

Patient Name Mr. Deben Das Kumar MRN : 159690 Age 49 Sex M Date/Time 09/01/24

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/O Dyslipidemia → Now managed
lipid profile

H - 171
W - 81
BP - 118/59
P - 79

Cholelithiasis

Lf Heart 3rd phalym. deformity

Pt already taken one weekly dose of vit D 60 IU 12 doses

from Rt mandibular joint

Vitals

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

① 7. Menstrual 13 15D
> 15 day
then one weekly

Medical Illness

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

② 7. x for long Hy

Next Appointment/Follow up

→ Surgeon for AB calculi
Dr. G. Manjiv

Regular walk
Avoid fatty diet

Signature :

Tab. Ciplox 72 BD

Tab. Cefepim MR 400/10

(1/2) tab ty

Ref. to Dr

Dr. C. Manjhi m

Dr. Cholechivsky

Patient NAME : Mr. DEBENDRA KUMAR SAMAL
Age/Gender : 49 Y 0 M 0 D /M
UHID/MR NO : ILK.00037087
Visit ID : ILK.108650
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 09/Jan/2024 10:45AM
Received : 09/Jan/2024 10:48AM
Reported : 09/Jan/2024 11:42AM
Status : Final Report
Client Name : INSTA

DEPARTMENT OF HEMATOLOGY

COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA

Haemoglobin (Hb%)	14.2	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	41.7	%	40-54	Cell Counter
RBC Count	4.9	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	85.4	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	29.0	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	34.0	g/dl	30.0-35.0	Calculated
RDW	13.6	%	11-16	Calculated
Total WBC count (TLC)	9,300	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	54.7	%	50-70	Cell Counter
Lymphocytes	32.6	%	20-40	
Monocytes	9.9	%	01-10	Cell Counter
Eosinophils	2.4	%	01-06	Cell Counter
Basophils	0.4	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	5,059	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	3017	per cumm	600-4000	Calculated
Monocyte (Abs.)	915	per cumm	0-600	Calculated
Eosinophil (Abs.)	226	per cumm	40-440	Calculated
Basophils (Abs.)	34	per cumm	0-110	Calculated
Platelet Count	1.60	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	34	mm 1st hr.	0-20	Wester Green
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SIN NO :10426701,

A.K. Rajan

DR. ASHOK KUMAR
M.D. (PATH)

Patient NAME : Mr. DEBENDRA KUMAR SAMAL	Collected : 09/Jan/2024 10:45AM
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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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A.K. Jayaram

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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	90.0	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	102.0	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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(Signature)

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

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

Glycosylated Haemoglobin HbA1c	5.2 ✓	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	102.83			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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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM

Urea	16.5	mg/dL	13.0-43.0	Urease
Creatinine	0.7	mg/dL	0.5-1.3	Enzymatic
Uric Acid	6.5	mg/dL	3.5-7.2	Urease
Sodium	138.0	Meq/L	135-155	Direct ISE
Potassium	4.6	Meq/L	3.5-5.5	Direct ISE
Chloride	102.0	mmol/L	96-106	Direct ISE
Calcium	10.0	mg/dL	8.6-10.0	OCPC
Phosphorous	2.6	mg/dL	2.5-5.6	PMA Phenol
BUN	7.71	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	Unit	Bio. Ref. Range	Method
Total Cholesterol	152	mg/dl	up to 200	End Point
Total Triglycerides	134	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	43	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	109	mg/dL	<130	
LDL Cholesterol	82.2	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	26.8	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.53		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
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
Total Bilirubin	1.3	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.3	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	1	mg/dL	0.0-0.9	Calculated
SGOT / AST	32.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	41.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	58.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	14	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.9	g/dl	6.4-8.3	Biuret
Albumin	4.9	g/dL	3.5-5.2	BCG
Globulin	3	g.dl	2.0-3.5	Calculated
A/G Ratio	1.63	%	1.0-2.3	Calculated



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Visit ID : ILK.108650
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 09/Jan/2024 10:45AM
Received : 09/Jan/2024 02:08PM
Reported : 09/Jan/2024 02:44PM
Status : Final Report
Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL

Test Name	Result	Unit	Bio. Ref. Range	Method
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PROSTATE SPECIFIC ANTIGEN (TOTAL) - PSA , SERUM

Total PSA	0.55	ng/ml	0.0-4.0	CLIA
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NOTE :-

P.S.A is a highly specific for prostate tissue and may be increased in prostate cancer, benign prostate hyperplasia (BPH) and prostatitis. At present a cut off 4.1 ng/ml is used for prostate cancer screening.

PSA values greater then 10.0 ng/ml are highly predictive of cancer.

PSA levels by itself can not be used to detremine whether a patient has Prostate cancer confined to the organ.

Determination of Free PSA along with total PSA is usefull in the differentiation of Prostate cancer from benign condition.

