

Patient Name Mrs Rupali Ghunde MRN : 163691 Age 29 Sex F Date/Time 8/3/24

Mob No.

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- T/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

H-160
W-43
BB-94/21
P-82

Vitals

- B.P.
- P.R.
- PO2
- Temp

Medical Illness

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

Next Appointment/Follow up

Signature :

Refers wmc

[Signature]

Dr. Bhawna Garg
MBBS, DIP.GO, PGDHA
MEDICAL CO ORDINATOR
RJN Apollo Spectra Hospital
Reg.No. MP18035

Patient NAME : Mrs. RUPALI GHUMDE	Collected : 08/Mar/2024 09:29AM
Age/Gender : 29 Y 0 M 0 D /F	Received : 08/Mar/2024 09:56AM
UHID/MR NO : ILK.00038808	Reported : 08/Mar/2024 11:19AM
Visit ID : ILK.114293	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%)	12.7	gm%	11.5-16.0	Cyanmeth
P.C.V (Hematocrit)	38.8	%	35-49	Cell Counter
RBC Count	4.5	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	86.4	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	28.4	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.8	g/dl	30.0-35.0	Calculated
RDW	14.1	%	11-16	Calculated
Total WBC count (TLC)	6,600	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	49.6	%	50-70	Cell Counter
Lymphocytes	42.4	%	20-40	
Monocytes	6.4	%	01-10	Cell Counter
Eosinophils	1.2	%	01-06	Cell Counter
Basophils	0.4	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	3,274	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	2799	per cumm	600-4000	Calculated
Monocyte (Abs.)	422	per cumm	0-600	Calculated
Eosinophil (Abs.)	79	per cumm	40-440	Calculated
Basophils (Abs.)	26	per cumm	0-110	Calculated
Platelet Count	2.30	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	20	mm 1st hr.	0-20	Wester Green
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SIN NO :10445167,

A.K. Raju

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

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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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DR. ASHOK KUMAR
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Age/Gender : 29 Y 0 M 0 D /F	Received : 08/Mar/2024 09:56AM
UHID/MR NO : ILK.00038808	Reported : 08/Mar/2024 12:08PM
Visit ID : ILK.114293	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	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	81.0	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	94.0	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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Test Name	Result	Unit	Bio. Ref. Range	Method
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GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA

Glycosylated Haemoglobin HbA1c	5.4	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	107.71			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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(Signature)

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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	20.97	mg/dL	13.0-43.0	Urease
Creatinine	0.6	mg/dL	0.5-1.3	Enzymatic
Uric Acid	5.6	mg/dL	2.6-6.0	Urease
Sodium	139.0	Meq/L	135-155	Direct ISE
Potassium	3.9	Meq/L	3.5-5.5	Direct ISE
Chloride	104.0	mmol/L	96-106	Direct ISE
Calcium	9.7	mg/dL	8.6-10.0	OCPC
Phosphorous	3.7	mg/dL	2.5-5.6	PMA Phenol
BUN	9.8	mg/dL	6.0-20.0	Reflect Spectrothoto



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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	Result	Unit	Bio. Ref. Range	Method
SERUM				
Total Cholesterol	124.0	mg/dl	up to 200	End Point
Total Triglycerides	47.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	51.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	73	mg/dL	<130	
LDL Cholesterol	63.6	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	9.4	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	2.43		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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Visit ID : ILK.114293	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
Total Bilirubin	0.9	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.2	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.7	mg/dL	0.0-0.9	Calculated
SGOT / AST	23.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	20.0	U/L	1-34	UV Kinetic (IFCC)
Alkaline Phosphatase	64.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	10.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.7	g/dl	6.4-8.3	Biuret
Albumin	4.6	g/dL	3.5-5.2	BCG
Globulin	3.1	g.dl	2.0-3.5	Calculated
A/G Ratio	1.48	%	1.0-2.3	Calculated



SIN NO :10445167,

(Handwritten Signature)

