



4-152

030-116/25

W-88

17+82

Patient Name Ms Meglig Crup & MRN: 116126 Age 35 Sex Date/Time 3/52/24

Investigations: (Please Tick)

CBC

ESR

CRP

S-Vit D3

S-Vit B12

RBS

B-Sugar - F/PP

HDA1C

LFT/KFT

PT

INR

RA Factor

Anti CCP

HLA B27

ANA

HIV

HBsAg

Anti HCV

Vitals



SPO₂

Temp

Medical Illness

Hypertension

Diabetes

Thyroid

Cardiac Disease

Drug Allergies

Next Appointment/Follow up

Signature:

- ESR M. - ather hepots wm

RJN APOLLO SPECTRA HOSPITALS 18, Vikas Nagar, Near Sai Baba Mandir, Gwalior - 474002 Ph. No.: 0751-2454600, 2450500 www.apollospectra.com Registered Vide No. NH/1542/MAR-2016

MBBS DIP GO PGDHATOR
MEDICAL CO ORDINATOR
MEDICAL CO ORDINATOR
MEDICAL CO ORDINATOR
MEDICAL CO ORDINATOR

RATAN JYOTI NETRALAYA PRIVATE LIMITED

CIN: U85110MP2013PTC030901

Registered Office: 18, Vikas Nagar, Near Sai Baba Mandir, Gwalior - 474002

BENGALURU | CHENNAI | DELHI | GWALIOR | HYDERABAD | JAIPUR | KANPUR | MUMBAI | PUNE





Patient NAME Age/Gender

: Mrs. MEGHA GUPTA : 35 Y O M O D /F

UHID/MR NO Visit ID

: ILK.00037675 : ILK.110661

Ref Doctor

: Dr.ARCOFEMI HEALTHCARE LIMITED

Collected Received

: 03/Feb/2024 09:33AM : 03/Feb/2024 09:52AM : 03/Feb/2024 10:40AM

Reported Status

: Final Report

Client Name

: INSTA

DEPARTMENT OF HEMATOLOGY

COMPLETE BLO	OOD COUNT- CBG	C / HAEMOGRAM ,	WHOLE BLOOD EDTA	
Haemoglobin (Hb%)	11.6	gm%	11.5-16.0	Cyanmeth
P.C.V (Hematocrit)	35.6	%	35-49	Cell Counter
RBC Count	4.1	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	87.6	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	28.5	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.6	g/dl	30.0-35.0	Calculated
RDW	18.0	%	11-16	Calculated
Total WBC count (TLC)	6,600	/cu mm	4000-11000	Cell Counter
Differential Count by Flowcytometry/	Microscopy			
Neutrophils	61.4	%	50-70	Cell Counter
Lymphocytes	27.8	%	20-40	
Monocytes "	4.3	%	01-10	Cell Counter
Eosinophils	5.7	%	01-06	Cell Counter
Basophils	0.8	%	00-01	Cell Counter
Absolute Leucocyte Count				•
Neutrophil (Abs.)	4,052	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1835	per cumm	600-4000	Calculated
Monocyte (Abs.)	284	per cumm	0-600	Calculated
Eosinophil (Abs.)	376	per cumm ;	40-440	Calculated
Basophils (Abs.)	53	per cumm	0-110	Calculated
Platelet Count	2.50	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)					
Erythrocyte Sedimentation Rate (ESR)	47	mm lst hr.	0-20	Wester Green	

Page 1 of 9





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: lpc.rjn@gmail.com

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DEPARTMENT OF HEMATOLOGY

	BLOOD GF	ROUPING(A,B,O) AND RH FACTOR ,	WHOLE BLOOD EDTA
Blood Grouping		0	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; NORMOCYTIG NORMOCHROMIC BLOOD PICTURE.

Page 2 of 9





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d : 03/Feb/2024 09:52AM

Reported

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DEPARTMENT	OF BIOCHEMI	STRY-ROUTINE
-------------------	-------------	--------------

Test Name	Result	Unit	Bio. Ref. Range	Method

GLUCOSE - FASTING	(FBS)	, NAF PLASMA
--------------------------	-------	--------------

- 1			2.50	CORP. LEWIS ENGINEERS	- 1 - 1
	Fasting Glucose	84.0	mg/dL	65-110	God - Pod

Ref. for Biological Reference Intervals: American Diabetic Assiosation.

