

Arcofemi Medisheel



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

MR No. 146799 Patient Name Mr. Sunil Chaudhary Age 53 Sex F Date 08/03/23

✓H
W
BP
P

— Physician reference

Patient NAME : Mrs. SUNITA CHAUDHARY	Collected : 08/Jul/2023 09:48AM
Age/Gender : 53 Y 0 M 0 D /F	Received : 08/Jul/2023 10:03AM
UHID/MR NO : ILK.00031515	Reported : 08/Jul/2023 01:21PM
Visit ID : ILK.90749	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%)	10.8	gm%	11.5-16.0	Cyanmeth
P.C.V (Hematocrit)	33.2	%	40-54	Cell Counter
RBC Count	4.4	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	74.7	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	24.3	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.5	g/dl	30.0-35.0	Calculated
RDW	16.8	%	11-16	Calculated
Total WBC count (TLC)	5,200	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	55.5 ⁺	%	50-70	Cell Counter
Lymphocytes	33.2	%	20-40	
Monocytes	7.0	%	01-10	Cell Counter
Eosinophils	4.0	%	01-06	Cell Counter
Basophils	0.4	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	2,888	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1727	per cumm	600-4000	Calculated
Monocyte (Abs.)	363	per cumm	0-600	Calculated
Eosinophil (Abs.)	207	per cumm	40-440	Calculated
Basophils (Abs.)	19	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)	60	mm 1st hr.	0-20	Wester Green
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SIN NO :10365931,

A.K. Rajong

DR. ASHOK KUMAR
M.D. (PATH)

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DEPARTMENT OF HEMATOLOGY

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

Blood Grouping	B			Slide/Tube Agglutination
Rh (D) Type	POSITIVE			Slide/Tube Agglutination

BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION , WHOLE BLOOD EDTA

RBC : Microcytic hypochromic with mild anisocytosis.
No cytoplasmic inclusions or hemoparasite.

WBC : Normal in number , morphology and distribution. No toxic granules seen.
No abnormal cell seen.

PLATELETS : Adequate on smear.

IMPRESSION : MICROCYTIC HYPOCHROMIC BLOOD PICTURE.



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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	84.0	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	128.0	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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(Handwritten Signature)

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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	4.8	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	90.49			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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COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM

Urea	21.57	mg/dL	13.0-43.0	Urease
Creatinine	0.6	mg/dL	0.5-1.3	Enzymatic
Uric Acid	5.8	mg/dL	2.6-6.0	Urease
Sodium	137.0	Meq/L	135-155	Direct ISE
Potassium	4.0	Meq/L	3.5-5.5	Direct ISE
Chloride	105.0	mmol/L	96-106	Direct ISE
Calcium	9.6	mg/dL	8.6-10.0	OCPC
Phosphorous	3.4	mg/dL	2.5-5.6	PMA Phenol
BUN	10.08	mg/dL	6.0-20.0	Reflect Spectrothoto



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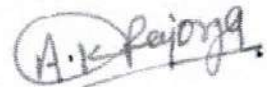
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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

Type OF Sample	SERUM			
Total Cholesterol	164.0	mg/dl	up to 200	End Point
Total Triglycerides	187.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	41.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	123	mg/dL	<130	
LDL Cholesterol	85.6	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	37.4	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	4		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	1.7	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.3	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	1.4	mg/dL	0.0-0.9	Calculated
SGOT / AST	44.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	32.0	U/L	1-34	UV Kinetic (IFCC)
Alkaline Phosphatase	117.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	25.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.5	g/dl	6.4-8.3	Biuret
Albumin	4.7	g/dL	3.5-5.2	BCG
Globulin	2.8	g/dl	2.0-3.5	Calculated
A/G Ratio	1.68	%	1.0-2.3	Calculated



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Visit ID : ILK.90749	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY-SPECIAL

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE-I, SERUM

Trilodothyronine Total (TT3)	1.38	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	10.75	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	3.842	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).

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



SIN NO :10365931,

A. K. Raju

DR. ASHOK KUMAR
M.D. (PATH)



॥ 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
Opp. Medical College, Gate No. 3 Jhansi-284128 (U.P.) Ph. 0510-2322311 (M) 9109973225

APHC

SR.NO. : 1865783 DATE : 08-July-2023
NAME : MRS SUNITA CHAUDHARY MRD NO. : R-100237
AGE/SEX : 52 YRS / FEMALE CITY : GWALIOR

PAST SURGERIES :

NIL IN

Rx.	EYE	From	To	Instructions
1 WETEYE DROPS 1*10ML (CARBOXYMETHYLCELLULOSE IP 5% W/V) ONE DROP 4 TIMES A DAY FOR 60 DAYS	BOTH EYE	8-Jul-2023	5-Sep-2023	

TREATMENT PLAN : -GLASS PRESCRIPTION
REFERRED TO :
DR. REMARK : -PERIODICAL FOLLOW UPS
NEXT REVIEW : AS PER DR. ADVISED

DR KRISHNA PRASAD CHOUHAN

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 इंश्योरेन्स 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

ECHO CARDIOGRAPHY REPORT

Patient Name : Mrs. SUNITA CHAUDHARY
Date : 08/07/2023

AGE & Sex : 53yrs /Female

Echocardiography was performed on vivid.

