

Patient Name Mr. Bajjendra Singh MRN : 158759 Age 66 Sex M Date/Time 23/02/23

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

Mob No.

H - 162
W - 82
BS - 97/60
P - 66

Vitals

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

Medical Illness

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

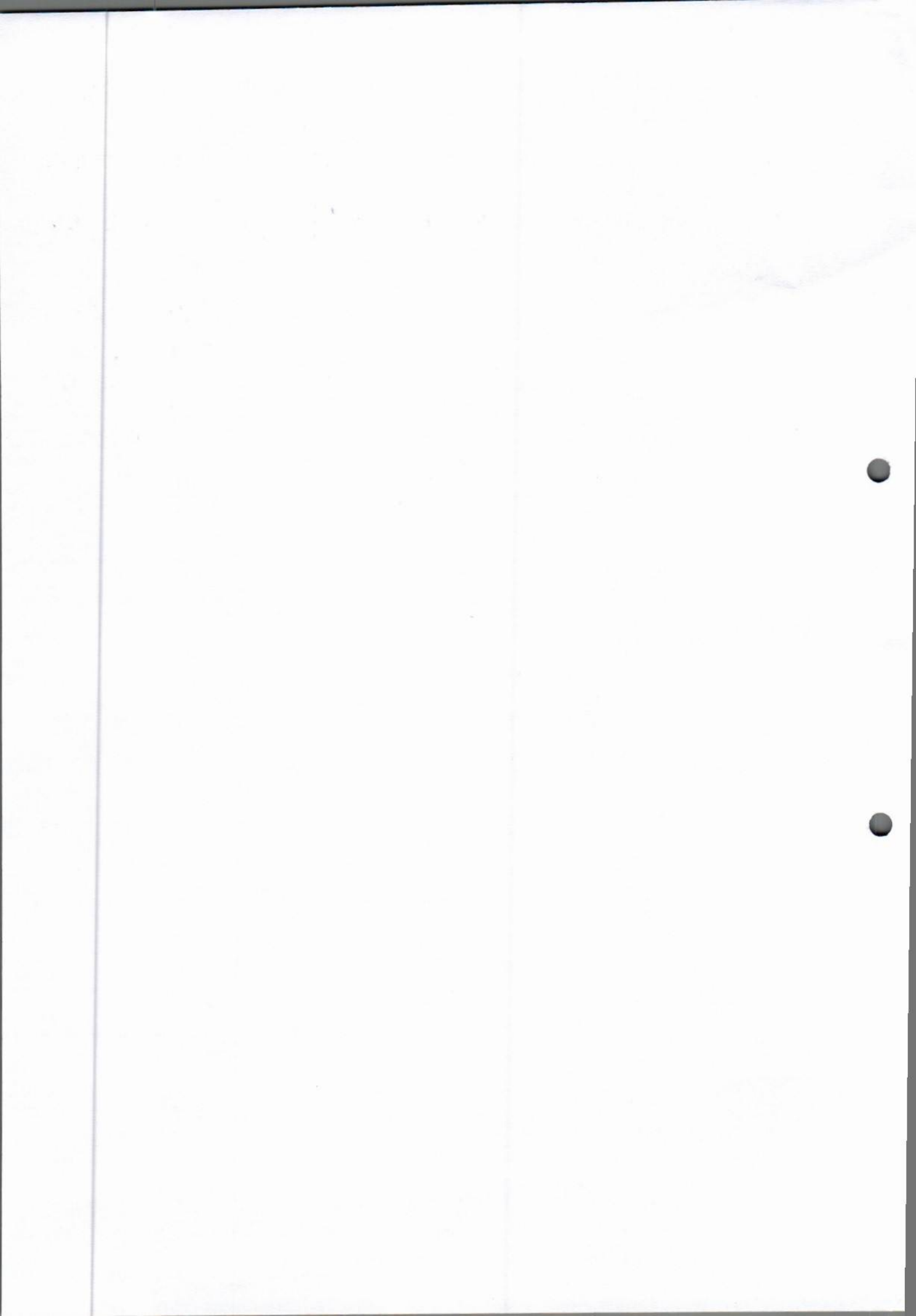
Next Appointment/Follow up

Physician reference

[Signature]

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

Signature :



Patient NAME : Mr.BIJENDRA SINGH YADAV	Collected : 23/Dec/2023 09:43AM
Age/Gender : 46 Y 0 M 0 D /M	Received : 23/Dec/2023 10:05AM
UHID/MR NO : ILK.00036649	Reported : 23/Dec/2023 10:50AM
Visit ID : ILK.107301	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%)	13.4	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	40.6	%	40-54	Cell Counter
RBC Count	4.8	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	84.2	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	27.7	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.9	g/dl	30.0-35.0	Calculated
RDW	13.9	%	11-16	Calculated
Total WBC count (TLC)	5,000	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	66.0	%	50-70	Cell Counter
Lymphocytes	24.3	%	20-40	
Monocytes	6.5	%	01-10	Cell Counter
Eosinophils	2.7	%	01-06	Cell Counter
Basophils	0.5	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	3,277	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1204	per cumm	600-4000	Calculated
Monocyte (Abs.)	321	per cumm	0-600	Calculated
Eosinophil (Abs.)	133	per cumm	40-440	Calculated
Basophils (Abs.)	26	per cumm	0-110	Calculated
Platelet Count	2.20	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

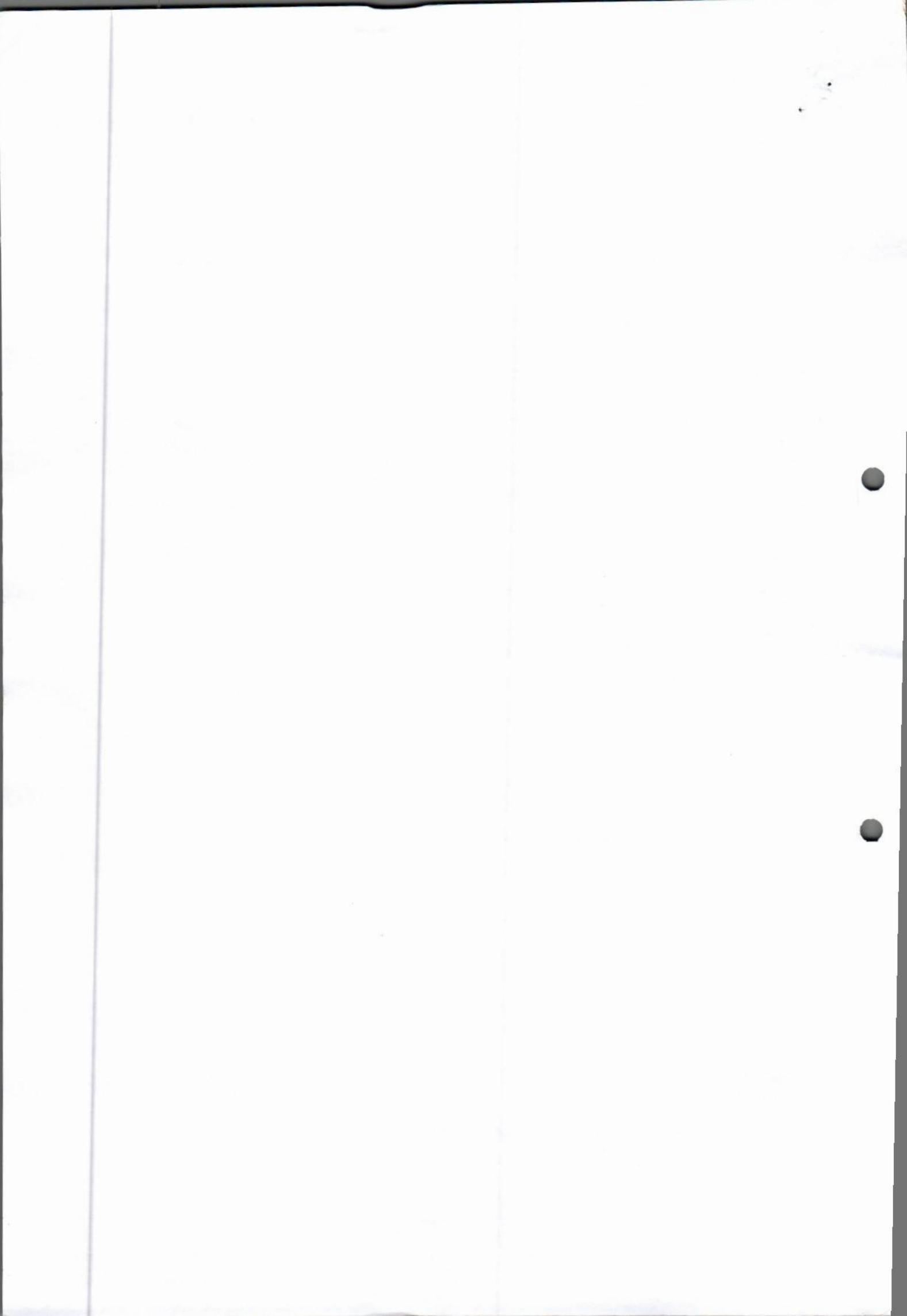
Erythrocyte Sedimentation Rate (ESR)	18	mm 1st hr.	0-20	Wester Green
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SIN NO :10422266,



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'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.

