

Patient Name Mr. Deepak Singh MRN : 161553 Age 35 Sex M Date/Time 10/02/26

Mob No. ....

**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

H-169  
W-75  
BS-108/72  
P-73

- Cholesterol ↑  
- Low Fat diet / Exercise

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

**Vitals**

- B.P.
- P.R.
- SPO2
- mp

**Medical Illness**

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

**Next Appointment/Follow up**

Signature :

Patient NAME : Mr. DEEPAK SINGH CHAUHAN	Collected : 10/Feb/2024 08:55AM
Age/Gender : 38 Y 0 M 0 D /M	Received : 10/Feb/2024 09:28AM
UHID/MR NO : CCC.00000742	Reported : 10/Feb/2024 12:59PM
Visit ID : ILK.111393	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%)	14.1	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	43.0	%	40-54	Cell Counter
RBC Count	5.3	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	80.7	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	26.4	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.7	g/dl	30.0-35.0	Calculated
RDW	13.4	%	11-16	Calculated
Total WBC count (TLC)	4,900	/cu mm	4000-11000	Cell Counter

**Differential Count by Flowcytometry/Microscopy**

Neutrophils	46.8	%	50-70	Cell Counter
Lymphocytes	41.5	%	20-40	
Monocytes	8.6	%	01-10	Cell Counter
Eosinophils	2.6	%	01-06	Cell Counter
Basophils	0.5	%	00-01	Cell Counter

**Absolute Leucocyte Count**

Neutrophil (Abs.)	2,293	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	2034	per cumm	600-4000	Calculated
Monocyte (Abs.)	421	per cumm	0-600	Calculated
Eosinophil (Abs.)	127	per cumm	40-440	Calculated
Basophils (Abs.)	25	per cumm	0-110	Calculated
Platelet Count	1.50	Lac/cmm	1.50-4.00	Cell Counter

**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

Erythrocyte Sedimentation Rate (ESR)	14	mm 1st hr.	0-20	Wester Green
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SIN NO : 10435991

*A.K. Rajan*

**DR. ASHOK KUMAR**  
M.D. (PATH)

Patient NAME : Mr. DEEPAK SINGH CHAUHAN	Collected : 10/Feb/2024 08:55AM
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**DEPARTMENT OF HEMATOLOGY**

**BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA**

Blood Grouping	O			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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Age/Gender : 38 Y 0 M 0 D /M	Received : 10/Feb/2024 09:28AM
UHID/MR NO : CCC.00000742	Reported : 10/Feb/2024 10:45AM
Visit ID : ILK.111393	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	90.0	mg/dL	65-110	God - Pod
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Ref. for Biological Reference Intervals: American Diabetic Assiation.

**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 Assiation.



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**M.D. (PATH)**

विद्यया ऽमृतमश्नुते

विद्यया ऽमृतमश्नुते



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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

**GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA**

Glycosylated Haemoglobin HbA1c	6.0	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	125.79			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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100  
100

100  
100



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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM</b>				
Urea	19.67	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	5.9	mg/dL	3.5-7.2	Urease
Sodium	139.0	Meq/L	135-155	Direct ISE
Potassium	4.3	Meq/L	3.5-5.5	Direct ISE
Chloride	102.0	mmol/L	96-106	Direct ISE
Calcium	9.5	mg/dL	8.6-10.0	OCPC
Phosphorous	3.5	mg/dL	2.5-5.6	PMA Phenol
BUN	9.19	mg/dL	6.0-20.0	Reflect Spectrophoto



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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
Type Of Sample	SERUM			
Total Cholesterol	221.0	mg/dl	up to 200	End Point
Total Triglycerides	222.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	56.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	165	mg/dL	<130	
LDL Cholesterol	116.2	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	44.4	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.95		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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SIN NO : 10435991,

*A.K. Pajon*

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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**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	<b>32.0</b>	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	30.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	59.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	29.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	6.5	g/dl	6.4-8.3	Biuret
Albumin	4.4	g/dL	3.5-5.2	BCG
Globulin	2.1	g.dl	2.0-3.5	Calculated
A/G Ratio	2.10	%	1.0-2.3	Calculated

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Patient NAME : Mr. DEEPAK SINGH CHAUHAN	Collected : 10/Feb/2024 08:55AM
Age/Gender : 38 Y 0 M 0 D /M	Received : 10/Feb/2024 11:59AM
UHID/MR NO : CCC.00000742	Reported : 10/Feb/2024 01:16PM
Visit ID : ILK.111393	Status : Final Report
Ref Doctor : Dr. ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

**DEPARTMENT OF BIOCHEMISTRY-SPECIAL**

Test Name	Result	Unit	Blo. Ref. Range	Method
-----------	--------	------	-----------------	--------

**THYROID PROFILE-I, SERUM**

Triiodothyronine Total (TT3)	1.03	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	8.27	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	2.091	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 IU/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 IU/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
-----------	--------	------	-----------------	--------

**CUE - COMPLETE URINE ANALYSIS , URINE**

**Physical Examination**

Colour	STRAW			Visual
Appearance	Clear			Visual
pH	5.5		5.0-7.5	Dipstick
Specific Gravity	1.005		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	0-2	
Epithelial Cells	2-3	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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CHAUHAN, DEEPAK SINGH  
 Patient ID 161593  
 02/10/2024 Male  
 11:54:06am 38yrs Indian  
 Meds:

Tabular Summary

BRUCE: Total Exercise Time 00:54  
 Max HR: 155 bpm 85% of max predicted 182 bpm HR at rest: 74  
 Max BP: 140/100 mmHg Max RPP: 21700 mmHg\*bpm  
 Maximum Workload: 14.60 METS  
 Max. ST: -1.30 mm, 0.00 mV/s in III; EXERCISE STAGE 4 09:59  
 Arrhythmia: A:54, PVC:2  
 ST/HR index: 1.23  $\mu$ V/bpm  
 Location Number: \* 0 \*

Test Reason:  
 Medical History:  
 Ref. MD: Ordering MD:  
 Technician: # Test Type:  
 Comment:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	00:23	0.50	0.00	1.1	82			0	-0.40	
EXERCISE	STAGE 1	03:00	2.20	10.00	5.7	99	120/80	11880	1	-0.15	
	STAGE 2	03:00	3.00	12.00	8.2	111	130/90	14430	1	-0.25	
	STAGE 3	03:00	3.80	14.00	11.2	130	140/100	18200	0	-0.80	
	STAGE 4	02:04	4.60	16.00	14.6	155	140/100	21700	0	-1.20	
RECOVERY		05:15	0.00	0.00	1.0	102	130/90	13260	0	-0.50	

Test is negative for Exercise Induced Ischemia.

