

**Patient Details**

UHID : AFD000015302  
Patient Name : MR. SUNNY CHANDILA  
Age / Gender : 37 Yrs 3 Mth / MALE / 09-06-1985  
Company : Acrofermi Healthcare Ltd  
Address : VPO- BAROLI, SEC-80, FARIDABAD, HARYANA, INDIA, Zip No.-121002

Bill Date : 24-09-2022 09:09:37  
Bill No. : AFDHC220000537  
Receipt No. : AFDPRT220025234

**Service Details**

S. No.	Investigation	Rooms	Remarks
1	MEDIWHEEL PKG FOR MALE BELOW 40YRS		
2	CBC-1( COMPLETE BLOOD COUNT )		
3	ESR		
4	URINE, ROUTINE EXAMINATION		
5	STOOL ROUTINE EXAMINATION		
6	* BLOOD GROUP (ABO & RH)		
7	GLUCOSE PLASMA (FASTING)		
8	GLUCOSE PLASMA (PP) POST PRANDIAL		
9	GLYCATED HAEMOGLOBIN (HBA1C)		
10	THYROID PROFILE (FT3+FT4+TSH)		
11	LIPID PROFILE		
12	KFT/RFT-KIDNEY/RENAL PANEL 1		
13	LIVER FUNCTION TESTS (LFT)		
14	EKG		
15	2D ECHO DR. MITHILESH KUMAR		
16	XRAY-CHEST P.A.		
17	USG-FOR WHOLE ABDOMEN		
18	OPD Consultation-Internal Medicine DR. MUKUND SINGH		
19	OPD Consultation-Ophthal DR. UPASANA / DR. SATISH JERIA		

Prepared By : MR. NIKHIL SHARMA

Employee ID  
Signature

**FINAL REPORT**

Bill No.	: AFDHC220000537	Bill Date	: 24-09-2022 09:09
Patient Name	: MR. SUNNY CHANDILA	UHID	: AFD000015302
Age / Gender	: 37 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22017362	Current Ward / Bed	: /
		Receiving Date & Time	: 24-09-2022 10:39
		Reporting Date & Time	: 24-09-2022 12:47

**HAEMATOLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

**MEDIWHEEL PKG FOR MALE BELOW 40YRS**

**CBC -1 (COMPLETE BLOOD COUNT)**

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		7.4	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)	H	6.7	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		15.0	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		46.9	%	40 - 50
MEAN CORPUSCULAR VOLUME	L	70.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	L	22.4	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.0	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		245	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		45.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	18.8	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		54	%	40 - 80
LYMPHOCYTES		34	%	20 - 40
MONOCYTES		9	%	2 - 10
EOSINOPHILS		3	%	1 - 5
BASOPHILS		0	%	0 - 1
ESR (Westergren)		5	mm 1st hr	0 - 10

Advice- HPLC to rule out hemoglobinopathy/variant Hb (Mentzer index=10)

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. RICHA KAUSHIK MISHRA**  
MBBS, DNB  
CONSULTANT

**FINAL REPORT**

Bill No.	: AFDHC220000537	Bill Date	: 24-09-2022 09:09
Patient Name	: MR. SUNNY CHANDILA	UHID	: AFD000015302
Age / Gender	: 37 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22017369	Current Ward / Bed	: /
		Receiving Date & Time	: 24-09-2022 11:42
		Reporting Date & Time	: 24-09-2022 14:38

**CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Stool, Urine

**MEDIWHEEL PKG FOR MALE BELOW 40YRS**

**STOOL ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

COLOUR	BROWNISH
CONSISTENCY	SEMI SOLID
BLOOD	NOT DETECTED
MUCOUS	ABSENT

**MICROSCOPIC EXAMINATION**

PUS CELLS	1-2
RBC's	NIL
TROPHOZOITES	NOT DETECTED
CYSTS	NOT DETECTED
OVA	NOT DETECTED

**URINE, ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

QUANTITY	40 mL		
COLOUR	Pale yellow		Pale Yellow
TURBIDITY	Clear		

**CHEMICAL EXAMINATION**

PH	6.0		5.0 - 8.5
PROTEINS	Negative		Negative
SUGAR	Negative		Negative
SPECIFIC GRAVITY, URINE	1.010		1.005 - 1.030