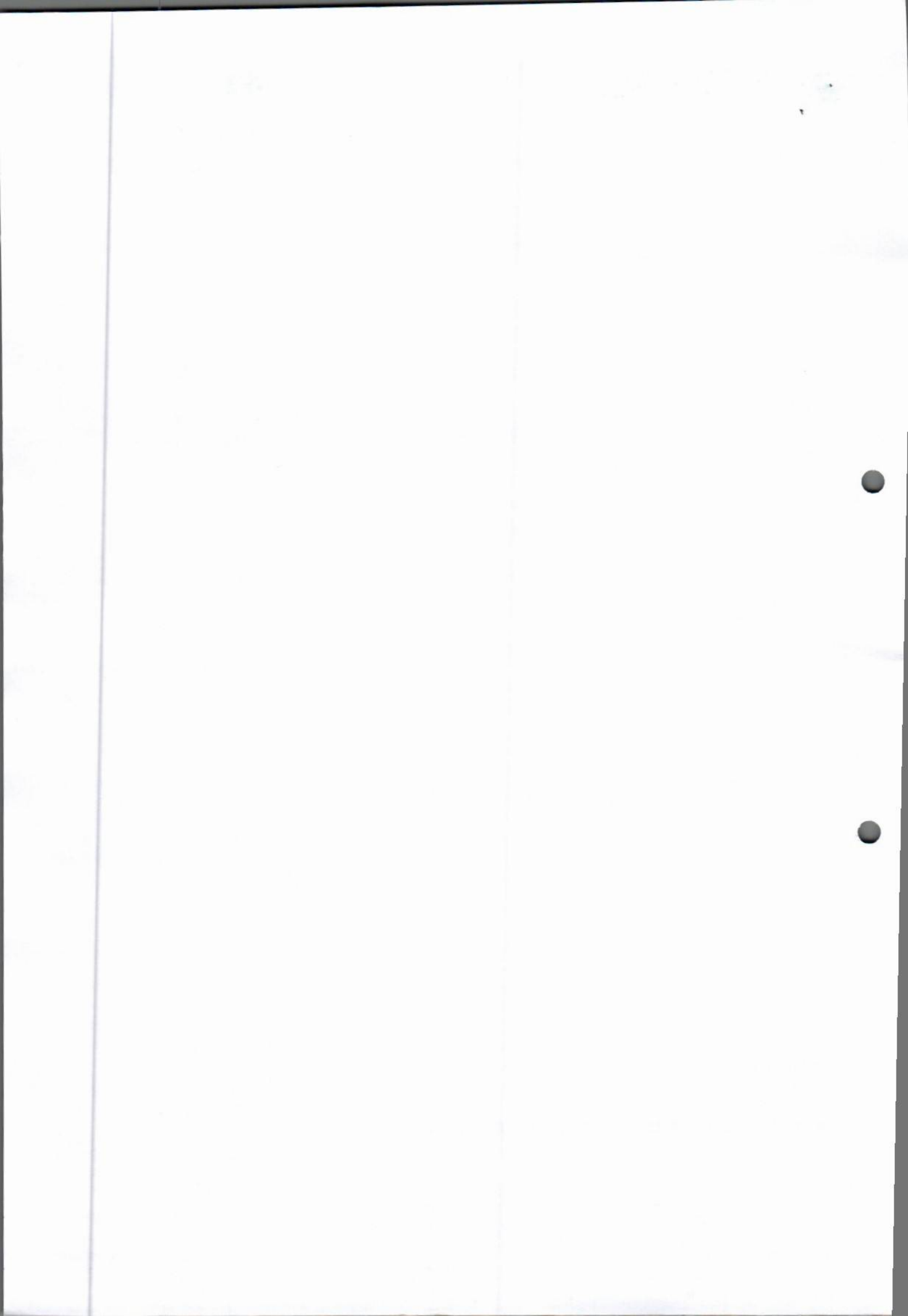
PLATELETS : Adequate on smear .

IMPRESSION ; NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 23/Dec/2023 09:43AM
Received : 23/Dec/2023 10:05AM
Reported : 23/Dec/2023 11:36AM
Status : Final Report
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	96.0	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

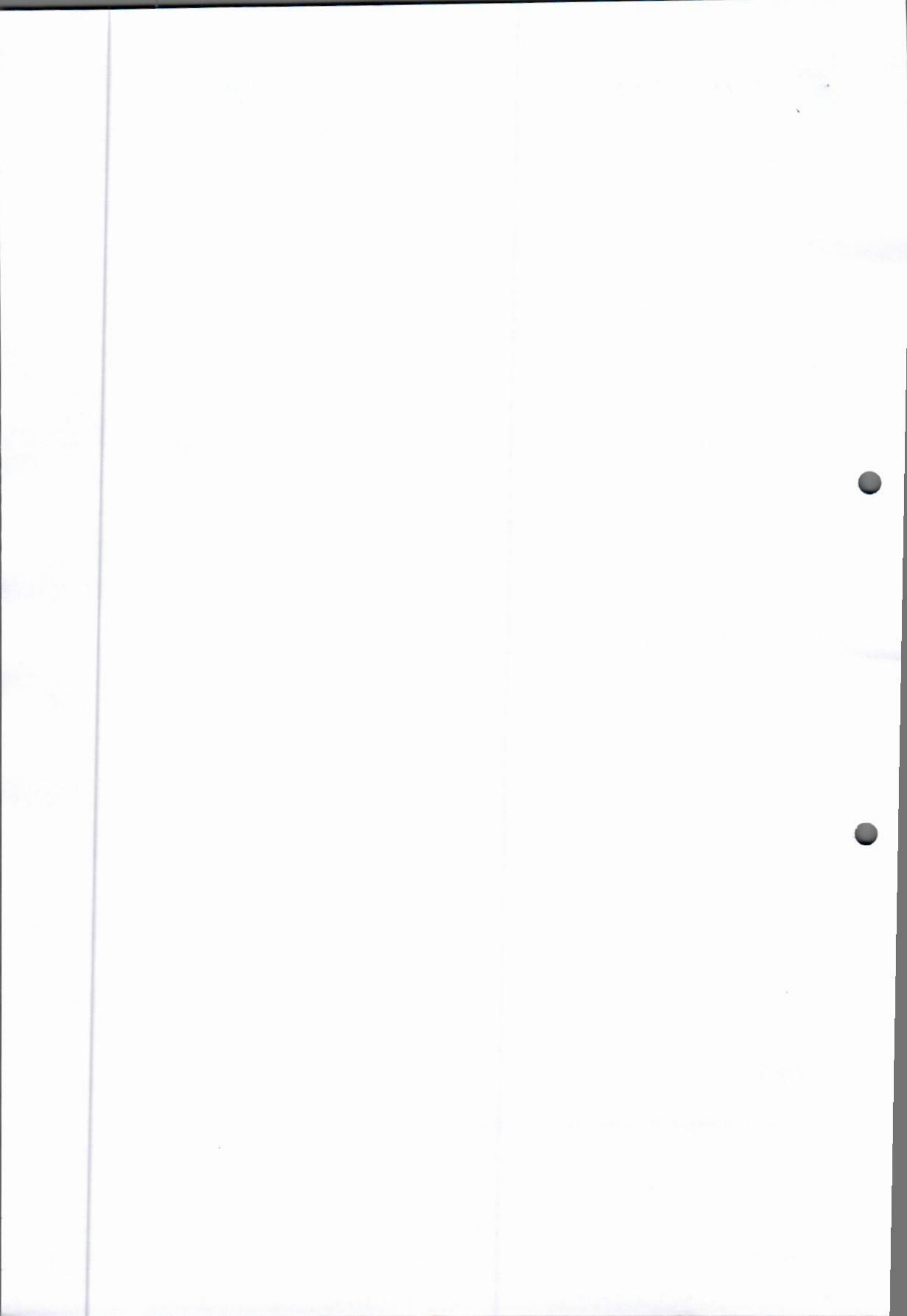
Post Prandial Glucose	108.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.