Dr. Abhishek Sharma  
 (Signature)

CHAUHAN, DEEPAK SINGH

Patient ID 161593

02/10/2024

11:54:19am

74 bpm

Linked Medians

PRETEST

SUPINE

00:11

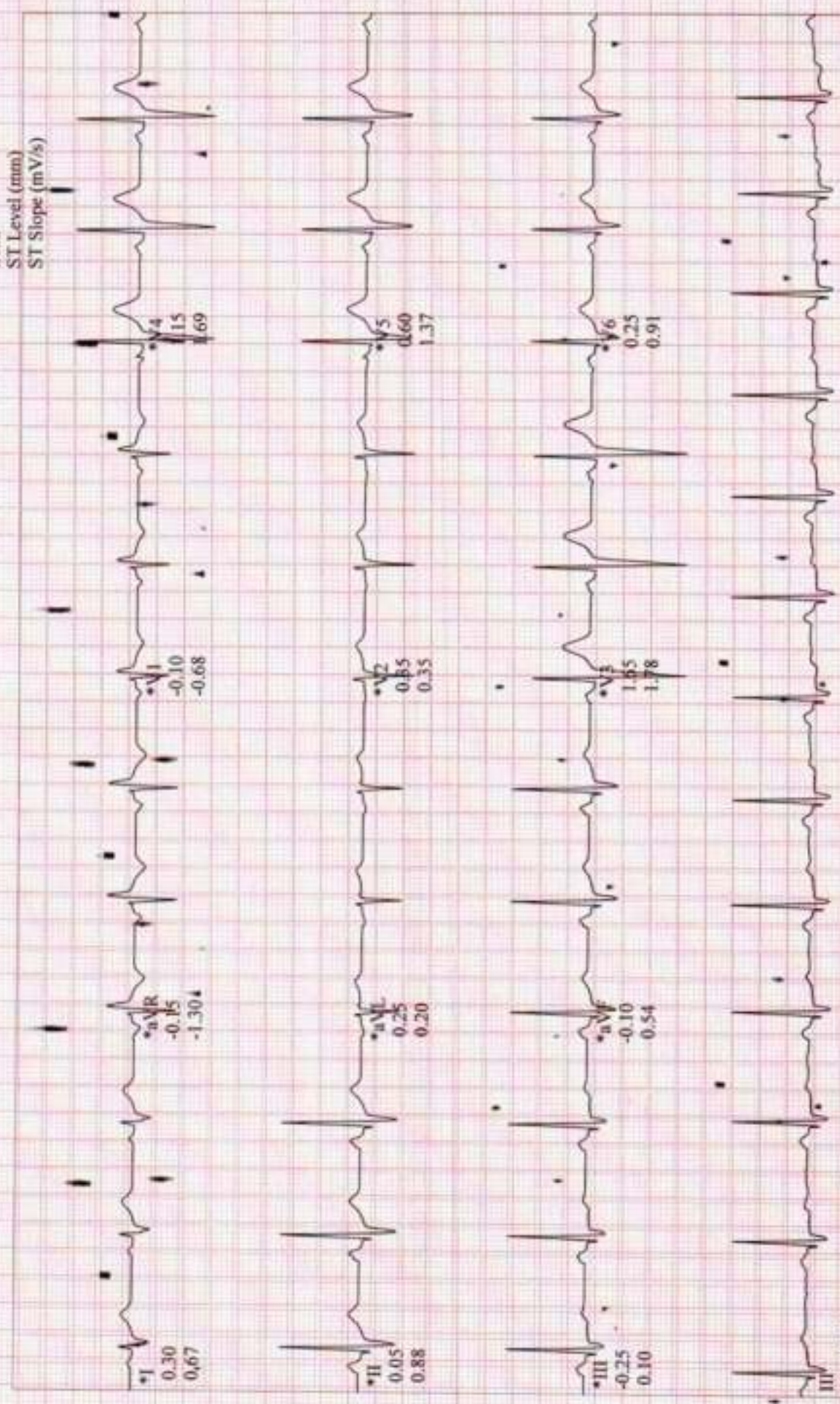
RATAN JYOTI DALMIA HEART INSTITUTE

BRUCE

0.0 mph

0.0 %

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms



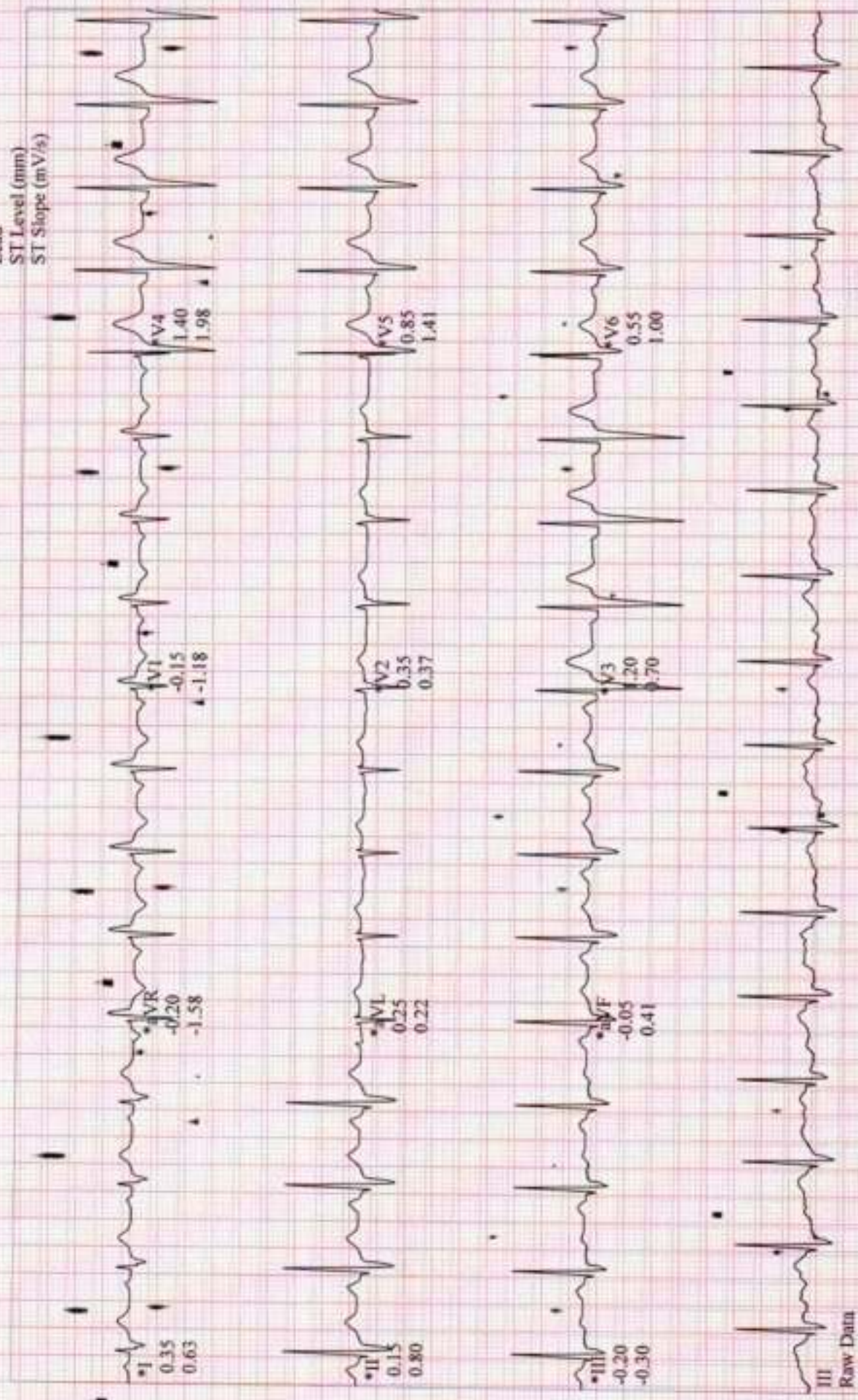
CHAUHAN, DEEPAK SINGH  
Patient ID 161593  
02/10/2024  
11:57:21am