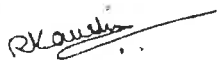
**MICROSCOPIC EXAMINATION**

LEUCOCYTES	2-3	/HPF	0 - 5
RBC's	Nil		
EPITHELIAL CELLS	2-3		
CASTS	Nil		
CRYSTALS	Nil		

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

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DR. RICHA KAUSHIK MISHRA

**FINAL REPORT**

Bill No.	: AFDHC220000537	Bill Date	: 24-09-2022 09:09
Patient Name	: MR. SUNNY CHANDILA	UHID	: AFD000015302
Age / Gender	: 37 Yrs 3 Mth / MALE	Patient Type	: OPD <span style="float: right;">If PHC : </span>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22017363	Current Ward / Bed	: /
		Receiving Date & Time	: 24-09-2022 10:39
		Reporting Date & Time	: 24-09-2022 14:16

**BLOOD BANK REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

**MEDIWHEEL PKG FOR MALE BELOW 40YRS**

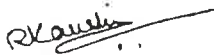
**BLOOD GROUP (ABO & RH)**

ABO GROUP	"O"
RH TYPE	POSITIVE

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. RICHA KAUSHIK MISHRA**  
MBBS, DNB  
CONSULTANT

**FINAL REPORT**

Bill No.	: AFDHC220000537	Bill Date	: 24-09-2022 09:09
Patient Name	: MR. SUNNY CHANDILA	UHID	: AFD000015302
Age / Gender	: 37 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22017400	Current Ward / Bed	: /
		Receiving Date & Time	: 24-09-2022 14:52
		Reporting Date & Time	: 24-09-2022 16:54

Sample Type: Plasma, Serum

**MEDIWHEEL PKG FOR MALE BELOW 40YRS**

GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	H	107.0	mg/dL	70 - 100
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Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.  
(As per American Diabetes Association recommendation)

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)	H	157.3	mg/dL	70 - 140
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Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.  
(As per American Diabetes Association recommendation)

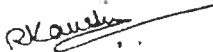
**KFT/RFT- KIDNEY/RENAL PANEL 1**

BLOOD UREA (Urease-GLDH, Kinetic)	L	14	mg/dL	15 - 45
CREATININE-SERUM (Modified Jaffe s Kinetic)	L	0.7	mg/dL	0.9 - 1.3
SODIUM-SERUM (Indirect Ion-Selective Electrode)		140	m.mol/L	135 - 145
POTASSIUM-SERUM (Indirect Ion-Selective Electrode)		4.5	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM (Indirect Ion-Selective Electrode)		102	m.mol/L	98 - 107

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

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**DR. RICHA KAUSHIK MISHRA**  
MBBS, DNB  
CONSULTANT



**FINAL REPORT**

Bill No.	: AFBCB220003153	Bill Date	: 24-09-2022 12:04
Patient Name	: MR. SUNNY CHANDILA	UHID	: AFD000015302
Age / Gender	: 37 Yrs 3 Mth / MALE	Patient Type	: If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB22310275	Current Ward / Bed	: /
		Receiving Date & Time	: 24-09-2022 16:17
		Reporting Date & Time	: 26-09-2022 11:14

**HAEMATOLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

**\*GLYCATED HAEMOGLOBIN (HBA1C)**

HBA1C (HPLC)	H	6.9	%	4.27 - 6.07
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**INTERPRETATION:**

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
1. A three monthly monitoring is recommended in diabetics.
  2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low

*Shilpa*

**DR. SHILPA G**  
MD, PATHOLOGY  
Sr Consultant



**FINAL REPORT**

Bill No.	: AFBCB220003153	Bill Date	: 24-09-2022 12:04
Patient Name	: MR. SUNNY CHANDILA	UHID	: AFD000015302
Age / Gender	: 37 Yrs 3 Mth / MALE	Patient Type	: If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB22310274	Current Ward / Bed	: /
		Receiving Date & Time	: 24-09-2022 16:17
		Reporting Date & Time	: 26-09-2022 09:34

**SEROLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

**\*THYROID PROFILE (FT3+FT4+TSH)**

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.60	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.32	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.02	mIU/L	0.27-4.20

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low

**DR. SHILPA G**  
MD, PATHOLOGY  
Sr Consultant

**FINAL REPORT**

Bill No.	: AFDHC220000537	Bill Date	: 24-09-2022 09:09
Patient Name	: MR. SUNNY CHANDILA	UHID	: AFD000015302
Age / Gender	: 37 Yrs 3 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22017400	Current Ward / Bed	: /
		Receiving Date & Time	: 24-09-2022 14:52
		Reporting Date & Time	: 24-09-2022 16:54

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Plasma, Serum

**MEDIWHEEL PKG FOR MALE BELOW 40YRS**

CHOLESTROL-TOTAL (CHO-POD)	H	186	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Inhibition		42	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	H	127	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO-POD)		124	mg/dL	0 - 160
NON-HDL CHOLESTROL	H	144.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		4.4		½Average Risk <3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		3.0		½Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL		25	mg/dL	10 - 35

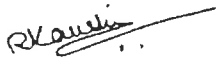
Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
  - Cigarette smoking.
  - Hypertension.
  - Family history of premature coronary heart disease.
  - Pre-existing coronary heart disease.

