



W-64 BD-112/82 P-81

Specialists in Surgery

159964	Patient Name Pr Bablu d	oyal	Age	M Date	4/3/24
VIR NO. (	Patient Name	0	/	Mah Na	1/

### Investigations: (Please Tick)

CBC

ESR

CRP

S-Vit D3

S-Vit B12

RBS

B Sugar - F/PP

HbA1C

LFT/KFT



INR

RA Factor

Anti CCP

HLA B27

ANA

HIV

HBsAg

Anti HCV

### **Vitals**

B.P.

P.R.

SPO<sub>2</sub>



### **Medical Illness**

Hypertension

Diabetes

Thyroid

Cardiac Disease

**Drug Allergies** 

Next Appointment/Follow up

hyerrdan reference

Dr. Bhawna Garg

Dr. Bhawna Garg

MEBS, DIP.GO, PGDHA

MEDICAL CO ORDINATOR

MEDICAL CO ORDINATOR

RJN Apollo Spectra Hospital

Reg.No. MP18035

Signature:

#### RATAN JYOTI NETRALAYA PRIVATE LIMITED

CIN: U85110MP2013PT0030901

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

### **RJN APOLLO SPECTRA HOSPITALS**





: Mr. PRABHU DAYAL SHRIVAS Patient NAME

: 59 Y O M O D /M Age/Gender : ILK.00029126 UHID/MR NO : ILK.132631 Visit ID

: Dr.ARCOFEMI HEALTHCARE LIMITED Ref Doctor

: 14/Sep/2024 09:41AM Collected : 14/Sep/2024 10:15AM Received

: 14/Sep/2024 10:44AM Reported : Final Report Status

: INSTA Client Name

### DEPARTMENT OF HEMATOLOGY

COMPLETE BLO	COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA					
Haemoglobin (Hb%)	13.6	gm%	14.0-17.0	Cyanmeth		
P.C.V (Hematocrit)	42.0	%	40-54	Cell Counter		
RBC Count	5.6	Mill./cu mm	4.00-5.50	Cell Counter		
Mean Corpuscular Volume(MCV)	78.2	fL	76-96	Calculated		
Mean Corpuscular Hb. (MCH)	24.5	pg	27.0-32.0	Calculated		
Mean Corp. Hb. Conc.(MCHC)	32.4	g/dl	30.0-35.0	Calculated		
RDW	14.9	%	11-16	Calculated		
Total WBC count (TLC)	6,300	/cu mm	4000-11000	Cell Counter		

Neutrophils	65.9	%	50-70	Cell Counter
Lymphocytes	24.1	%	20-40	
Monocytes	7.5	%	01-10	Cell Counter
Eosinophils	2.3	%	01-06	Cell Counter
Basophils	0.2	%	00-01	Cell Counter

### **Absolute Leucocyte Count**

Neutrophil (Abs.)	4,152	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1518	per cumm	600-4000	Calculated
Monocyte (Abs.)	473	per cumm	0-600	Calculated
Eosinophil (Abs.)	145	per cumm	40-440	Calculated
Basophils (Abs.)	12	per cumm	0-110	Calculated
Platelet Count	1.50	Lac/cmm	1.50-4.00	Cell Counter

	ERYTHE	IENTATION RATE (ES	SR)			
Erythrocyte Sedimen	tation Rate (ESR)	30	mm lst hr.	0-20	Wester	Green

Page 1 of 11

DR. SARITA PATHAK M.D (PATH)

No 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

- 1971 V 2 1	BLOOD GROUPING(A,B,O) AND RH FACTOR ,	WHOLE BLOOD EDTA
Blood Grouping	В	Slide/Tube Agglutination
Rh (D) Type	POSITIVE	Slide/Tube Agglutination

### BLOOD PICTURE - PERIPHERAL SMEAR EXAMINATION, WHOLE BLOOD EDTA

RBC'S

: Normocytic Normochromic ,hypochromic 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.

Page 2 of 11

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DEPARTMENT	OF BIOCHEMISTRY-ROUTINE
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Status

				14/10/2005	
Test Name	Result	Unit	Bio. Ref. Range	Method	

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

Fasting Glucose	100.0	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	116.0	mg/dL	90-140	2hrs. aftergm
		- 20-		glucose/lunch

Ref.for Biological Reference Intervals: American Diabetic Assiosation.