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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	6.3	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	134.40			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 glycemc control (ADA)

-Adults:

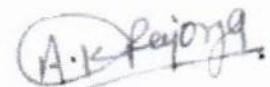
- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

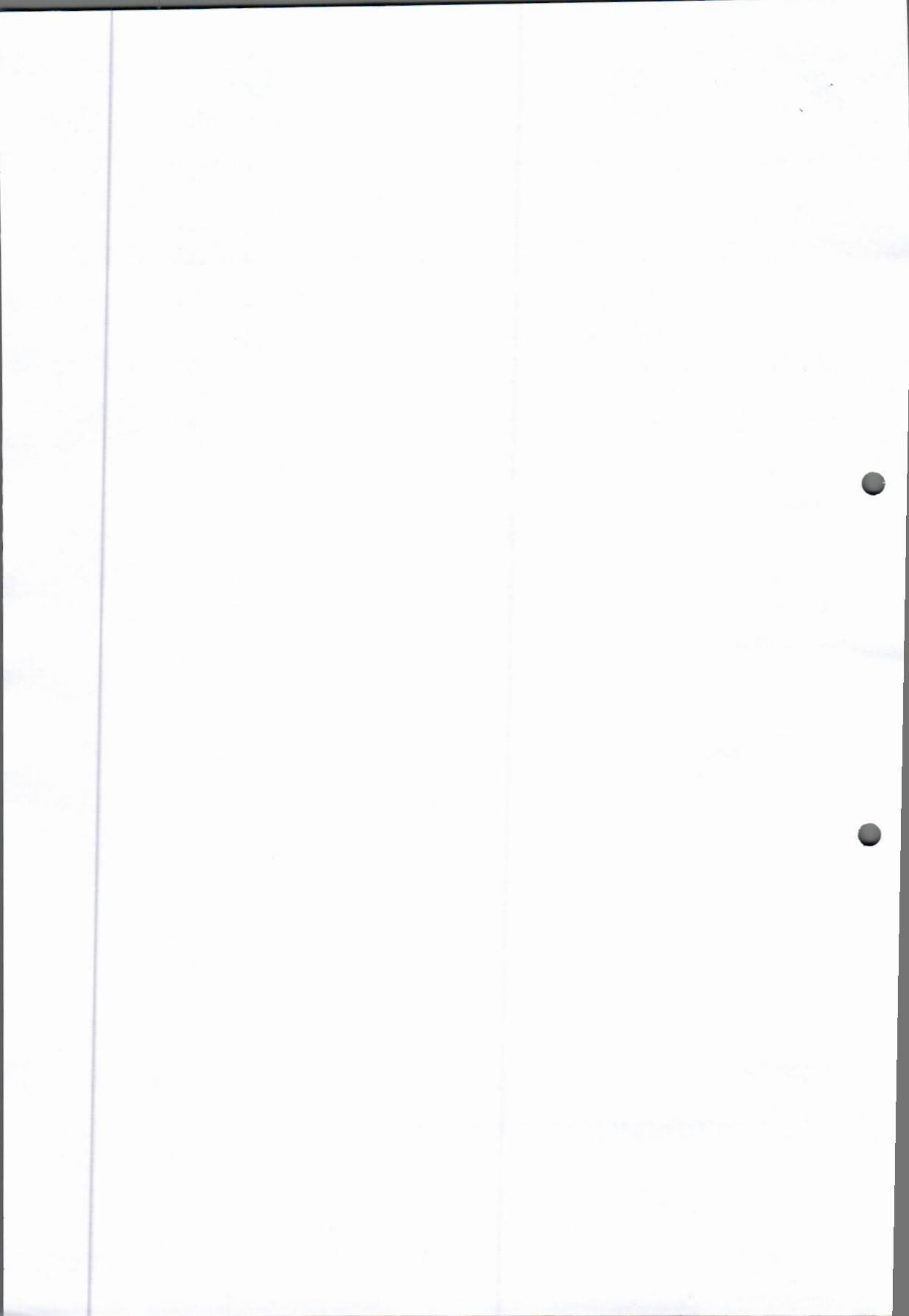
- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%



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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

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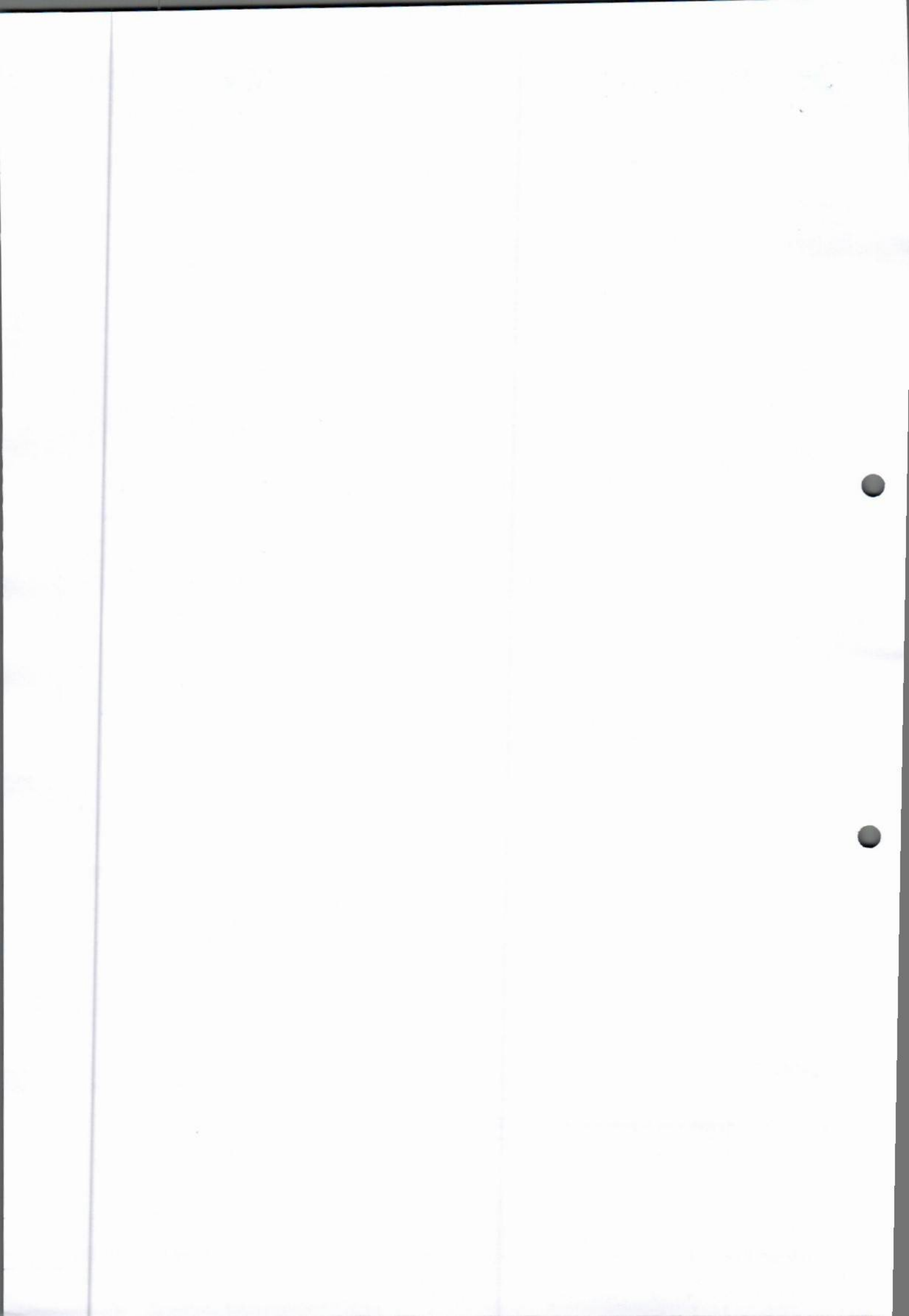
COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM

Urea	15.09	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	5.1	mg/dL	3.5-7.2	Urease
Sodium	139.0	Meq/L	135-155	Direct ISE
Potassium	4.7	Meq/L	3.5-5.5	Direct ISE
Chloride	105.0	mmol/L	96-106	Direct ISE
Calcium	9.2	mg/dL	8.6-10.0	OCPC
Phosphorous	2.8	mg/dL	2.5-5.6	PMA Phenol
BUN	7.05	mg/dL	6.0-20.0	Reflect Spectrothoto



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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

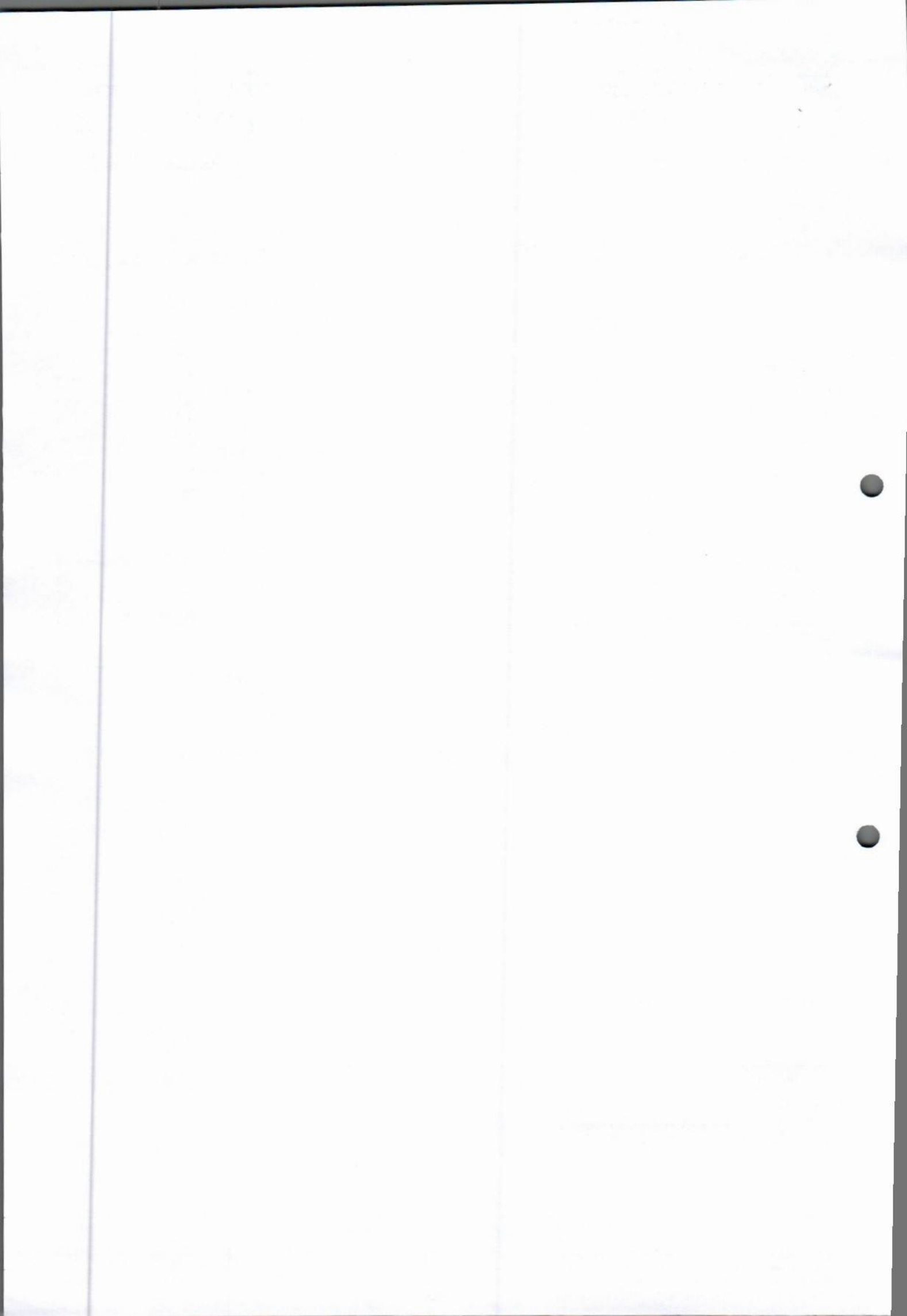
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
Type OF Sample	SERUM			
Total Cholesterol	149.0	mg/dl	up to 200	End Point
Total Triglycerides	81.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	45.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	104	mg/dL	<130	
LDL Cholesterol	87.8	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	16.2	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.31		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	0.3	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.2	mg/dL	0.0-0.9	Calculated
SGOT / AST	28.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	38.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	47.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	21.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	6.4	g/dl	6.4-8.3	Biuret
Albumin	4.4	g/dL	3.5-5.2	BCG
Globulin	2	g.dl	2.0-3.5	Calculated
A/G Ratio	2.20	%	1.0-2.3	Calculated

