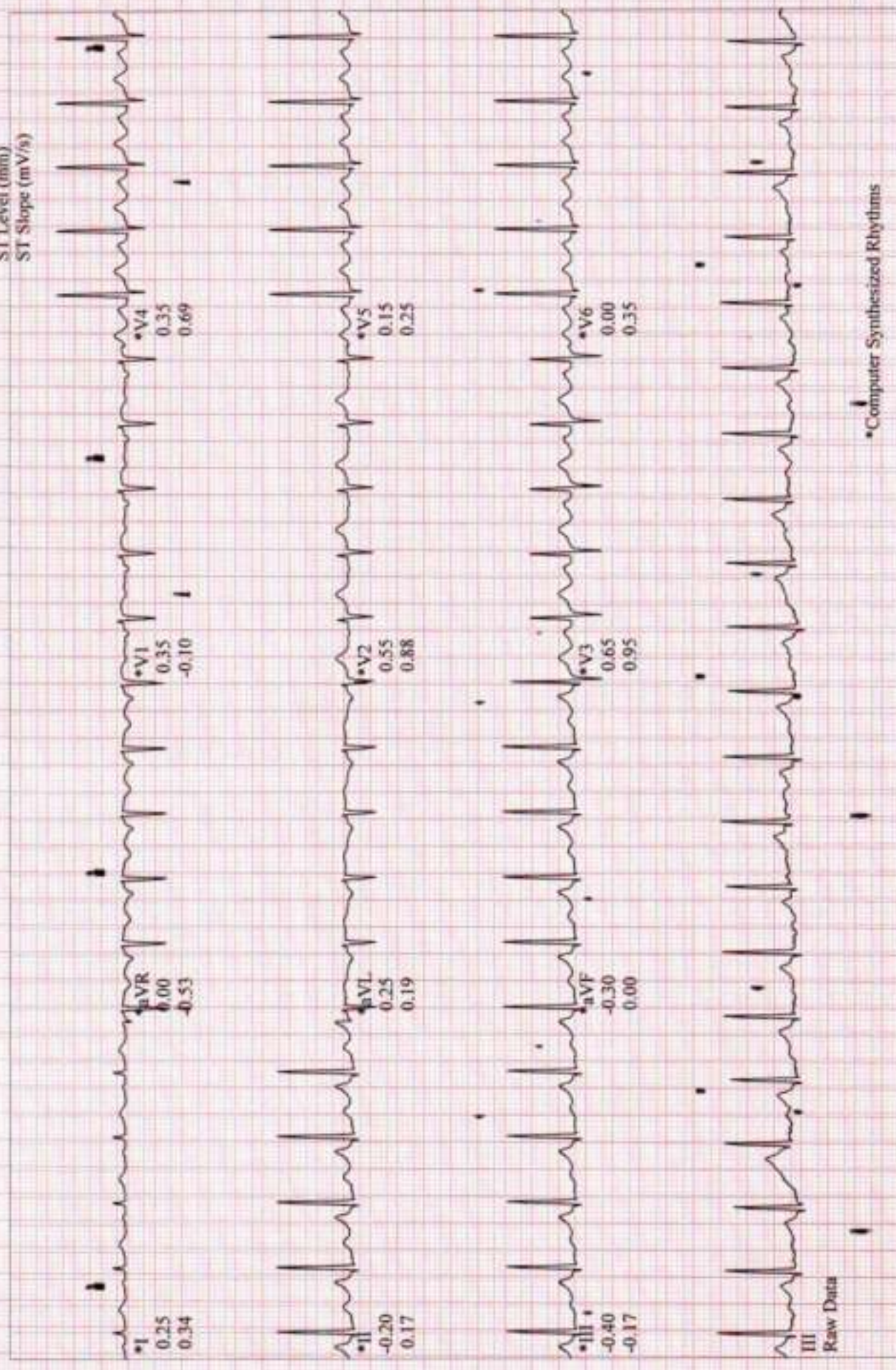
125 bpm

BRUCE  
1.5 mph  
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead

ST Level (mm)  
ST Slope (mV/s)