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 : 1.1 cms LVPWD : 1.2cms
EDD : 4.7 cms EF 58 %
ESD : 2.9 cms FS 30 %

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

Conclusion :

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

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

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

MR No. Patient Name Age Sex Date

Arindha Singh Chauhan, 57y/M, 8/7/23

C/O Health check up

O/E - Ear (P) EAC - clear
(L) TM - intact

C/O - Ringing
Sound
ⓑ 201

None (Ext - N/A)
DIR - Slight Middle

Mucous - (N)
IT Hydrant - ⓑ Side

Throat - N/A

R. ? tinnitus

ⓐ Tab Allegra - 100 mg bid

ⓑ Tab otocap - 0.5
x 1 month

[Signature]
Dr. Sunil Gupta
MS (ENT)

53 Years

mrs. sunita
Female

08-Jul-23 11:39:28 AM

Rate 83 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . Ventricular premature complex.....V complex w/ short R-R interval
 PR 157 . Baseline wander in lead(s) V2,V4,V5,V6
 QRSD 98
 QT 358
 QTc 421

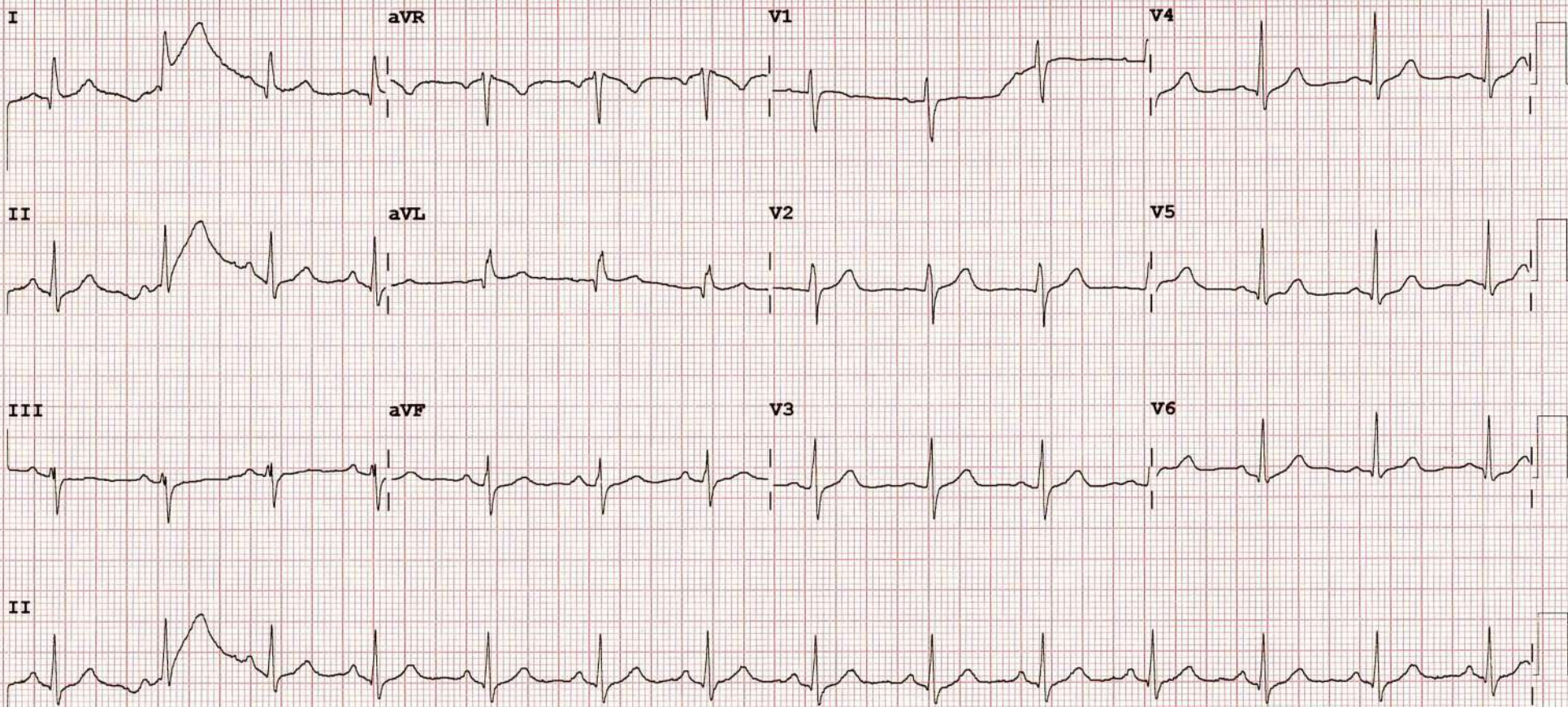
--AXIS--

P 71
 QRS 3
 T 30

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

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?

Patient name	MRS SUNITA CHAUDHARY	Age/sex	53 Y /F
Ref. By	146799	Date	08.07.2023

XRAY CHEST

- 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 (RADIO DIAGNOSIS)