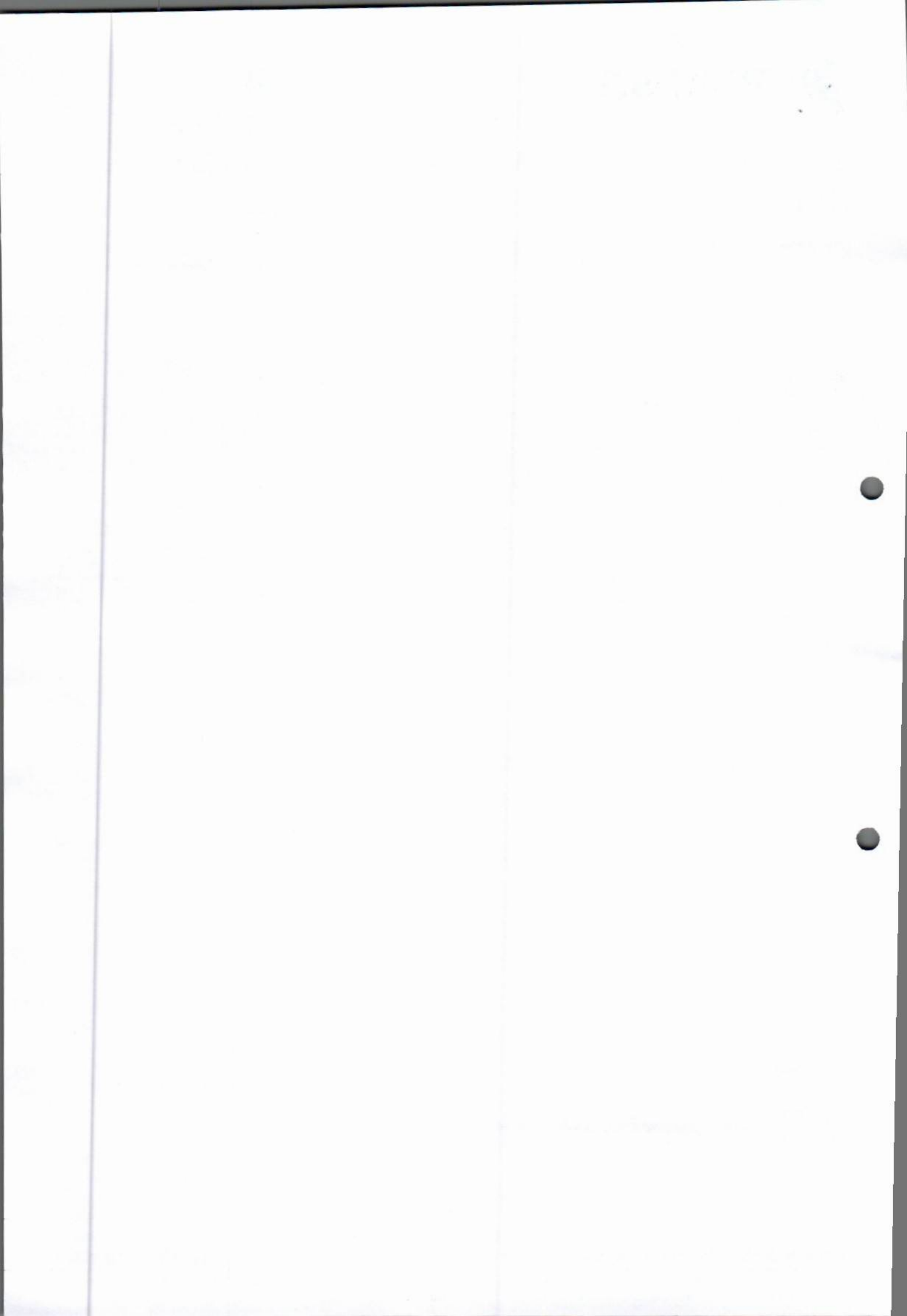


SIN NO :10422266,

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.



Patient NAME : Mr.BIJENDRA SINGH YADAV	Collected : 23/Dec/2023 09:43AM
Age/Gender : 46 Y 0 M 0 D /M	Received : 23/Dec/2023 01:51PM
UHID/MR NO : ILK.00036649	Reported : 23/Dec/2023 02:06PM
Visit ID : ILK.107301	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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PROSTATE SPECIFIC ANTIGEN (TOTAL) - PSA , SERUM

Total PSA	0.52	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 than 10.0 ng/ml are highly predictive of cancer.

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

Determination of Free PSA along with total PSA is useful 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.

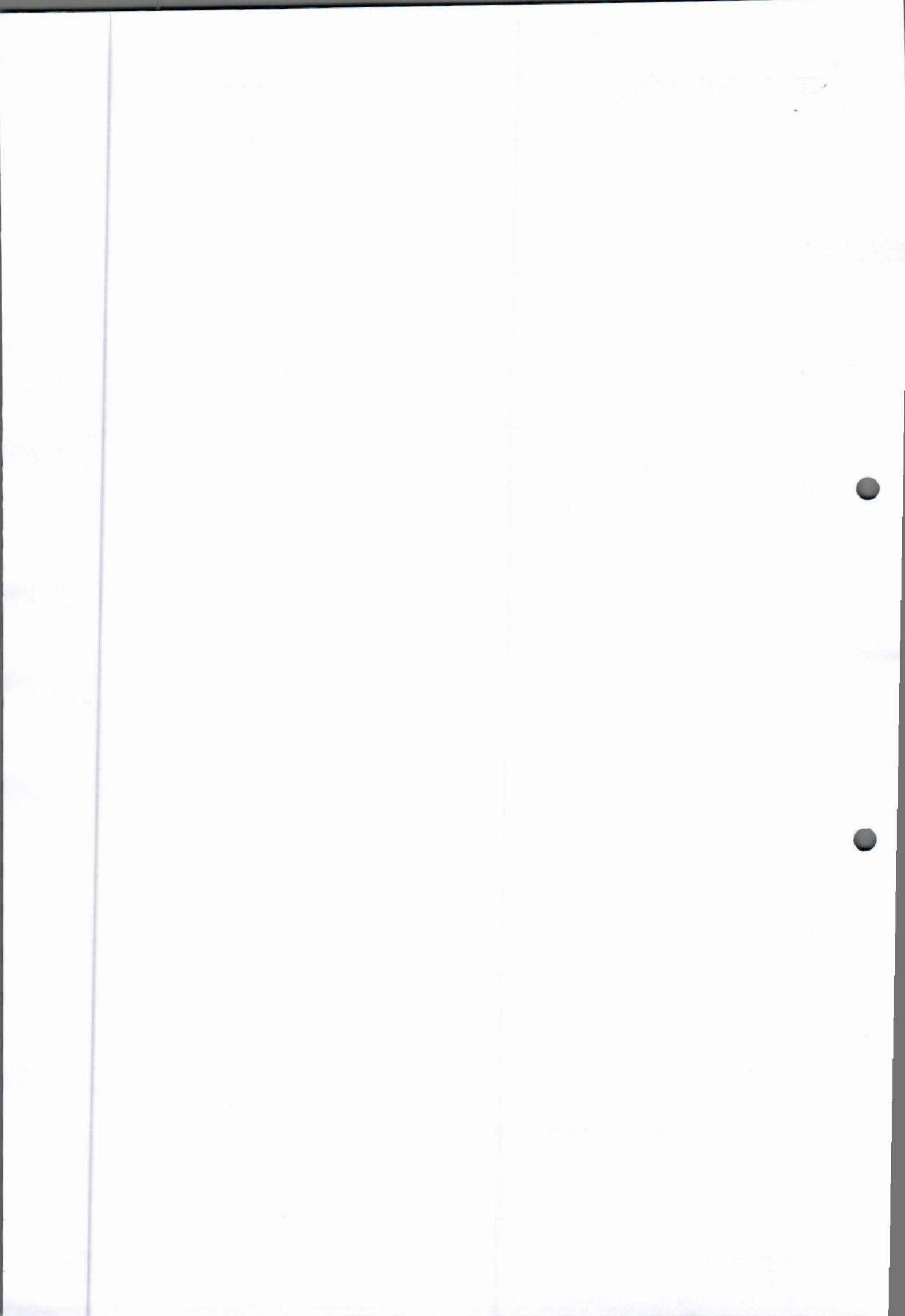
Comments:-

1. False negative / positive results are observed in patients 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 correlated with clinical findings and result of other investigations.



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DR. ASHOK KUMAR
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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)	1.00	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	10.80	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	2.348	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.

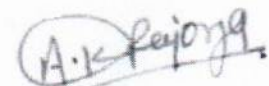
Ultrasensitive kits used.

Serum T3/ FT3 , T4/FT4 and TSH measurements form three components of thyroid screening panel.