III  
Raw Data

Computer Synthesized Rhythms



NEELAM  
Patient ID 121295  
01/13/2024  
12:52:49pm

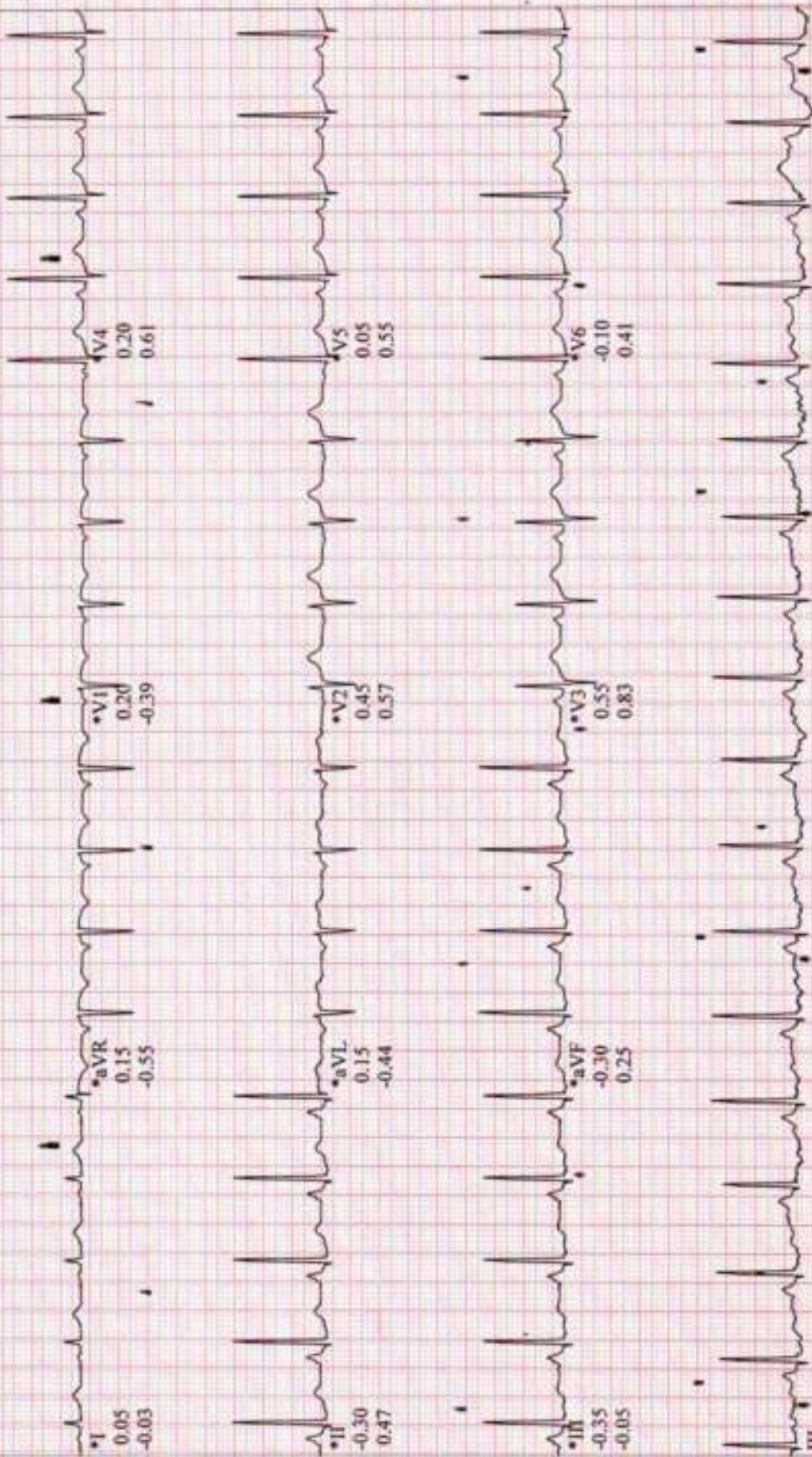
Linked Medians  
RECOVERY  
#1  
02:01

BRUCE  
0.0 mph  
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead

ST Level (mm)  
ST Slope (mV/s)