Page 3 of 11

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Method

Rio Ref Range

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DEPARTMENT C	OF BIOCHEMISTRY-R	OUTINE
--------------	-------------------	--------

Test Name		Result	Oint	Dio. Ren Range	memer
GL	YCOSYLATE	HAEMOGLOBIN	(GHB/HBA1	C) , WHOLE BLOOD EDTA	
Glycosylated Haemoglobin	HbA1c	5.8	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	HPLC
Approximate mean plasma	glucose	119.76			Calculated

Ref.for Biological Reference Intervals: American Diabetes Association.

#### NTERPRETATION:

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</li>
- Action suggested: >8.0% HbA1c

### -Pediatric patients:

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

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DR. SARITA PATHAK M.D (PATH)

Sill No 10508 Apple Spectra Hospitals

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### DEPARTMENT OF BIOCHEMISTRY-ROUTINE

	DEI MINIELLI C. C.C.					
Test Name	Result	Unit	Bio. Ref. Range	Method		
	COMPLETE KIDNEY PROFILE (RFT/KFT), SERUM					
Urea	20.87	mg/dL	13.0-43.0	Urease		
Creatinine	0.6	mg/dL	0.5-1.3	Enzymatic		
Uric Acid	5.7	mg/dL	3.5-7.2	Urease		
Sodium	143.0	Meq/L	135-155	Direct ISE		
Potassium	4.7	Meq/L	3.5-5.5	Direct ISE		
Chloride	106.0	mmol/L	96-106	Direct ISE		
Calcium	10.0	mg/dL	8.6-10.0	OCPC		
Phosphorous	3.3	mg/dL	2.5-5.6	PMA Phenol		
BUN	9.75	mg/dL	6.0-20.0	Reflect Spectrothoto		

Page 5 of 11

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Reported

: 14/Sep/2024 11:32AM

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
	LIPID PROFIL	E , SERUM		^
Type OF Sample	SERUM-F			1
Total Cholesterol	145.0	mg/dl	up to 200	End Point
Total Triglycerides	175.0	mg/dL Borderline High Risk : E 150-199 High Risk: 200-499 Very High Risk: >500		End Point
HDL Cholesterol	37.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	108	mg/dL	<130	
LDL Cholesterol	73	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	35	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.92		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2- 11.0 High Risk : >11.0	CALCULATED

Page 6 of 11

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Kei Doctor	0/10/2007 (ATV1) AL ROBERTO / - 10 - 1	The Assembly of the Control of the C		
DEPA	RTMENT OF BIO	CHEMISTRY-RO	UTINE	
Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER	FUNCTION TEST	(LFT) WITH GG	T , SERUM	
Total Bilirubin	0.6	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.5	mg/dL	0.0-0.9	Calculated
SGOT / AST	36.0	U/L	1-30	UV Kinetic (IFCC
SGPT / ALT	40.0	U/L	1-45	UV Kinetic (IFCC
Alkaline Phosphatase	84.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	38.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.1	g/dl	6.4-8.3	Biuret
Albumin	4.4	g/dL	3.5-5.2	BCG
Globulin	2.7	g.dl	2.0-3.5	Calculated
A/G Ratio	1.63	%	1.0-2.3	Calculated

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Collected Received Reported : 14/Sep/2024 09:41AM : 14/Sep/2024 10:24AM

: 14/Sep/2024 01:50PM

Status Client Name : Final Report : INSTA

DEPARTMENT	OF BIOCHEMISTRY-SPECIAL
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		2000,000,000		
Test Name	Result	Unit	Bio. Ref. Range	Method

	PROSTATE S	PECIFIC ANTI	GEN (TOTAL) - PS	A , SERUM	
Total PSA		1.40	ng/ml	0.0-4.0	CLIA

#### 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 interchangably.
- 4.All results should be corelated with clinical findings and result of other investigations.