Linked Medians  
EXERCISE  
STAGE 1  
02:50

BRUCE  
2.2 mph  
10.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead  
ST Level (mm)  
ST Slope (mV/s)



III  
Raw Data

\*Computer Synthesized Rhythms

CHAUHAN, DEEPAK SINGH

Patient ID 161593

02/10/2024

12:00:20pm

111 bpm

130/90 mmHg

Linked Medians

EXERCISE

STAGE 2

05:50

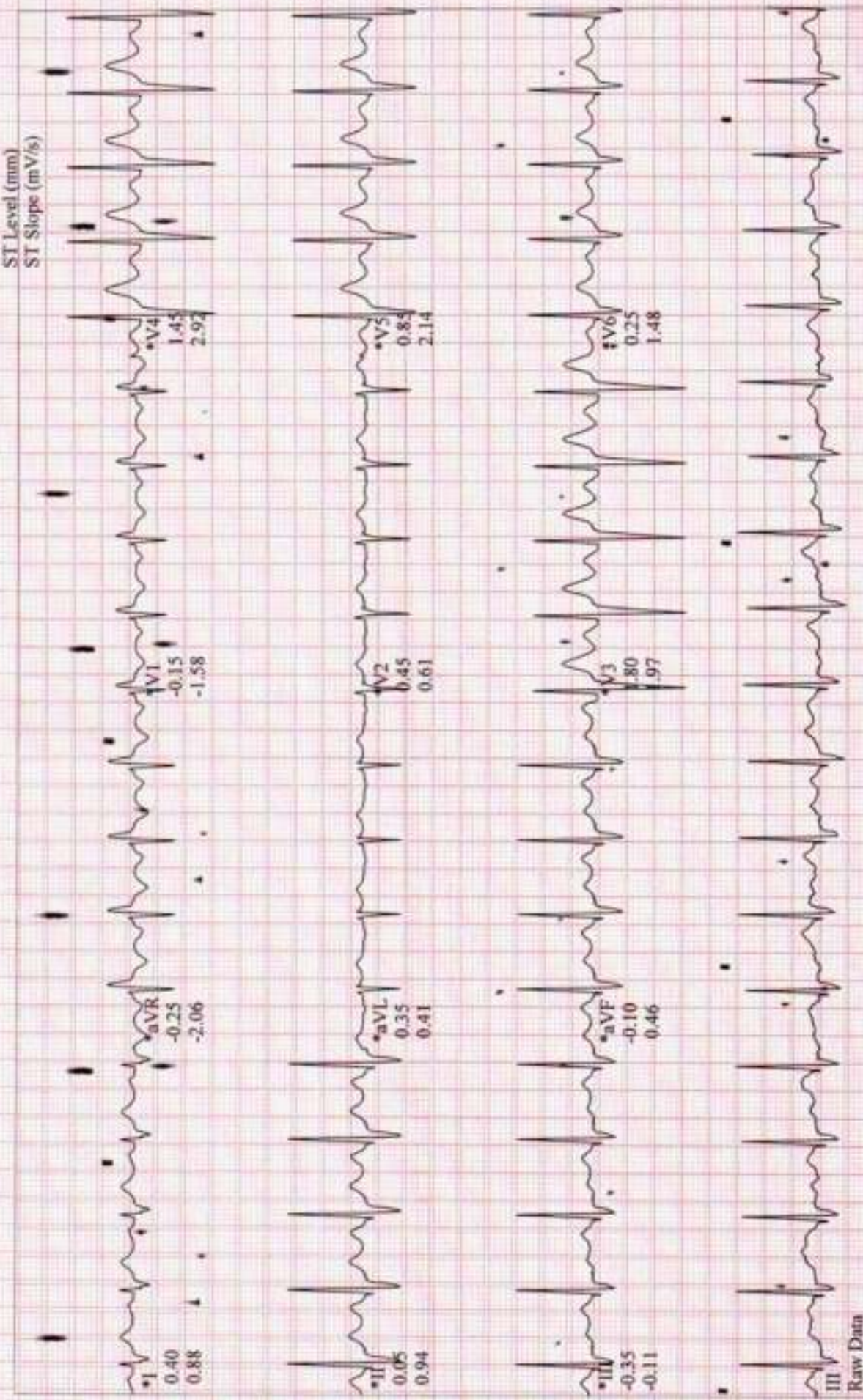
BRUCE

3.0 mph

12.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

CHAUHAN, DEEPAK SINGH

Patient ID 161593

02/10/2024

12:03:20pm

131 bpm

140/100 mmHg