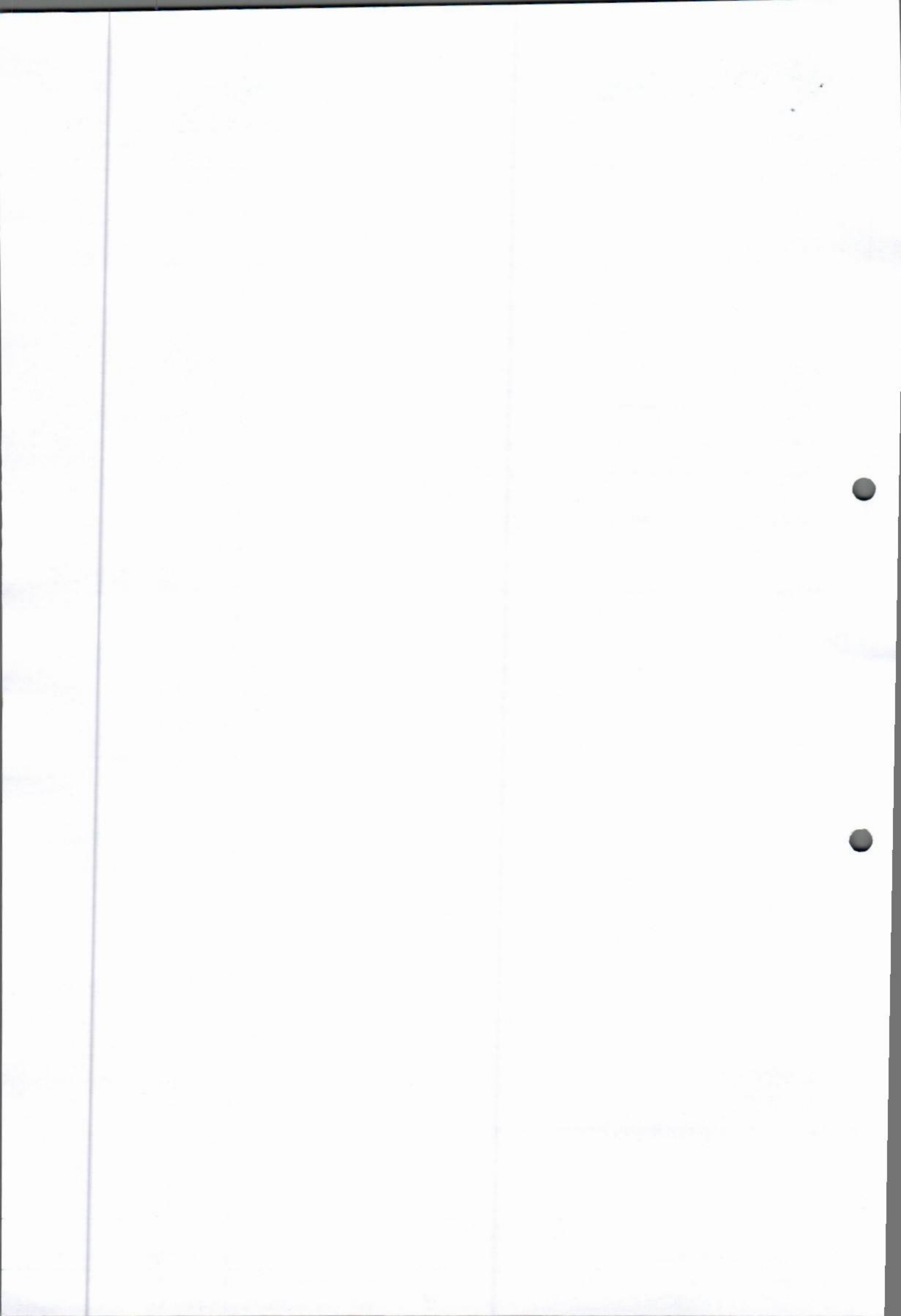
- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values alongwith depressed TSH level.
- Primary hypothyroidism is accompanied by elevated serum T3 & T4 values & elevated serum TSH level.
- Normal T3 &T4 levels with high TSH indicate mild / subclinical HYPOTHYROIDISM.
- .slightly elevated 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).



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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	1.030		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	1-2	/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	

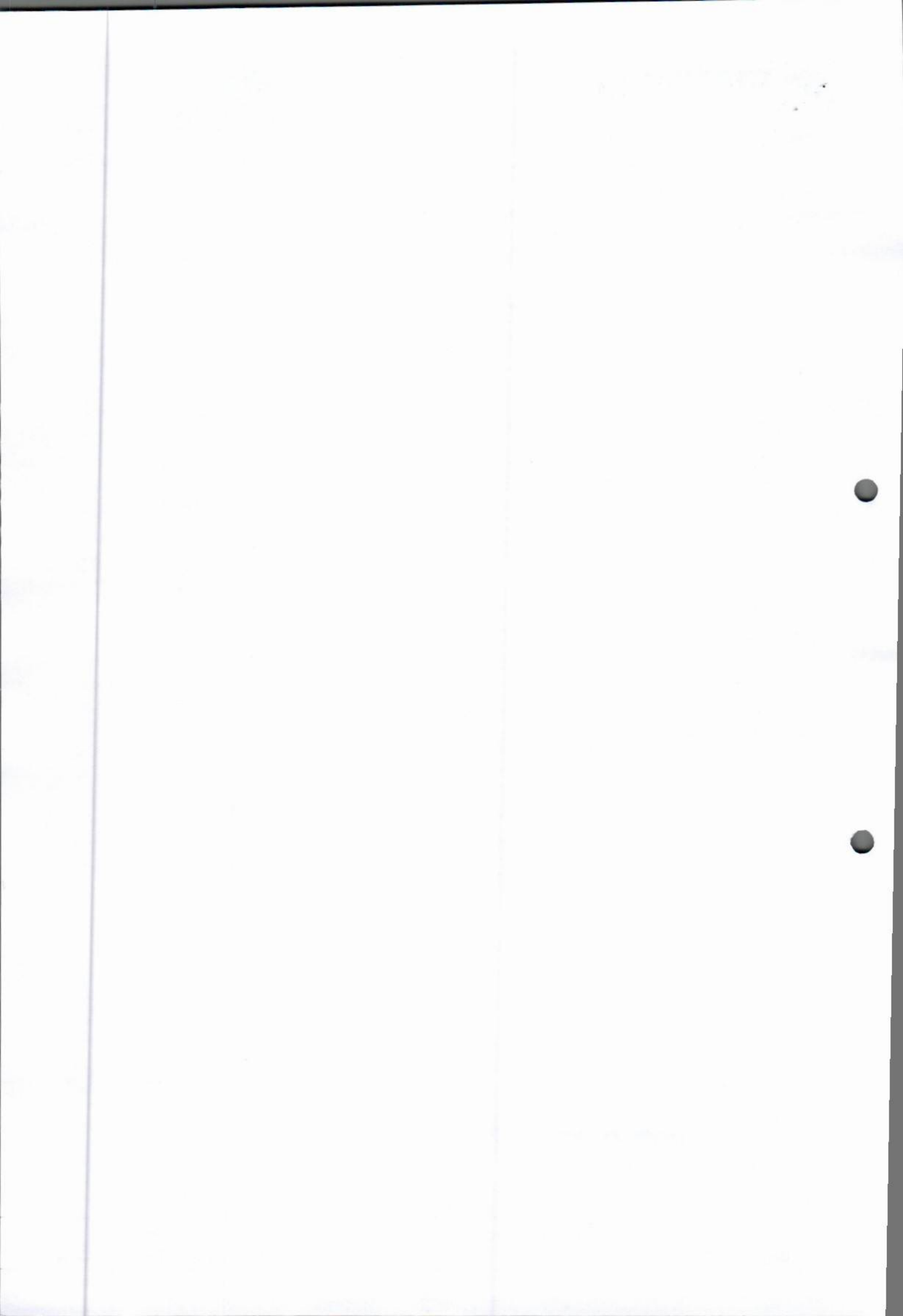
*** End Of Report ***



SIN NO : 10422266,

A.K. Rajan

DR. ASHOK KUMAR
M.D. (PATH)