Page 8 of 11

DR. ASHOK KUMAR M.D. (PATH)

18, Vikas Nagar, Near Sai Baba Temple, Gwalior - 474009 (M.P.) Ph.: 0751-2454600, Mob. : 8269663137, Email: lpc.rin@gmail.com

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Mathad

Patient NAME

: Mr. PRABHU DAYAL SHRIVAS

Age/Gender

: 59 Y 0 M 0 D /M : ILK.00029126

UHID/MR NO Visit ID

: ILK.132631

Ref Doctor

: Dr.ARCOFEMI HEALTHCARE LIMITED

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Client Name

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DEPARTMENT	OF	BIOCHEMISTRY-SPECIAL
------------	----	----------------------

Test Name	Result	Unit	Bio. Ref. Range	Method	
THYROID PROFILE-I, SERUM					
Trilodothyronine Total (TT3)	1.17	ng/dL	0.6-1.8	Chemilluminisence	
Thyroxine (TT4)	10.47	μg/dL	4.5-10.9	Chemilluminisence	
Thyroid Stimulating Hormone (TSH)	5.578	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
REGNENCY R	ELATED GUIDLINES FOR	REFERENCE RANGE	S 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 hypothyroidism).

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DR. ASHOK KUMAR M.D. (PATH)

SINNO: 10518/ PUN 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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Dipstick

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Age/Gender : 59 UHID/MR NO : IL

: 59 Y 0 M 0 D /M : ILK.00029126 : ILK.132631

Ref Doctor

Visit ID

: Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 14/Sep/2024 09:41AM

Received : 14/Sep/2024 10:15AM Reported : 14/Sep/2024 03:40PM

1.002-1.030

Status : Final Report

Client Name : INSTA

	DEPARTMENT OF CLIN	ICAL PATHO	LOGY	
Test Name	Result	Unit	Bio. Ref. Range	Method
	CUE - COMPLETE URIN	IE ANALYSIS	, URINE	
Physical Examination				
Colour	PALE YELLOW		+	Visual
Appearance	Clear			Visual
pH	6.0		5.0-7.5	Dipstick

1.020

### **Chemical Examination**

Specific Gravity

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	1-2	Hpf	<10	
RBC	ABSENT	/Hpf	ABSENT	
Casts	ABSENT		ABSENT	
Crystals	ABSENT		ABSENT	
Bacteria	NORMALLY PRESENT		NORMALLY PRESENT	
Budding Yeast Cells	Absent		Absent	

	URINE SUGAR FASTING, URINE				
Fasting Urine Sugar	NIL	NIL			

Page 10 of 11



DR. ASHOK KUMAR M.D. (PATH)

SIN NO : 10508/12 N Apollo Spectra Hospitals

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	DEPARTMENT OF CL	INICAL PATHO	LOGY	
Test Name	Result	Unit	Bio. Ref. Range	Method
Sas San	URINE SUGAR (POST	PRANDIAL),	JRINE(PP)	
URINE SUGAR (P. P.)	NIL		NIL	

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

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DR. ASHOK KUMAR M.D. (PATH)

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## ECHO CARDIOGRAPHY REPORT

Age / Sex 59Y/ M Patient Name: MR PRABHUDYAL SHRIVAS Date:14/09/2024 UHID/Bill No: 159904

Echocardiography was performed on vivid T8

Quality Of Imaging

Adequate

Mitral Valve

Normal

Tricuspid Valve

Normal Normal

Aortic Valve Pulmonary Valve

Normal

Left Atrium Left Ventricle 3.4cms IVSD : 1.2 cms LVPWD: 1.2cms

EDD

: 4.9 cms

EF 60%

3.0 cms ESD NO REGIONAL WALL MOTION ABNORMALITY

FS 32%

**RWMA** Normal

Right Atrium Right Ventricle

Normal

Aorta

3.1cms Intact

IAS IVS Pulmonary Artery Pericardium

Normal Normal Normal

SVC, IVC Pulmonary Artery

Normal Nil

Intracardiac Masses Doppler

E > A

### CONCUSION

NORMAL CARDIAC CHAMBERS DIMENSION.