Linked Medians

EXERCISE

STAGE 3

08:50

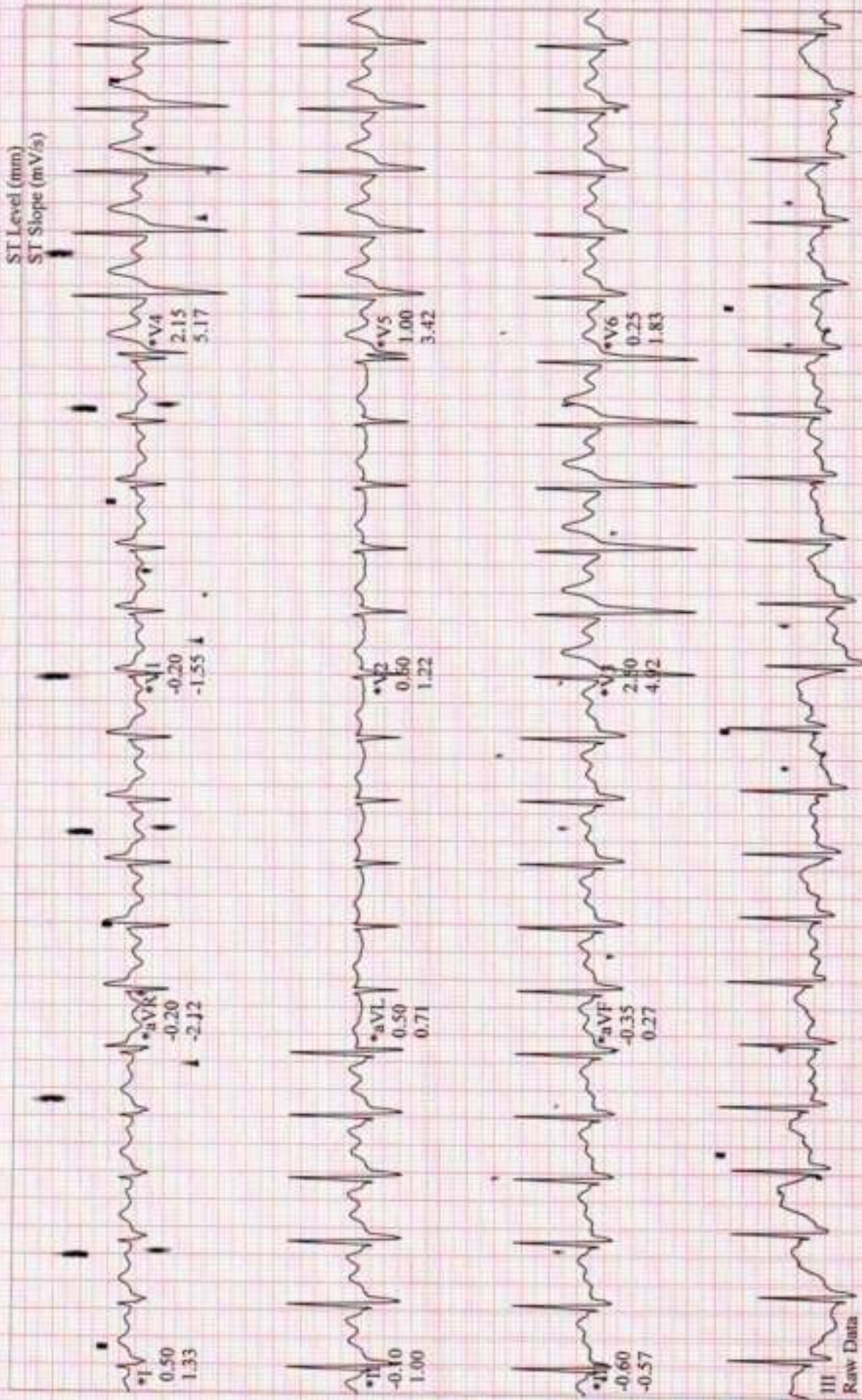
BRUCE

3.8 mph

14.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

Computer Synthesized Rhythms

CHAUHAN, DEEPAK SINGH

Patient ID 161593

02/10/2024

12:05:22pm

155 bpm

Linked Medians

EXERCISE

STAGE 4

10:51

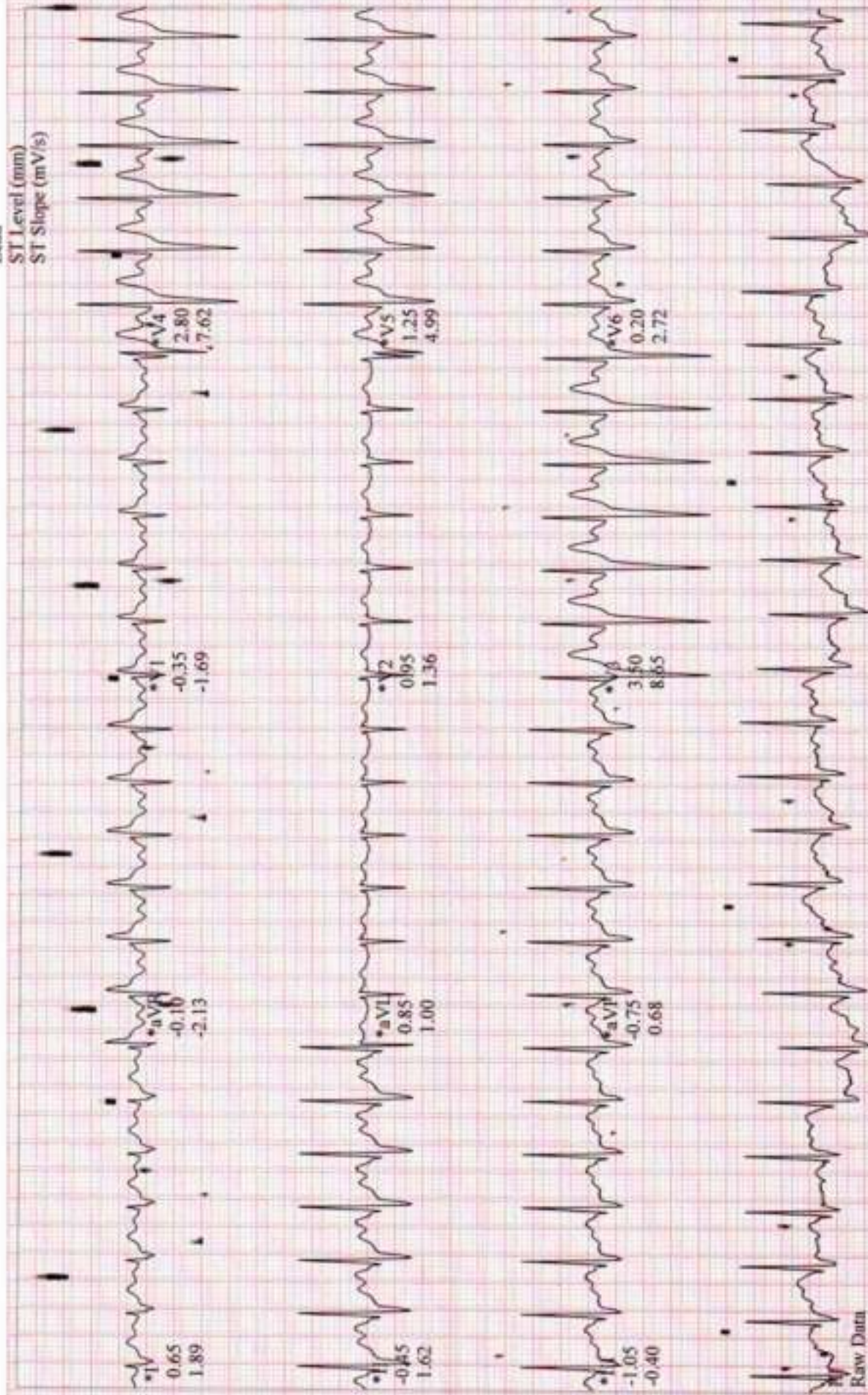
BRUCE

4.6 mph

16.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

CHAUHAN, DEEPAK SINGH

Patient ID 161593

02/10/2024

12:05:34pm

155 bpm

140/100 mmHg

Linked Medians ( PEAK EXERCISE )