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. RICHA KAUSHIK MISHRA**

MBBS, DNB  
CONSULTANT



**FINAL REPORT**

<b>Bill No.</b>	: AFDHC220000537	<b>Bill Date</b>	: 24-09-2022 09:09
<b>Patient Name</b>	: <b>MR. SUNNY CHANDILA</b>	<b>UHID</b>	: AFD000015302
<b>Age / Gender</b>	: 37 Yrs 3 Mth / MALE	<b>Patient Type</b>	: OPD <b>If PHC</b> :
<b>Ref. Consultant</b>	: SELF	<b>Ward / Bed</b>	: /
<b>Sample ID</b>	: AFD22017369	<b>Current Ward / Bed</b>	: /
		<b>Receiving Date &amp; Time</b>	: 24-09-2022 11:42
		<b>Reporting Date &amp; Time</b>	: 24-09-2022 14:38

 MBBS, DNB  
 CONSULTANT

**FINAL REPORT**

Bill No. :	AFDHC220000537	Bill Date :	24-09-2022 09:09
Patient Name :	MR. SUNNY CHANDILA	UHID :	AFD000015302
Age / Gender :	37 Yrs 3 Mth / MALE	Patient Type :	OPD If PHC :
Ref. Consultant :	SELF	Ward / Bed :	/
Sample ID :	AFD22017360	Current Ward / Bed :	/
		Receiving Date & Time :	24-09-2022 10:39
		Reporting Date & Time :	24-09-2022 11:43

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

**MEDIWHEEL PKG FOR MALE BELOW 40YRS**

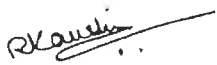
**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL (DPD)	H	1.11	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.20	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	H	0.91	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		6.8	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.2	g/dL	
S.GLOBULIN	L	2.6	g/dL	2.8-3.8
A/G RATIO		1.62		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		75.7	IU/L	53 - 128
ASPARTATE AMINO TRANSFERA (IFCC)		35.1	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)	H	66.8	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTID (IFCC)	H	51.0	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		177.1	IU/L	0 - 248

**\*\* End of Report \*\***

**IMPORTANT INSTRUCTIONS**

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**DR. RICHA KAUSHIK MISHRA**  
MBBS, DNB  
CONSULTANT

## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. SUNNY CHANDILA	IPD No.	:
Age	: 37 Yrs 3 Mth	UHID	: AFD000015302
Gender	: MALE	Bill No.	: AFDHC220000537
Ref. Doctor	: SELF	Bill Date	: 24-09-2022 09:09:37
Ward	:	Room No.	:
		Print Date	: 24-09-2022 10:33:03

### USG WHOLE ABDOMEN

#### FINDINGS:

- Liver is normal in size (longitudinal span 14.4 cm) **and shows moderate fatty infiltration (s/o grade II fatty liver)**. No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is well distended with normal wall thickness. No intraluminal calculi focal lesion seen. No pericholecystic pathology seen.
- *Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.*
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. **A calculus of size 4.5 mm is seen in the middle pole of right kidney.** No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 10.6 x 5.2 cm. The left kidney measures 10.8 x 5.9 cm.
- The Urinary Bladder is well distended.
- Prostate is normal in size **and show parenchymal calcifications.**
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.

#### IMPRESSION:

- **Grade II fatty liver changes.**
- **Right renal calculus.**

*Please correlate clinically.*

.....End of Report.....

Prepare By.  
BHANOO

  
 DR. BHANOO CHAUDHARY, MBBS, MD  
 CONSULTANT

**Note :** The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. SUNNY CHANDILA	IPD No.	:	
Age	: 37 Yrs 3 Mth	UHID	:	AFD000015302
Gender	: MALE	Bill No.	:	AFDHC220000537
Ref. Doctor	: SELF	Bill Date	:	24-09-2022 09:09:37
Ward	:	Room No.	:	
		Print Date	:	24-09-2022 13:08:14

### CHEST PA VIEW:

Cardiac shadow appears normal.