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Patient NAME : Mrs. RUPALI GHUMDE	Collected : 08/Mar/2024 09:29AM
Age/Gender : 29 Y 0 M 0 D /F	Received : 08/Mar/2024 01:04PM
UHID/MR NO : ILK.00038808	Reported : 08/Mar/2024 03:00PM
Visit ID : ILK.114293	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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THYROID PROFILE-I , SERUM

Trilodothyronine Total (TT3)	1.25	ng/dL	0.6-1.8	Chemilluminisence
Thyroxine (TT4)	9.28	µg/dL	4.5-10.9	Chemilluminisence
Thyroid Stimulating Hormone (TSH)	1.690	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 RELATED GUIDLINES 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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Age/Gender : 29 Y 0 M 0 D /F	Received : 08/Mar/2024 09:56AM
UHID/MR NO : ILK.00038808	Reported : 08/Mar/2024 12:11PM
Visit ID : ILK.114293	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

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	1.010		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 *****



SIN NO :10445167,

A.K. Rajongal

DR. ASHOK KUMAR
M.D. (PATH)

ECHO CARDIOGRAPHY REPORT

Patient Name : MRS RUPALI
Date : 08/03/2024

AGE & Sex :29yrs /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 : 2.8 cms FS 32%

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
MS,MD (Medicine) DNB (Cardiology)
Consultant Interventional Cardiology
RJN Apollo Spectra Hospitals
Reg.No. MP 12056

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

Patient Name Sarpali MRN : Age Sex F Date/Time 8/4/24
Mob No.

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- HbA1C
- FT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

Health checkup

O/E -

Calcium ~
Spectrum ~
G. gastritis.

G/P -

oral prophylaxis

Vitals

- B.P.
- P.R.
- O2
- Temp

R+

check up 7/w

T-T-
M

Medical Illness

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

Next Appointment/Follow up

Signature :




RATAN JYOTI NETRALAYA

OPHTHALMIC INSTITUTE & RESEARCH CENTRE

Hospital Reg. No. : 071



॥ सर्वेन्द्रियाणाम् नयनम् प्रधानम् ॥

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. : 1914965 DATE : 08-March-2024
 NAME : MRS RUPALI GHUMDE MRD NO. : R-117953
 AGE/SEX : 29 YRS / FEMALE CITY : GWALIOR

VISION	DISTANCE		NEAR	
	OD	OS	OD	OS
UNAIDED	3/6 BLUF	6/6		
WITH GLASSES				
WITH PIN HOLE	6/6			
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
11:23AM	16		16	

Rx. EYE From To Instructions

1 MAXMOIST EYE DROP 10ML/SODIUM
 HYALURONATE EYE DROPS 0.1% W/V
 ONE DROP 3 TIMES A DAY FOR 60 DAYS BOTH EYE 8-Mar-2024 6-May-2024

TREATMENT PLAN : LUBRICATION ONLY
 R/W SOS

REFERRED TO :

DR. AMOL CHAUDHARI

NEXT REVIEW : 9-Sep-2024 1:03PM OR EARLIER IN CASE OF ANY PROBLEM

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 इश्योरेन्स 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

PATIENT NAME - RUPALI GHUMDE 29Y/F
REFERRED BY - HCP
DATE - 08/03/2024
INVESTIGATION - USG WHOLE ABDOMEN

IMAGING FINDINGS:-

Liver appears normal in size, position, shape, echotexture and margin. Liver does not show any measurable focal or diffuse abnormality. 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 (~9.1cm), 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 ~8.8x2.7cm and left kidney ~9.9x4.2cm. 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 partially distended

Uterus is mildly retroverted, appears normal in size, position and echotexture.

Both Ovaries are normal in size, shape and echotexture. No abnormal measurable mass or cyst in adnexal region.

No obvious ascites.

OPINION:- Features are suggestive of-

- No significant abnormality seen in USG WHOLE ABDOMEN.

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.



Patient name	MRS. RUPALI GHUMDE	Age/sex	29Y/M
Ref. By	163691	Date	08.03.24

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)