EXERCISE

STAGE 4

11:04

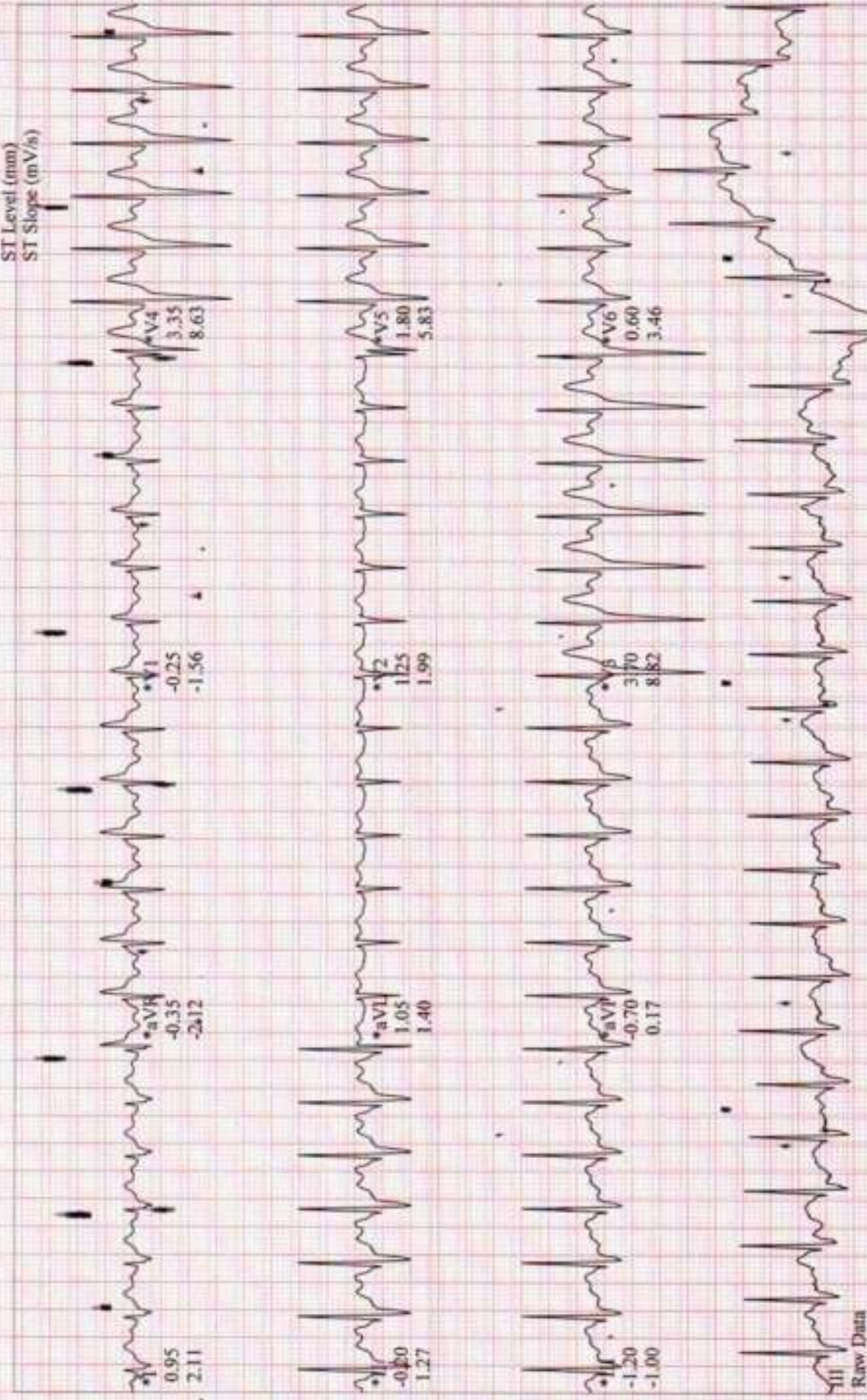
BRUCE

4.6 mph

16.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

CHAUHAN, DEEPAK SINGH  
Patient ID 161593  
02/10/2024  
12:06:25pm

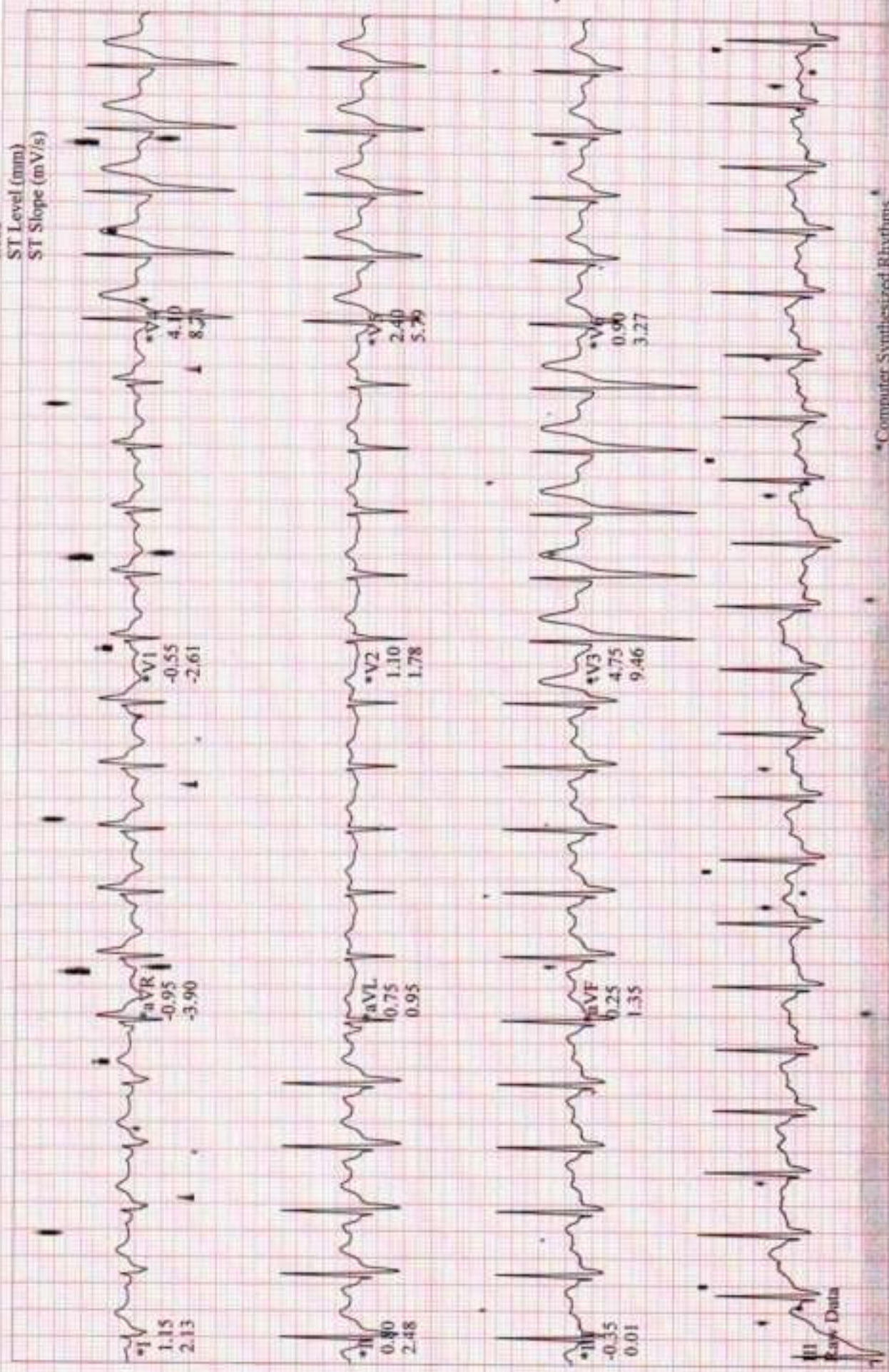
Linked Medians  
RECOVERY  
#1  
00:50

129 bpm  
140/100 mmHg

BRUCE  