NO REGIONAL WALL MOTION ABNORMALITY. Dr. Abhishe NORMAL LV SYSTOLIC FUNCTION, LVEF 60% MEBS,MD (Medicine) DNB (Cardiology)

erventional-Cardiology Consultant

NORMAL VALVE

Sectra Hospitals MP 12056

INTACT SEPTUM NO CLOT /VEGETATION / PERICARDIAL EFFUSION

Consultant

Dr. Abhishek sharma (DNB) (Interventional Cardiologist)

## RATAN JYOTI NETRALAYA PRIVATE LIMITED

CIN: U85110MP2013PTC0B0901

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

### RJN APOLLO SPECTRA HOSPITALS





Pertificate No.: PEH-2022-1862

MR No	Patient Name	Therdayel,	AGE 994 N	Date 13/9/25	7
	T ddorie Harro	0	John Marie	Mob No.	

Investigations: (Please Tick)

CBC

ESR CRP

S-Vit D3

S-Vit B12

**RBS** 

B Sugar - F/PP

HbA1C

LFT/KFT

PT

**RA Factor** 

Anti CCP

HLA B27

ANA

HIV

**HBsAg** 

Anti HCV

**Vitals** 

B.P.

P.R.

SPO<sub>2</sub>

Temp



### **Medical Illness**

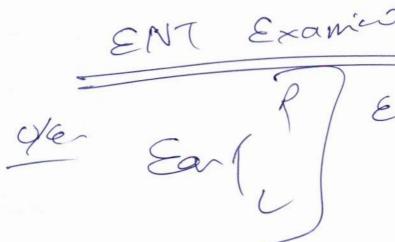
Hypertension

Diabetes

Thyroid

Cardiac Disease

**Drug Allergies** 



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Signature:

# Next Appointment/Follow up

### RATAN JYOTI NETRALAYA PRIVATE LIMITED

CIN: U85110MP2013PTC030901

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

### **RJN APOLLO SPECTRA HOSPITALS**





MR No. Patient Name Mx. Perablus dayal Age 59 Sex 7 Investigations: (Please Tick) CBC **ESR** yearm cherry CRP S-Vit D3 S-Vit B12 **RBS** B Sugar - F/PP HbA1C · Calculy m · Sparker u LFT/KFT PT NR **RA Factor** Gen. glingdufis Anti CCP HLA B27 ANA · fcf & 7 HIV **HBsAg** Anti HCV Vitals B.P. P.R. SPO<sub>2</sub> Temp Restolution &

### Medical Illness

Hypertension

Diabetes

Thyroid

Cardiac Disease

**Drug Allergies** 

Next Appointment/Follow up

Signature:

### RATAN JYOTI NETRALAYA PRIVATE LIMITED

CIN: U85110MP2013PTC030901

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

### RJN APOLLO SPECTRA HOSPITALS



### RATAN JYOTI NETRALAYA

### OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No.: 071



18, Vikas Nagar, Near Sal Baba Mandir, Gwalior-2 (M.P.) INDIA Tel.: 2423350/51, Web: www.ratanjyotigroup.org, Email:rjneye@gmail.com

SR.NO.

2055164

NAME

MR PRABHU DAYAL

AGE/SEX

58 YRS / MALE

DATE

: 14-September-2024

MRD NO.

- R-093525

CITY

: jhansi

VISION	DIST	ANCE	NEAR	
VISION	OD	os	OD	os
UNAIDED	6/24	6/18+		
WITH GLASSES	6/6	6/6	N6	N6
WITH PIN HOLE	6/6	6/6		
WITH COLOR	-			
VISION				

		IOP READIN	1G	
TIME	OD	OD METHOD	os	OS METHOD
11:37AM	18		17	

EYE

From

Instructions

1 MAXMOIST EYE DROP 10ML/SODIUM HYALURONATE EYE DROPS 0.1% W/V ONE DROP 4 TIMES A DAY FOR 90 DAYS

BOTH EYE 14-Sep-2024 12-Dec-2024

TREATMENT PLAN

: ADV

CONTINUE GLASSES

LUBRICATION

R/W SOS -6-8 MONTH .-

REFFERED 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

18, Vikas Nagar Near Sai Baba Temple

Instructions

: Patient and Attendant(s) Counselled

Gwalior-474002

Ratan Jyoti Netralaya

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

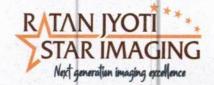
CONSULTATION TIMINGS: MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

स्वामी विद्यानंद भारती आई बैंक नेन्नदान

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

🌘 केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त 🌘 कैशलैस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध 🔎 For Appointment Please Contact : 9111004046





PATIENT NAME

PRABHU DAYAL SHRIVAS 59/M

REFERRED BY

H.C.P

DATE

14/09/2024

INVESTIGATION

**USG WHOLE ABDOMEN** 

### IMAGING FINDINGS:-

Liver appears normal in size, position, shape and margin. Parenchyma shows increased echogenecities. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal.