After radical prostatectomy, serum PSA levels are (< 0.2 ng/ml), 93% of patients with undetectable serum PSA concentration have no clinical tumour recurrence.

Comments:-

1. False negative / positive results are observed in patiens receiving mouse monoclonal antibodies for diagnosis or therapy.
- 2.PSA total and free levels may appear consistently elevated/ depressed due to the interference by heterophilic antibodies and nonspecific protein binding.
- 3.Results obtained with different assay kits cannot be used interchangeably.
- 4.All results should be corelated with clinical findings and result of other investigations.



A.K. Rajan

DR. ASHOK KUMAR
M.D. (PATH)

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Age/Gender : 49 Y 0 M 0 D /M
UHID/MR NO : ILK.00037087
Visit ID : ILK.108650
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 09/Jan/2024 10:45AM
Received : 09/Jan/2024 02:08PM
Reported : 09/Jan/2024 02:44PM
Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY-SPECIAL

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

THYROID PROFILE-I , SERUM

Trilodothyronine Total (TT3)	0.88	ng/dL	0.6-1.8	Chemilluminisence
Thyroxine (TT4)	10.71	µg/dL	4.5-10.9	Chemilluminisence
Thyroid Stimulating Hormone (TSH)	2.458	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.

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.
- :-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 propranolol .
- :-Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (secondary huperthyroidism).



SIN NO :10426701,

A.K. Rajong

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UHID/MR NO : ILK.00037087
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Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 09/Jan/2024 10:45AM
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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	STRAW			Visual
Appearance	Clear			Visual
pH	6.0		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	2-3	/Hpf	0-2	
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	

*** End Of Report ***

Page 10 of 10



SIN NO : 10426701,

A. K. K. K.

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.

ECHO CARDIOGRAPHY REPORT

Patient Name : Mr DEBENDRA KUMAR SAMAL AGE & Sex :49yrs / male
Date : 09/01/2024

Echocardiography was performed on GE Vivid T 8.

Quality Of Imaging: Adequate

Mitral Valve : Normal
Tricuspid Valve : Normal
Aortic Valve : Normal
Pulmonary Valve : Normal
Left Atrium : 3.4 cms
Left Ventricle :
IVSD : 1.2 cms
EDD : 4.6 cms
ESD : 2.8 cms
LVPWD : 1.2 cms
EF : 58 %
FS : 30 %

RWMA : NO REGIONAL WALL MOTION ABNORMALITY

Right Atrium : Normal
Right Ventricle : Normal
Aorta : 3.1 cms
IAS IVS : Intact
Pulmonary Artery : Normal
Pericardium : Normal
SVC, IVC : Normal
Pulmonary Artery : Normal
Intracardiac Masses : Nil
Doppler : A < E

Conclusion :

NORMAL CARDIAC CHAMBERS DIMENSION .
NO REGIONAL WALL MOTION ABNORMALITY .
NORMAL LV SYSTOLIC FUNCTION , LVEF-58 %
NORMAL VALVES
INTACT SEPTUM
NO CLOT /VEGETATION/PERICARDIAL EFFUSION

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

Dr. Abhishek sharma DNB
(Interventional Cardiologist)



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. : 1901519 DATE : 09-January-2024
NAME : MR DEBENDRA KUMAR SAMAL MRD NO. : R-113440
AGE/SEX : 49 YRS / MALE CITY : GWALIOR

PAST SURGERIES :

NIL IN

Rx.	EYE	From	To	Instructions
1 REFRESH TEARS (RF) EYE DROP 10ML (CARBOXY-METHYLCELLULOSE SODIUM EYE DROPS IP 0.5 W/V) ONE DROP 4 TIMES A DAY FOR 60 DAYS	BOTH EYE	9-Jan-2024	8-Mar-2024	

TREATMENT PLAN : ADV
CST GLASSES .
NEED FOR OS DILATION AND FUNDUS EXAMINATION EXPLAINED .
LUBRICATION.

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

Patient Name Devendra Juma MRN : Age 49 Sex M Date/Time 9/1/24

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

C/O - Health check up
9E - Ear (L) EAC-deaf, TM Intact

Noop
Thuc] was

Rx -

ced Lidazone : / / :

Vitals

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

Medical Illness

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

[Signature]
Dr. Samir Gupta
MS (ENT)
Reg. No. MP13378
RJN Apollo Spectra Hospitals

Next Appointment/Follow up

Signature :

Patient Name Dhendua Kumar MRN : Age 49 Sex M Date/Time 9/Jan/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

Heat treatment

O/E -

Calcium n

Spain n

8 / 7 | 7 / 7 *Causes*

Gen. gingivitis

Vitals

- B.P.
- PR.
- SPO2
- Temp

P/A -

Intonation 7 / 7

Exp. mat. 8 / 7, oral prophy

Medical Illness

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

Re

Oral hygiene 7/w

Next Appointment/Follow up

Signature :



PATIENT NAME - DEBENDRA KUMAR SAMAL 49Y/M
REFERRED BY - H.C.P
DATE - 09/01/2024
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 well distended. GB wall appears normal. Echogenic calculus seen within the gall bladder lumen measured upto ~21mm.