GLUCOSE, POST PRANDIAL	(PP)	2 HOURS (POST	MEAL)	FLUORIDE PLASMA
------------------------	------	---------------	-------	-----------------

Post Prandial Glucose	91.0	mg/dL	90-140	2hrs. aftergm
POST Frantilla Glucose	32.0			
		1		glucose/lunch

Ref.for Biological Reference Intervals: American Diabetic Assiosation.

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A.K. Reyong.

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DEPARTMENT	OF BI	OCHEMIS	TRY-ROUTINE	
------------	-------	---------	-------------	--

			Di Def Desert	DA a thank
Test Name	Result	Unit	Bio. Ref. Range	Method

GLYCOSYLATED	HAEMOGLOBIN	(GHB/HBA1	LC) , WHOLE BLOOD EDTA	
Glycosylated Haemoglobin HbA1c	5.2	%		NEPHELOMETRY
Approximate mean plasma glucose	102.54			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%

Page 4 of 9





(A.K. Rajon 19.

DR. ASHOK KUMAR M.D. (PATH)

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	DEPARTMENT OF BIO	DEPARTMENT OF BIOCHEMISTRY-ROUTINE				
Test Name	Result	Unit	Bio. Ref. Range			

Test Name	49.	Result	Unit	Bio. Ref. Range	Method
	со	MPLETE KIDNEY PR	OFILE (RFT/KFT)	, SERUM	
Urea		15.17	mg/dL	13.0-43.0	Urease
Creatinine		0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid		3.9	mg/dL	2.6-6.0	Urease
Sodium	**	137.0	Meq/L	135-155	Direct ISE
Potassium		4.9	Meq/L	3.5-5.5	Direct ISE
Chloride		105.0	mmol/L	96-106	Direct ISE
Calcium		9.5	mg/dL	8.6-10.0	OCPC
Phosphorous		3.4	mg/dL	2.5-5.6	PMA Phenol
BUN		7.09	mg/dL	6.0-20.0	Reflect Spectrothoto

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: INSTA

	DEPARTMENT OF BIO	CHEMISTRY-RO	DUTINE
Test Name	Result	Unit	Bio. Ref. Range

6	LIPID PRO	FILE , SERUM		
Type OF Sample	SERUM			
Total Cholesterol	134.0		up to 200	End Point
Total Triglycerides	83.0	mg/dL	Borderline High Risk: 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	50.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	84	mg/dL	<130	
LDL Cholesterol	67.4	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	16.6	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	2.68		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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Artique.

DR. ASHOK KUMAR M.D. (PATH)

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AKTIVILIAT OF BIO	CHEIVII STICE TO	7011112		
Result	Unit	Bio. Ref. Range	Method	•
			Result Unit Bio. Ref. Range	N

LIVER	LIVER FUNCTION TEST (LFT) WITH GGT, SERUM							
Total Bilirubin	0.7	mg/dL	0.2-1.2	Jendrassik-Grof				
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof				
Indirect Bilirubin	0.6	mg/dL	0.0-0.9	Calculated				
SGOT / AST	32.0	U/L	1-30	UV Kinetic (IFCC)				
SGPT / ALT	29.0	U/L	1-34	UV Kinetic (IFCC)				
Alkaline Phosphatase	81.0	U/L	43-115	PNPP				
Gamma Glutaryl Transferase (GGT)	15.0	U/L	0.0-55.0	Reflect Spectrophoto				
Total Protein	6.9	g/dl	6.4-8.3	Biuret				
Albumin	4.7	g/dL	3.5-5.2	BCG				
Globulin -	2.2	g.dl	2.0-3.5	Calculated				
A/G Ratio	2.14	%	1.0-2.3	Calculated				

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DR. ASHOK KUMAR

M.D. (PATH)

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Client Name

: 03/Feb/2024 09:33AM

: 03/Feb/2024 12:43PM : 03/Feb/2024 01:46PM

Reported : 03/Feb/2024 Status : Final Report

: INSTA

DEPARTMENT C	F	BIOCHEMISTRY-SPECIAL
--------------	---	----------------------

	Dogult	Unit	Bio. Ref. Range	Method
Test Name	Result	Oille	bio. Ker. Kange	IVICTIOU

	THYROID PR	OFILE-I, SERUM		
Trilodothyronine Total (TT3)	1.42	ng/dL	0.6-1.8	Chemilluminisence
Thyroxine (TT4)	9.31	μg/dL	4.5-10.9	Chemilluminisence
Thyroid Stimulating Hormone (TSH)	1.940	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 RE	ELATED GUIDLINES FOR F	REFERENCE RANGE	ES FOR TSH	
TSH	1st Trimester	2nd & 3rd Tri	mester	
(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.