Gall Bladder is well distended. GB wall and lumen content appears normal. No echogenic focus within GB lumen. Visualized CBD is of normal caliber.

Spleen appears normal in size (~ 11cm), 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 ~ 9.6x4.2cm and left kidney ~ 9.3x3.8cm. 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 partially distended

**Prostate** appears normal in size (~ 13.7cc), shape and echotexture.

No obvious ascites.

OPINION: Features are suggestive of-

Grade I fatty liver

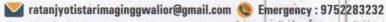
Suggested clinical correlation/Follow up imaging.

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.

गर्भाशय कन्या भ्रूण की जाँच एवं हत्या दण्डनीय अपराध है।

बेटी बचाओ - बेटी पढ़ाओ











PT. NAME: PRABHU DAYAL SHRIVAS	AGE/SEX:59Y/m		
REF.BY: 159904		14/09/2024	

### X RAY CHEST (PA)

### IMAGING FINDINGS:

Prominent vascular markings seen in both lung fields.

B/L costophrenic angle appear clear and normal. -

Trachea is central.

Cardiothoracic ratio is within normal limit.

B/L domes of diaphragm are smooth, regular and normal in position.

#### OPINION:

 No significant abnormality is noted in CXR - PA except for prominent vascular markings.

Please correlate with clinical findings and relevant investigations.

0,

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.

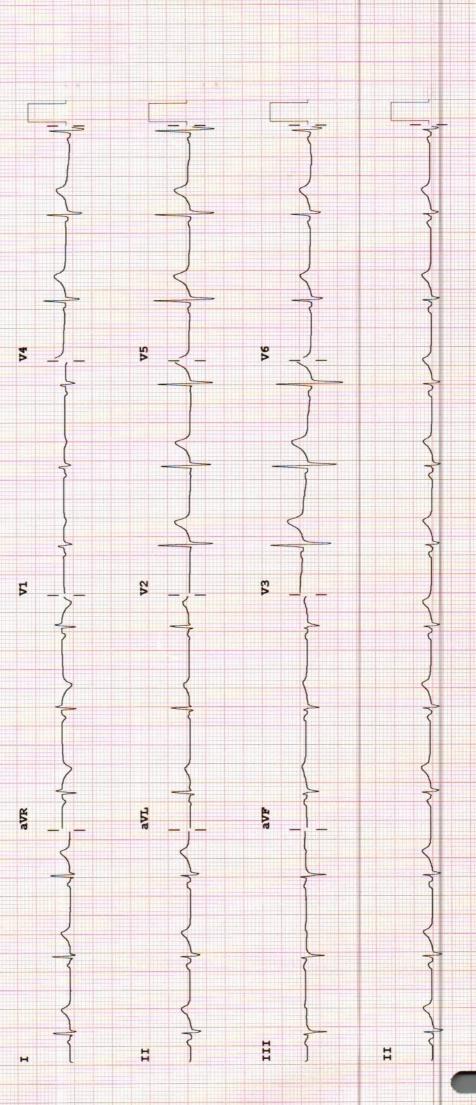
### RATAN JYOTI NETRALAYA PRIVATE LIMITED

CIN: U85110MP2013PTC030901

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

### **RJN APOLLO SPECTRA HOSPITALS**

QT 376  QTC 403 AXIS P 53  QRS -28  T 31  T 12 Lead; Standard Placement  Unconfirmed Diagnosis	Borderline left axis deviation	
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P?

PH100B CL?

F 60~ 0.15-100 Hz

Limb: 10 mm/mV Chest: 10.0 mm/mV

Speed: 25 mm/sec

ARROW