Spleen appears normal in size (~8.6 cm), 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 ~ 10.3x4.6cm and left kidney ~ 10.5x5.3cm. 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 (~ 15cc), shape and echotexture.

No obvious ascites.

OPINION:- Features are suggestive of-

- Echogenic calculus within the gall bladder lumen (measured upto ~21mm)-S/O Cholelithiasis
- 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.

गर्भाशय कन्या भ्रूण की जाँच एवं हत्या दण्डनीय अपराध है।

बेटी बचाओ - बेटी पढ़ाओ

Rate 79 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Baseline wander in lead(s) V5

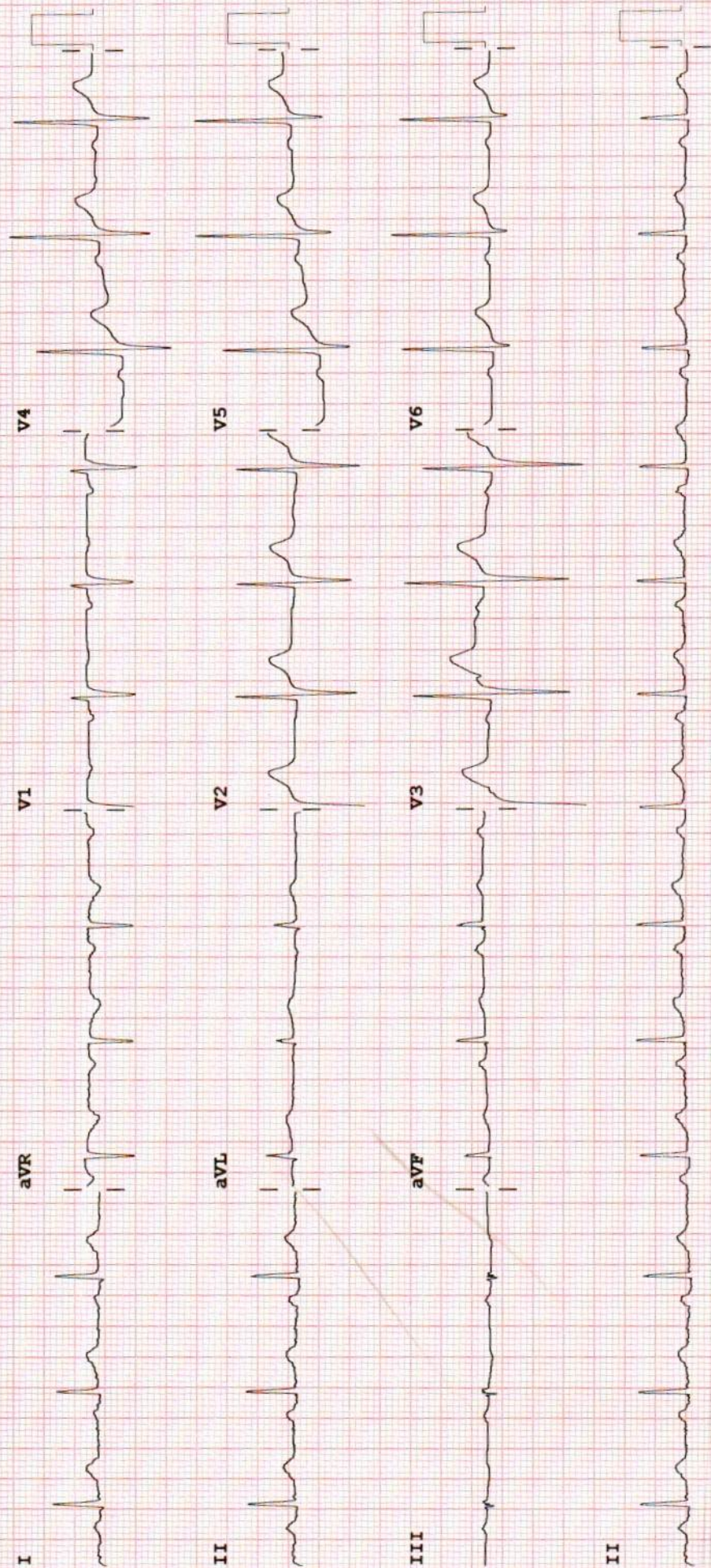
PR 171
QRS 87
QT 371
QTc 426

--AXIS--
P 59
QRS 35
T 22

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Patient name	MR. DEBENDRA KUMAR SAMAL	Age/sex	49Y/M
Ref. By	159690	Date	09.01.24

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 (RADIOLOGIST)