Ultrasensetive kits used.

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

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

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(A.K. Payoria.

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DEPARTMENT OF C	CLINICAL	PATHOLOGY
-----------------	----------	-----------

Test Name	Result	Unit	Bio. Ref. Range	Method

CUE - COMPLETE URINE ANALYSIS, URINE

Physical Examination

Colour	STRAW		Visual
Appearance	Clear		Visual
pH "	5.5	5.0-7.5	Dipstick
Specific Gravity	1.020	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 "	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 ***

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DB VEHOK KIIWV

DR. ASHOK KUMAR M.D. (PATH)

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ECHO CARDIOGRAPHY REPORT

Patient Name : Mrs MEGHA GUPTA

Date : 03/02/2024

AGE & Sex :35yrs/F

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 : 4.6 cms EF 60% ESD : 3.0 cms FS 32%

RWMA : NO REGIONAL WALL MOTION ABNORMALITY

Right Atrium : Normal Right Ventricle : Normal : 3.1cms Aorta 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

THE MINISTREM Sharma (Cardiology)

TRES MINISTREM (Cardiology)

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

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OPHTHALMIC INSTITUTE & RESEARCH CENTRE





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.

1906167

DATE

: 03-February-2024

NAME AGE/SEX : MRS MEGHA GUPTA : 35 YRS / FEMALE MRD NO.

: R-114944 : GWALIOR

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

IOP READING				
TIME	OD	OD METHOD	os	OS METHOD
10:31AM	18		15	

Rx.

EYE

From

BOTH EYE 3-Feb-2024

To

3-Mar-2024

Instructions

1 ECO MOIST ULTRA 1*10ML

ONE DROP 3 TIMES A DAY FOR 30 DAYS

TREATMENT PLAN

: GLASS PRESCRIPTION

REFFERED TO

.

NEXT REVIEW

: AS PER DR. ADVISED

DR. MNOJ SAXENA Reg.No MP-10861

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 : Patient and Attendant(s) Counselled

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 • कैशलैस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध

For Appointment Please Contact: 9111004046

स्वामी विद्यानंद भारती आई बैंक नेंब्रदान

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





Methy Cupta MRN: Age Sex Date/Time Mob No. Investigations: (Please Tick) CBC **ESR** CRP Health cheekup. S-Vit D3 S-Vit B12 RBS 0/E - . · Calculus os · Spains os · Gen gengintis. · Rosponation. ≤ugar - F/PP HbA1C LFT/KFT PT **RA Factor** Anti CCP HLA B27 ANA HIV **HBsAg** Anti HCV Ocal proplyles Vitals SPO₂ Temp Medical Illness Hypertension **Diabetes** Thyroid Cardiac Disease **Drug Allergies** Next Appointment/Follow up

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Signature:

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Patient name	MRS. MEGHA GUPTA	Age/sex	35Y/F
Ref. By	НСР	Date	03.02.24

USG WHOLE ABDOMEN

The **Liver** is normal in size and outline. It shows a diffuse hyper echopattern. No obvious focal pathology is seen. The intra and extra hepatic biliary passages are not dilated.

The **Gall Bladder** is normal in size, has normal wall thickness with no evidence of calculi.

The **Pancreas** is normal in size and echogenicity. Its outlines are distinct. No obvious focal lesion, calcification or ductal dilatation is seen.

Spleen is normal in size and echogenicity.

Both **Kidneys** are normal in position, outline and echogenicity. No evidence of calculi or calyceal dilatation is seen.

There is no evidence of ascites.

The **Urinary Bladder** is normal in size and outline. There is no evidence of any obvious intraluminal or perivesical pathology

The **Uterus** is anteverted and normal in shape, size and position. Its outline is smooth. The endometrial thickness measures 6 mm.

No adnexal mass is seen.

Both Parametria are free. There is no evidence of free fluid in the Pouch of Douglas.

Impression:-

Fatty liver.

Please correlate clinically.

DR. ANOOP ARYA (SINGHAL) DMRD, DNB (RADIODIAGNOSIS)

गर्भाशय कन्या भ्रुण की जाँच एवं हत्या दण्डनीय अपराध है।

बेटी बचाओ - बेटी पढाओ