ECHO CARDIOGRAPHY REPORT

Patient Name : Mr BRIJESH KUMAR GUPTA
Date : 23/12/2023

AGE & Sex :37yrs /M

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 60%
ESD : 3.2 cms FS 340%

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

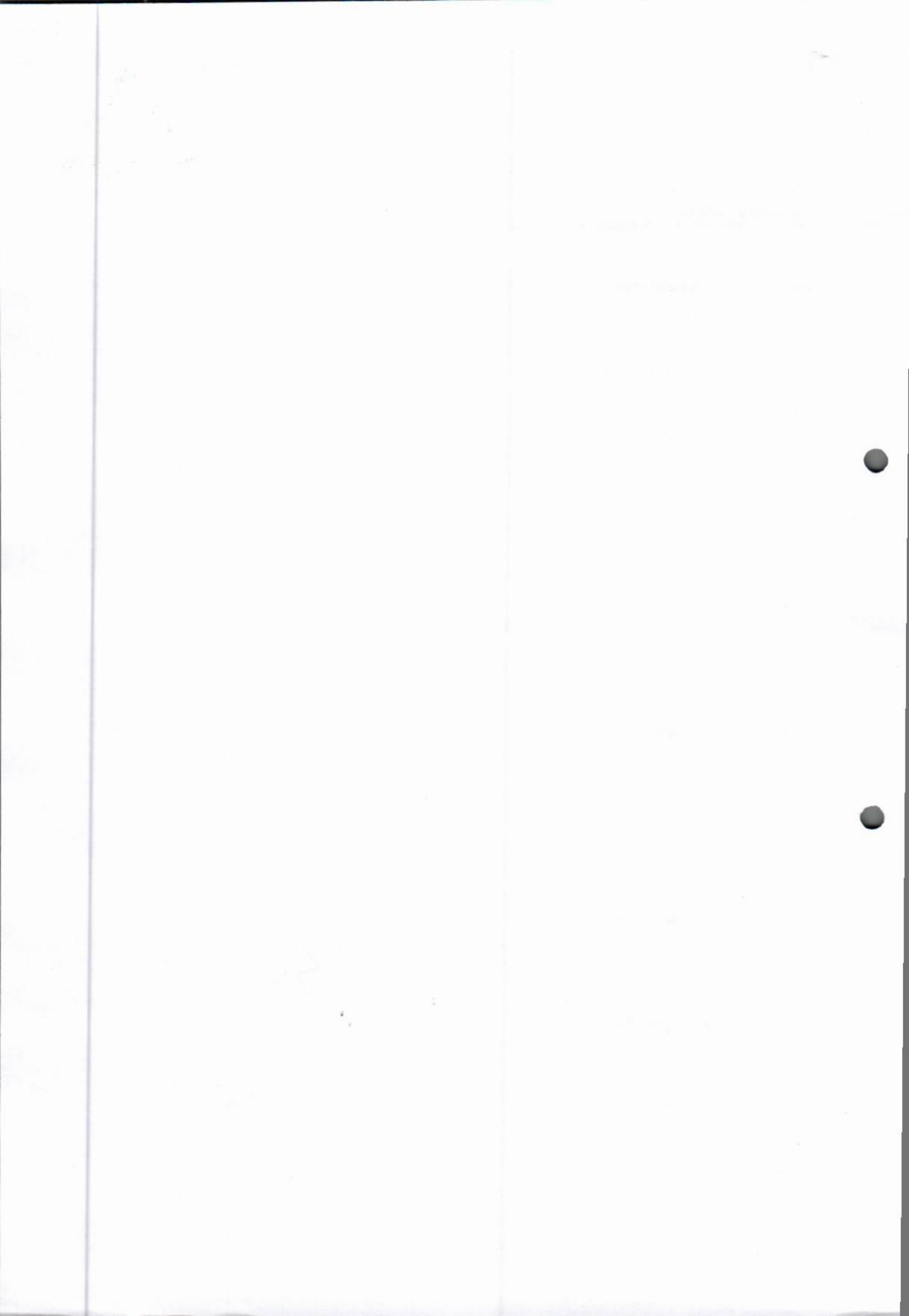
Intracardiac Masses : Nil

Doppler : E > A

Conclusion :

NORMAL CARDIAC CHAMBERS DIMENSION .
NO REGIONAL WALL MOTION ABNORMALITY
NORMAL LV SYSTOLIC FUNCTION , LVEF-60%
NORMAL VALVES
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
Opp. Medical College, Gate No. 3 Jhansi-284128 (U.P.) Ph. 0510-2322311 (M) 9109973225

SR.NO. : 1897752

NAME : MR BIJEN SINGH YADAV

AGE/SEX : 46 YRS / MALE

DATE : 23-December-2023

MRD NO. : R-112241

CITY : GWALIOR

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

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
10:28AM	15		16	

Rx. EYE From To Instructions

1 AQUARAY / CARBOXYMETHYL CELLULOSE EYE DROPS IP

ONE DROP 4 TIMES A DAY FOR 60 DAYS BOTH EYE 23-Dec-2023 20-Feb-2024

TREATMENT PLAN : -GLASSES

REFERRED TO :

DR. REMARK : PERIODICAL FOLLOWUPS

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) Counsellor

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)

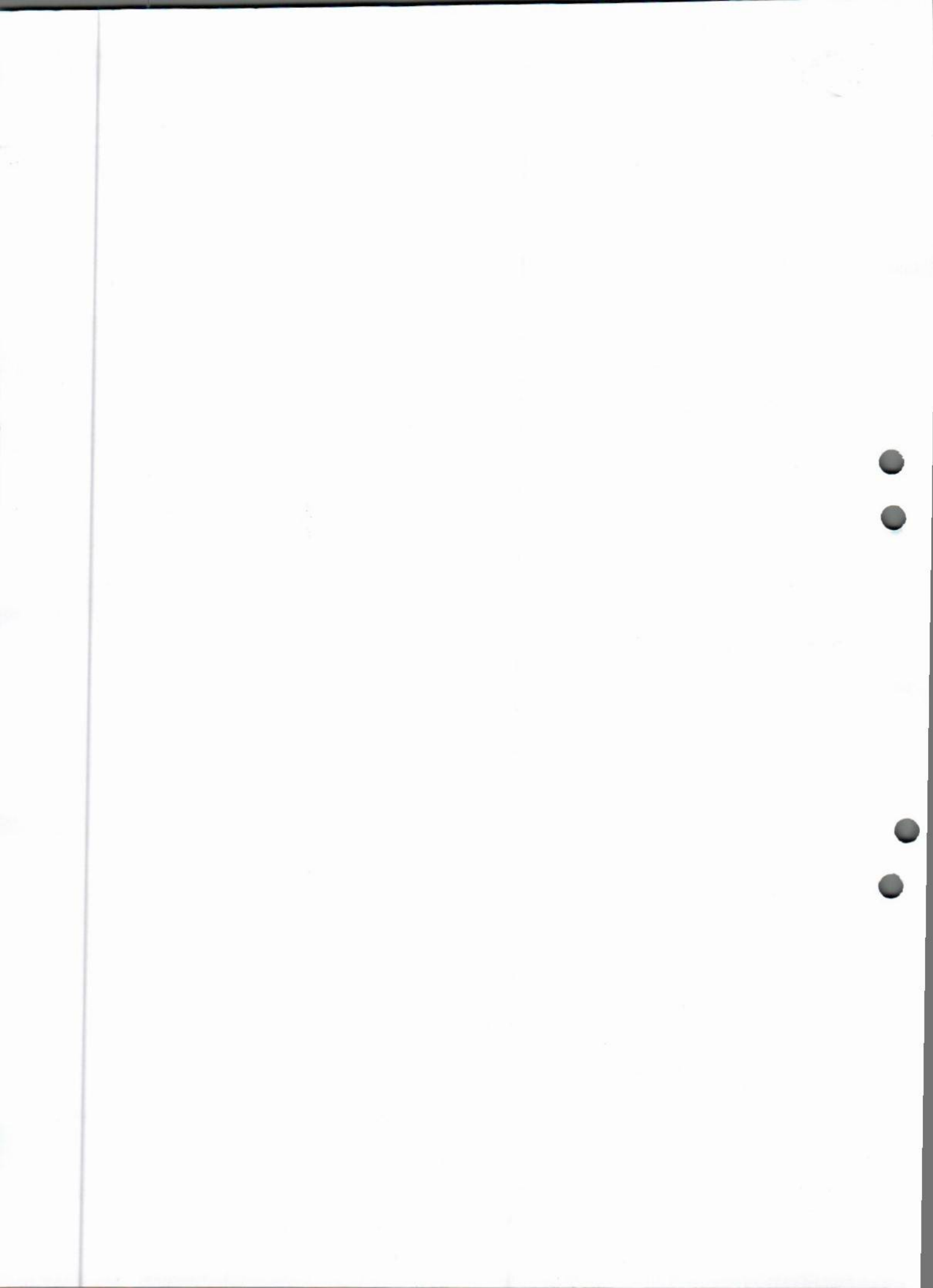
● केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त ● कौशलैस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध

● For Appointment Please Contact : 9111004046

स्वामी विद्यानंद भारती आई बैंक

नेत्रदान

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



PATIENT NAME - MR. BIJENDRA SINGH YADAV 46Y/M
REFERRED BY - H.C.P
DATE - 23/12/2023
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 minimally distended. GB wall appears normal. Visualized **CBD** is of normal caliber.

Spleen appears normal in size (~ 9.8cm), 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 ~ 9.1x3.3cm and left kidney ~ 10.1x4.2cm. 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 (~ 19.6cc), shape and echotexture.

No obvious ascites.