Raw Data

Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 60Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 12:46:09pm

Page 8





R<sub>v</sub>  
① Tact Allegro-m sof

② Tact Schelli  
○ ○ ○ ○ ○  
x 2 mont





# RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No. : 071



॥ सर्वदिवसम् सचनम् प्रकाशम् ॥

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.	: 1902348	DATE	: 13-January-2024
NAME	: MRS NEELAM TRIPATHI	MRD NO.	: R-113703
AGE/SEX	: 47 YRS / FEMALE	CITY	: GWALIOR

**PAST SURGERIES :**

NIL IN

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

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
10.28AM	18		17	

Rx.	EYE	From	To	Instructions
-----	-----	------	----	--------------

1	HYVET EYE DROP 5ML/ SODIUM HYALURONATE EYE DROPS			
	ONE DROP 3 TIMES A DAY FOR 30 DAYS	BOTH EYE	13-Jan-2024	11-Feb-2024

**TREATMENT PLAN**

1. ADV  
CONTINUE GLASSES.  
LUBRICATION AS ADVISED.  
R/W YRLY.

**REFERRED TO** :

  
DR. ANMOL CHAUDHARY

**NEXT REVIEW** : 13-Jan-2025 1:06PM 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 Attendee(s) Counseled

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 ● कैंश्लैस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध
- For Appointment Please Contact : 9111004046

स्वामी विद्यानंद भारती आर्ट्स बेंक

**नेत्रदान**

कॉर्पोरेट और कार्यालयों को अपने परिवार को सम्मानित करने के लिए नेत्रदान के लिए सम्पर्क करें : 9111004046

**PATIENT NAME** - MRS. NEELAM 47Y/F  
**REFERRED BY** - HCP  
**DATE** - 13/01/2024  
**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 partially distended. GB wall appears normal. Visualized **CBD** is of normal caliber.

**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 -8.8x3.2cm and left kidney -9.9x4.6cm. 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 anteverted, appears normal in size measures -9x4.2cm. No abnormal measurable mass or cyst in adnexal region.

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.



**PATIENT NAME** - MRS. NEELAM 47Y/F  
**REFERRED BY** - HCP  
**DATE** - 13/01/2024  
**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.

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 duct dilatation, skin thickening is noted in bilateral breast.

No evidence of significant axillary lymphadenopathy.

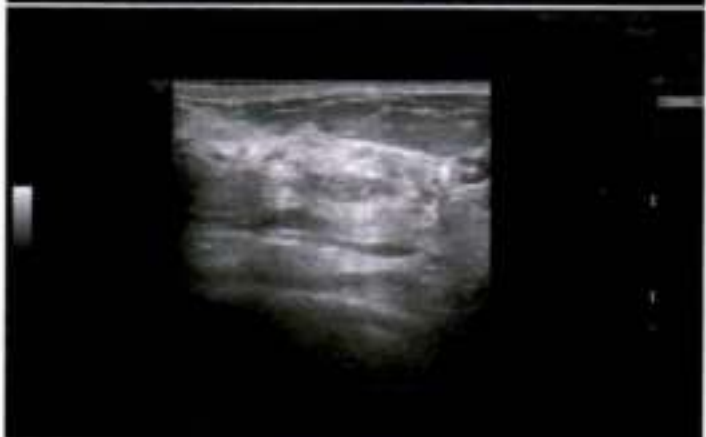
**OPINION:-** Features are suggestive of-

- **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.