1.5 mph  
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

CHAUHAN, DEEPAK SINGH

Patient ID 161593

02/10/2024

12:06:34pm

Linked Medians

RECOVERY

#1

01:00

125 bpm

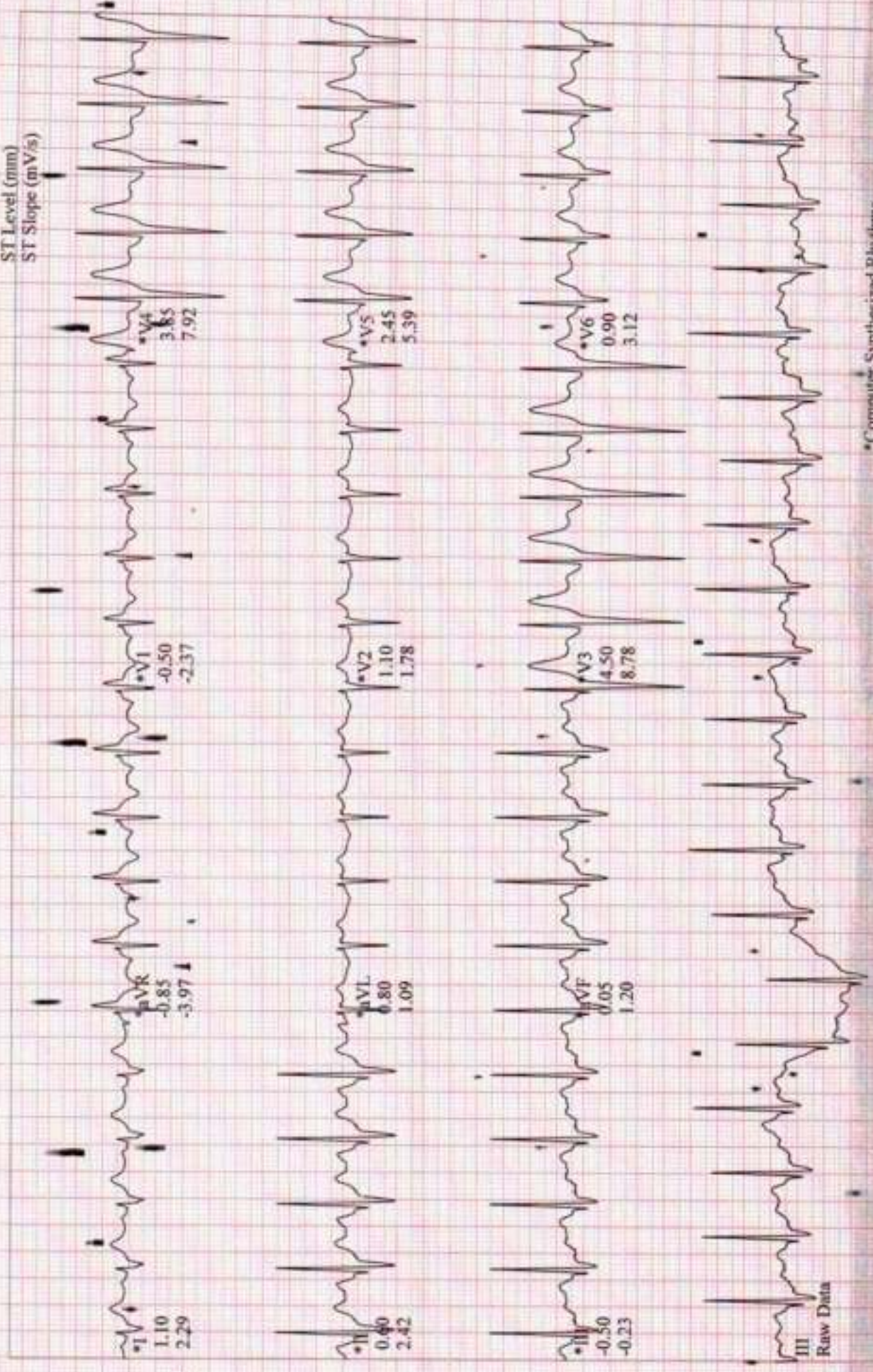
BRUCE

0.0 mph

0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead  
ST Level (mm)  
ST Slope (mV/s)