**Both lung fields show prominent bronchovascular markings.**

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

**Please correlate clinically.**

.....End of Report.....



Prepare By.  
BHANOO

DR. BHANOO CHAUDHARY, MBBS, MD  
CONSULTANT

**Note :** The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

## NON INVASIVE CARDIOLOGY

Patient Name	: MR. SUNNY CHANDILA	IPD No.	:
Age	: 37 Yrs 3 Mth	UHID	: AFD000015302
Gender	: MALE	Bill No.	: AFDHC220000537
Ref. Doctor	: SELF	Bill Date	: 24-09-2022 09:09:37
Ward	:	Room No.	:
		Procedure Date	: 24-09-2022 11:21:17

### ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE		NORMAL VALUE
Aortic Root Diameter	2.8		2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N		1.5-2.6cm
Left Atrial Dimension	3.5		1.9-4.0cm < 2.2cm/M2
RV Dimensions	N		0.7-2.6cm
RV thickness	N		0.3-0.9cm
LV ED Dimension	3.8		3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	2.8		2.2-4.0 cm
IVS thickness	ED – 1.1	ES-1.3	0.6-1.2cm
LVPW Thickness	ED – 0.9	ES-1.1	0.5-1.1cm
IVS/ LVPW Ratio	N		
Mitral Valve	DE-N	EF -N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS%	30 %	24-42%
LV Ejection Fraction	60 %	60+/-6%

## NON INVASIVE CARDIOLOGY

Patient Name	: MR. SUNNY CHANDILA	IPD No.	:
Age	: 37 Yrs 3 Mth	UHID	: AFD000015302
Gender	: MALE	Bill No.	: AFDHC220000537
Ref. Doctor	: SELF	Bill Date	: 24-09-2022 09:09:37
Ward	:	Room No.	:
		Procedure Date	: 24-09-2022 11:21:17

### IMAGING:

2D- imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

### MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

### DOPPLER STUDY

MITRAL VELOCITY	m/s E-0.8	m/s A-0.4	MR 0/4
TRICUSPID VELOCITY	1.3 m/s		TR 0/4
AORTIC VELOCITY	1.0 m/s		AR 0/4
PULMONARY VELOCITY	0.9 m/s		PR 0/4
PA Pressure	16+RAP		

## NON INVASIVE CARDIOLOGY

Patient Name	: MR. SUNNY CHANDILA	IPD No.	:
Age	: 37 Yrs 3 Mth	UHID	: AFD000015302
Gender	: MALE	Bill No.	: AFDHC220000537
Ref. Doctor	: SELF	Bill Date	: 24-09-2022 09:09:37
Ward	:	Room No.	:
		Procedure Date	: 24-09-2022 11:21:17

### **COLOUR FLOW MAPPING**

Trace mitral regurgitation.  
 Trace tricuspid regurgitation.

### **FINAL IMPRESSION**

1. No RWMA, LVEF-60%.
2. Borderline LVH.
3. Trace mitral regurgitation.
4. Trace tricuspid regurgitation. ( 16+RAP )
5. Normal mitral inflow pattern.
6. No clot/mass/vegetation/PE

DR. MITHLESH KUMAR  
 MD. DNB (Cardiology),  
 Consultant Cardiologist

HMC-HN19723



For The perusal of a medical professional only  
 The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.  
 It is not the diagnosis & must be correlated clinically.

**NOT FOR MEDICOLEGAL PURPOSES**

.....End of Report.....