OPINION:- Features are suggestive of-

- Grade I fatty liver.

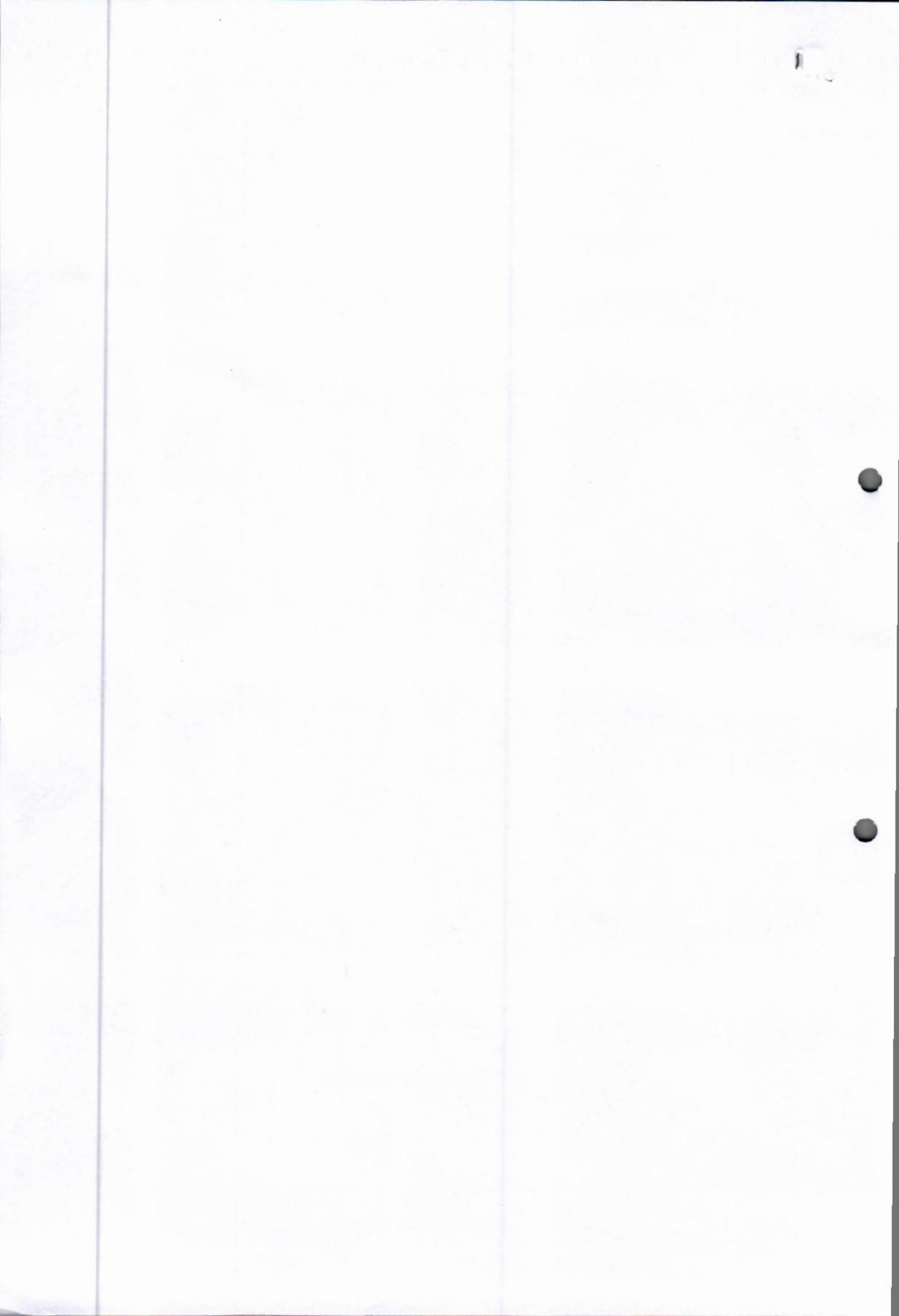
Suggested clinical correlation/Follow up imaging.



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.





bijendra
Male

46 Years

Rate 59 . Right and left arm electrode reversal, interpretation assumes no reversal
 . Sinus or ectopic atrial rhythm.....P axis (-45,135)
 PR 141 . Right axis deviation.....QRS axis (100,269)
 QRSD 91 . Abnormal T, consider ischemia, lateral leads.....T <-0.20mV, I aVL V5 V6
 QT 398 . Lead(s) II were not used for morphology analysis
 QTC 395

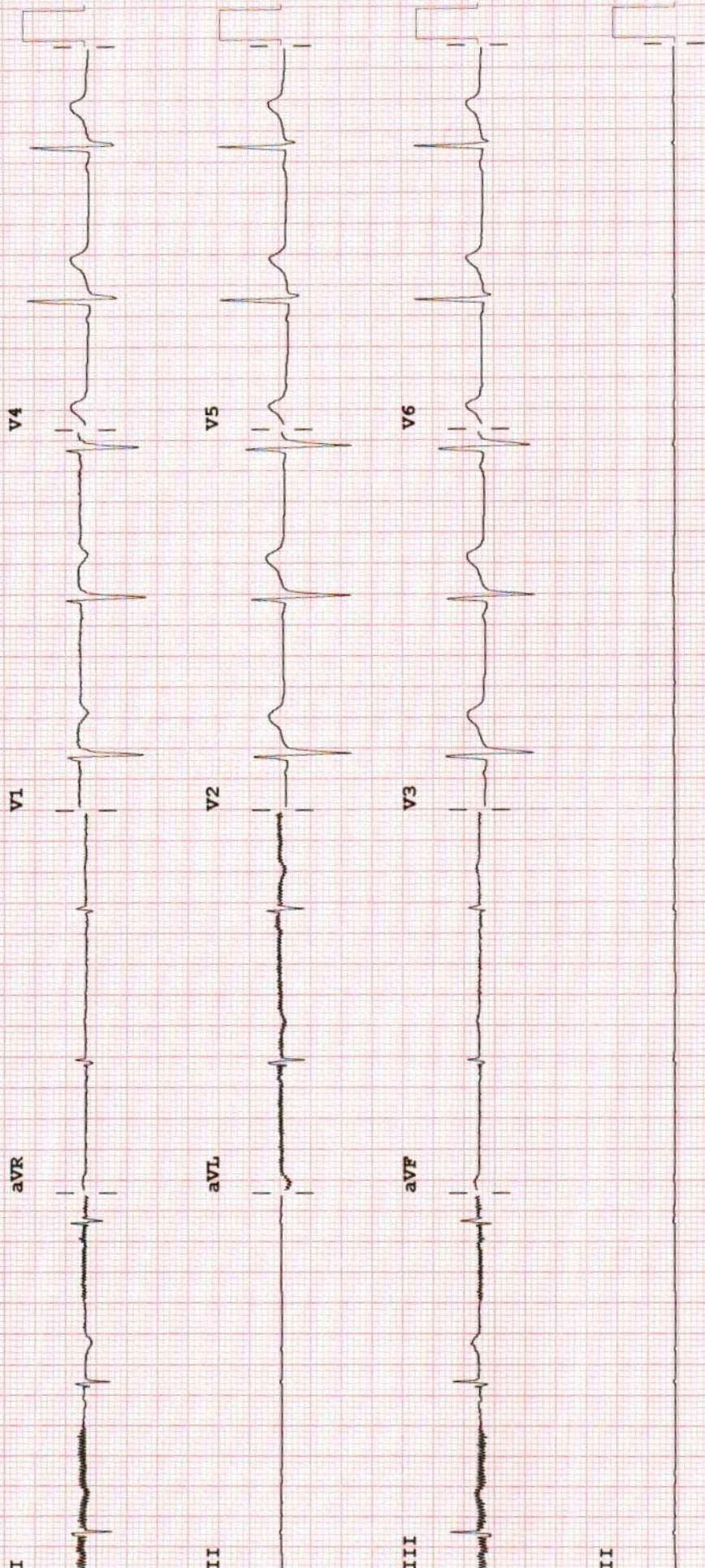
--AXIS--

P 140
 QRS 131
 T 127

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?