Patient name	MRS. NEELAM	Age/sex	47Y/F
Ref. By	121295	Date	13.01.24

## XRAY CHEST

- Aortic knuckle is prominent.
- 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.AKANKSHA MALVIYA**  
MBBS, MD (RADIODIAGNOSIS)

NEELAM  
Patient ID 121295  
01/13/2014  
12:46:09pm

Linked Medians

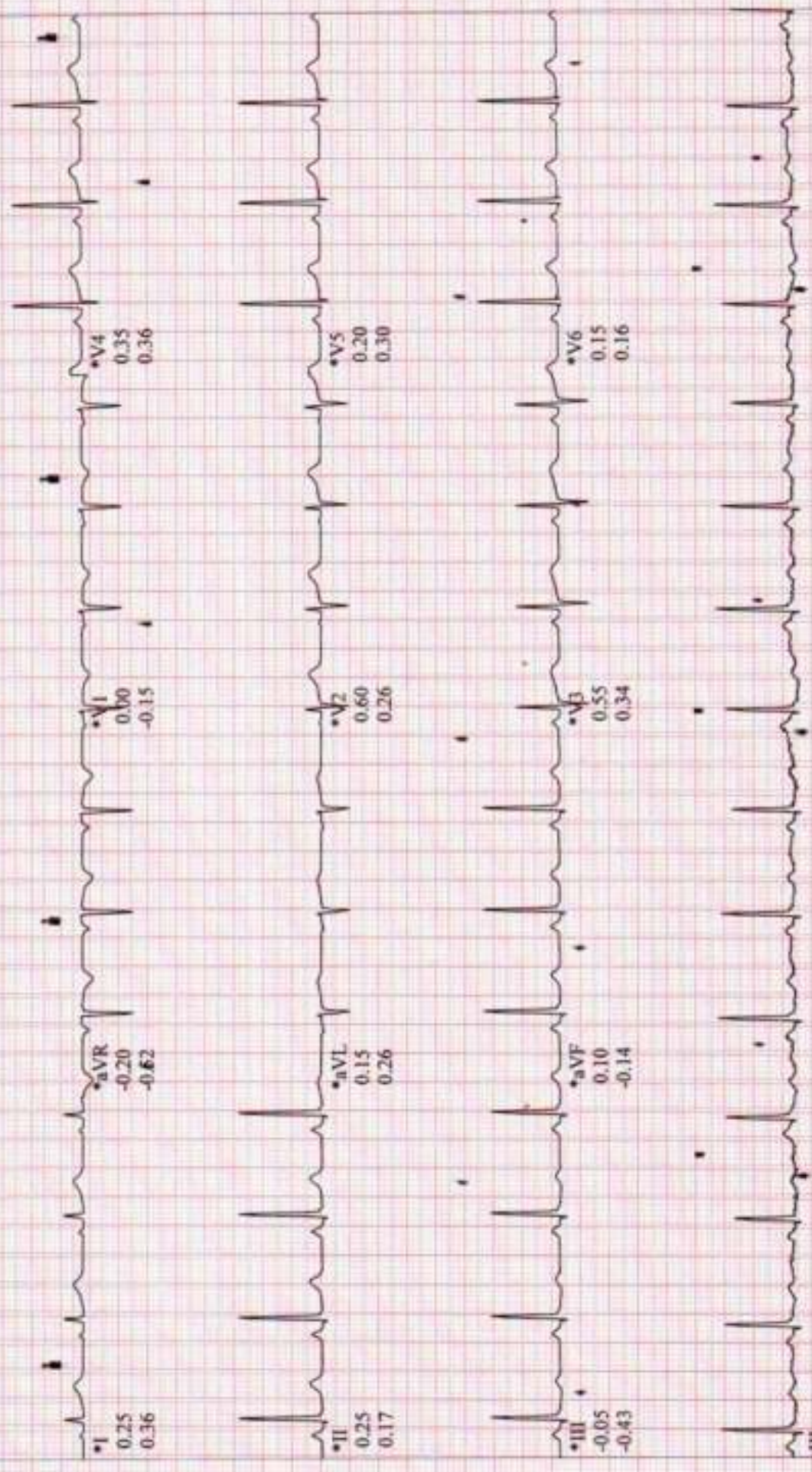
RATAN JYOTI DALMIA HEART INSTITUTE

85 bpm

ECG

Lead

ST Level (mm)  
ST Slope (mV/s)



III  
Raw Data

Computer Synthesized Rhythms