Prepare By.  
**RAJNI.KAPOOR**

22.09.2022 9:27:40  
ASIAN FIDELIS HOSPITAL  
SEC- 8B FARIDABAD HARYANA  
RPS CITY

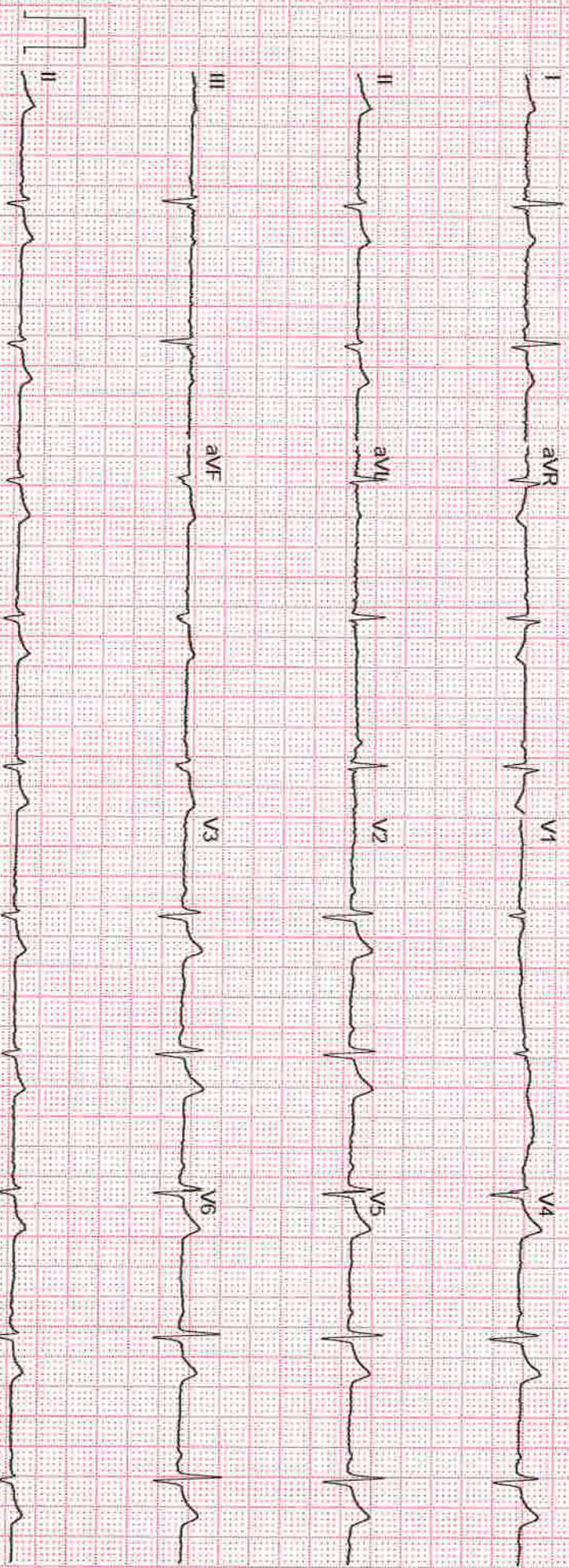
Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

63 bpm  
- / - mmHg

QRS : 78 ms  
QT / QTcBaz : 380 / 388 ms  
PR : 152 ms  
P : 80 ms  
RR / PP : 950 / 952 ms  
P / QRS / T : -21 / -39 / 28 degrees

Normal sinus rhythm  
Left axis deviation  
Abnormal ECG





OPD Assessment Form (First visit/Follow-up)



Name : MR. SUNNY CHANDILA  
 FATHER : MAHAVIER SINGH  
 Age / Gender : 37 Yrs 3 Mth / MALE  
 CPG : CORPORATE CASHAIMS2122\_FD  
 Inst. Name : Acrofemi Healthcare Ltd  
 Address : VPO- BAROLI, SEC-80, FARIDABAD, HARYANA, INDIA, Zip No.-121002

UHID No. : AFD000015302  
 Date : 24-09-2022 09:07:44  
 Doctor / Unit : DR. UPASANA / DR. SATISH JERIA /  
 Department : OPHTHALMOLOGY

*OPD Headiness*

Present Complaints:

BP (mm Hg) 130/70 mmHg  
 Pulse 57 bpm  
 RR SpO2 - 98%  
 Ht/Length  
 Wt-  
 Pain Score (1-10)

Past/Family History:

*M/P HTN*

*no ball injury  
 at childhood*

History Given By :

Clinical Findings :

*Vh < 6/6 nb  
 6/6 nb*

*CLLs  
 upf*

*CS  
 Shandy  
 sylvan  
 symm.*

Any known Allergies

*-0.25 sp - 6/6  
 Acc < -0.25 sp - 6/6*

Provisional Diagnosis :

DR. UPASANA / DR. SATISH JERIA, M.D./MS, CONSULTANT-OPHTHALMOLOGY, Reg. No: DMC-71812

**Note :**  
 Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.  
**WHEN TO OBTAIN URGENT CARE :** In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom


Investigations Advised :

Plan Of Care :

Treatment Advice:

- New glasses (blue filter) / Night Vision  
Dunglasses  
(BT) Lubrex B 1-1-1 month  
20/20 / 20 Rule / (Kick n Shln  
w I/O when w/ky.

Nutritional Screening : Required  (If required, please contact, the dietician)  
Not Required

Signature of Doctor / Consultant:  Date: 24/9/2022 Time: .....