III  
Raw Data

\*Computer Synthesized Rhythms

CHAUHAN, DEEPAK SINGH

Patient ID 161593

02/10/2024

12:08:35pm

Linked Medians

RECOVERY

#1

03:00

101 bpm

130/90 mmHg

BRUCE

0.0 mph

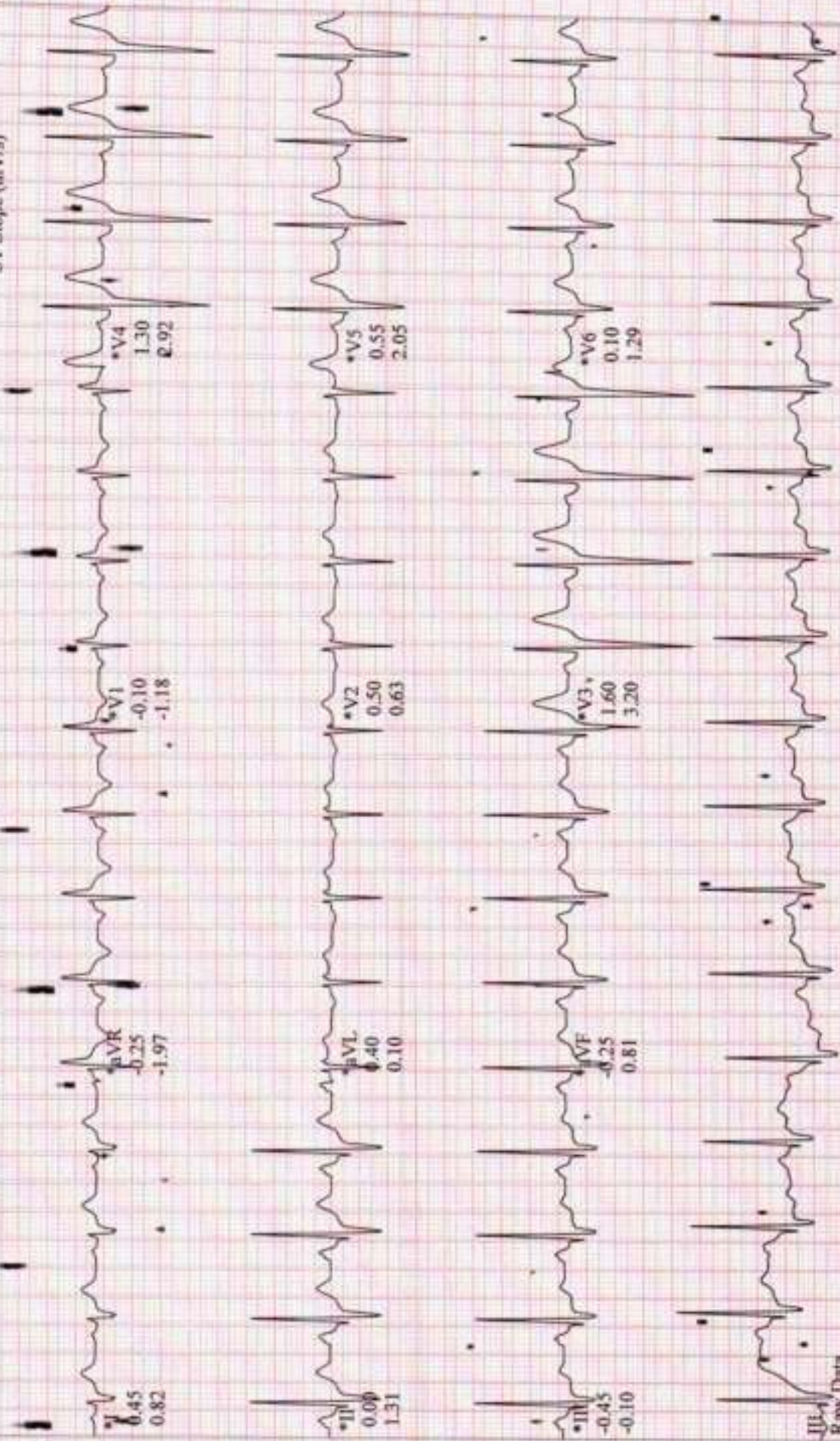
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead

ST Level (mm)

ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms



CHAUHAN, DEEPAK SINGH

Patient ID 161593

02/10/2024

12:09:34pm

106 bpm

Linked Medians

RECOVERY

#

04:00

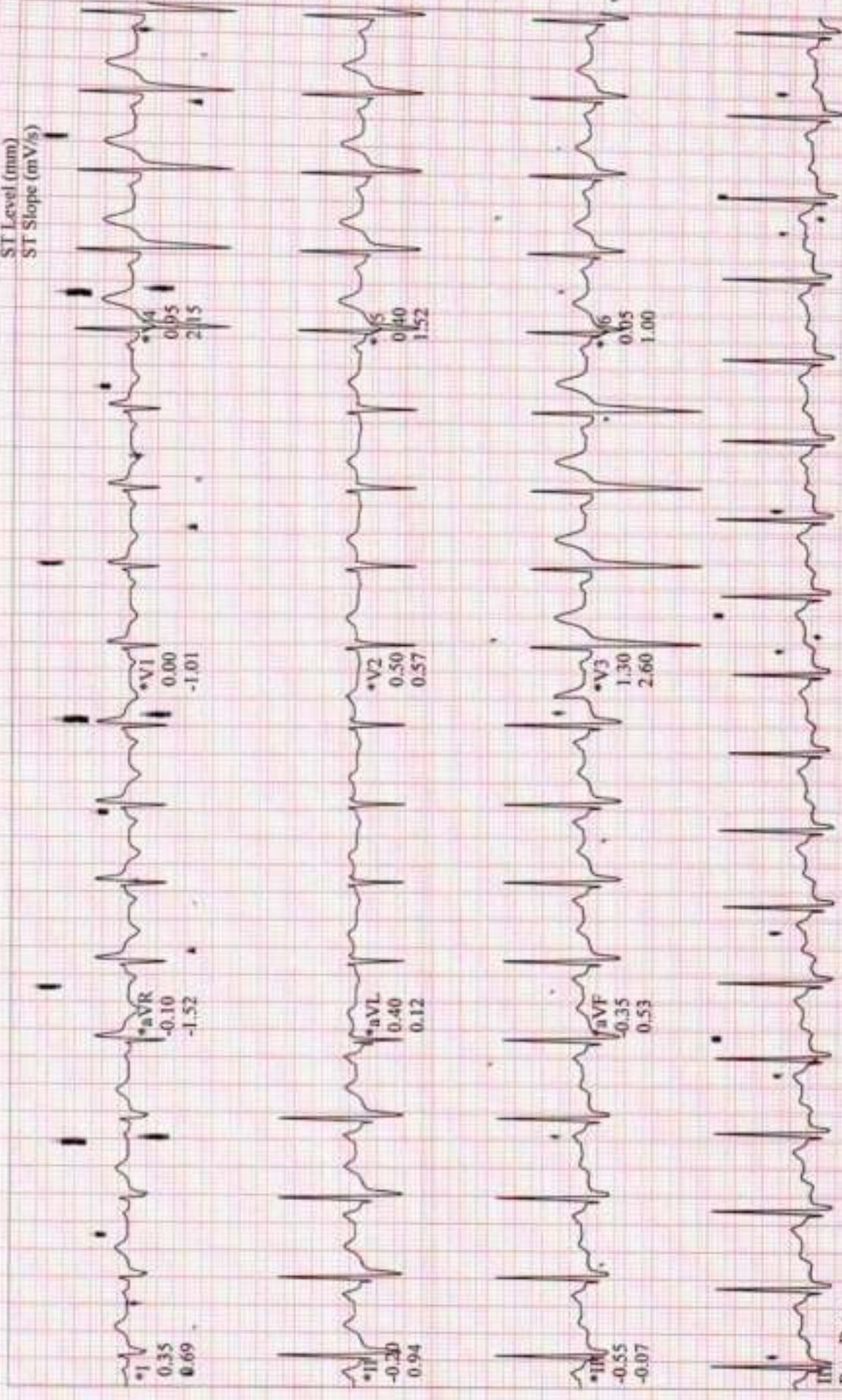
RATAN JYOTI DALMIA HEART INSTITUTE

BRUCE

0.0 mph

0.0 %

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

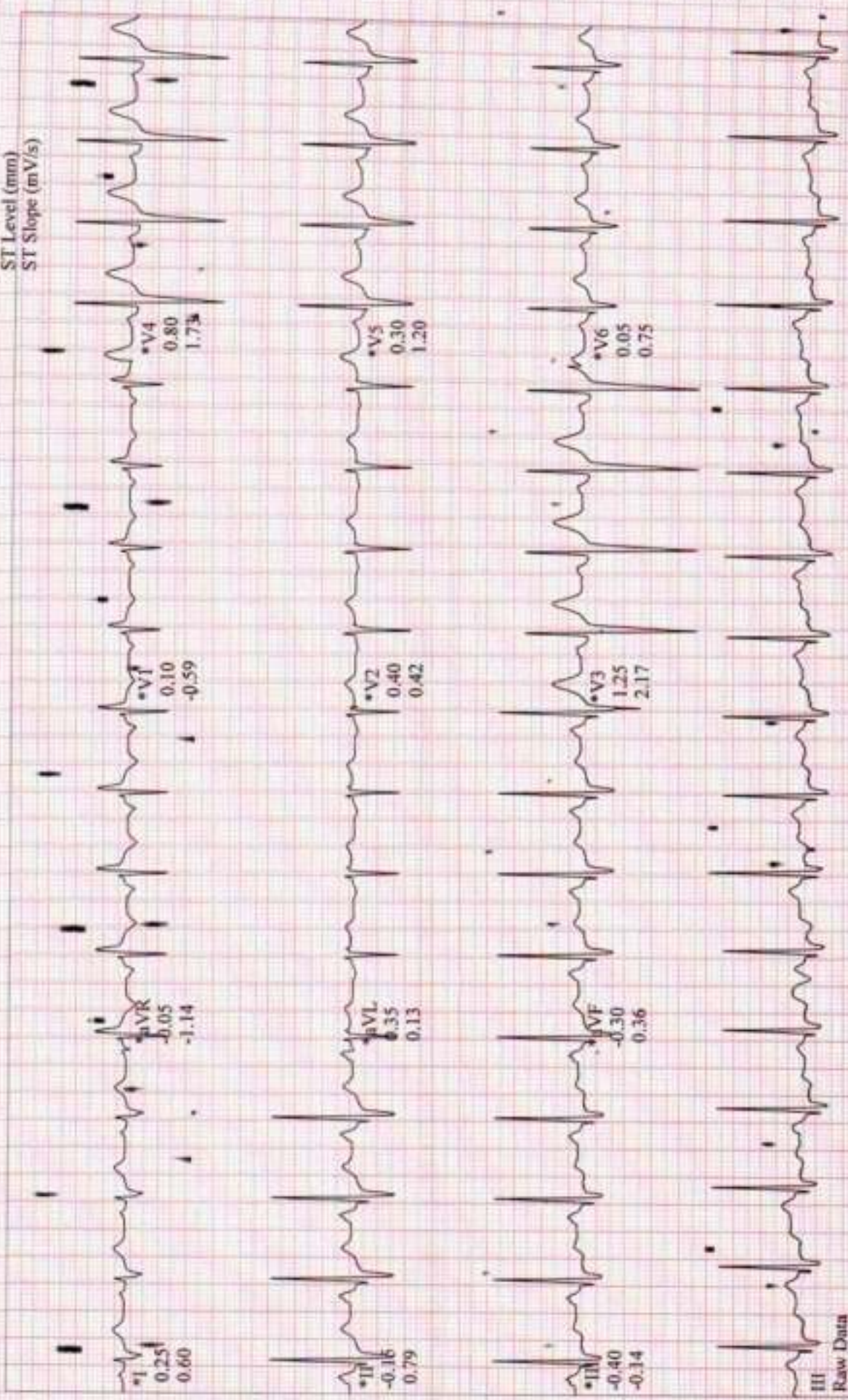
CHAUHAN, DEEPAK SINGH  
Patient ID 161593  
02/10/2024  
12:10:41pm

Linked Medians  
RECOVERY  
#1  
05:06

BRUCE  
0.0 mph  
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

Lead  
ST Level (mm)  
ST Slope (mV/s)



III  
Raw Data

\*Computer Synthesized Rhythms



Patient Name Deepak Singh MRN : ..... Age 38 Sex M Date/Time 18/2/24

Mob No. ....

**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

Health Checkup

D/E -

- Calculus in
- Spleen in
- Gen. ganglions.

A/A -

oral prophy

**Vitals**

- B.P.
- P.R.
- SPO2
- mp

fe

• Cholestasis x 205 M/W

**Medical Illness**

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

• Vamps - 1-1- x 15 days

**Next Appointment/Follow up**

*[Signature]*  
Signature :

Patient Name Deepak Singh MRN : ..... Age 38y Sex M Date/Time 10/2/24  
Mob No. ....

**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

Health check up  
 ECG - done  
 Ear (R) TM intact  
 (L) EXT-NB  
 None (AIR - 800 Million  
 Mucosa @,  
 Pterygoid fold -  
 That - way  
 No Active ENT Interventions

Dr. Samir Gupta  
 Reg No. MP15378  
 RJN Apollo Spectra Hospitals

**Vitals**

- B.P.
- P.R.
- SPO2
- mp

**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



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.	: 1907837	DATE	: 10-February-2024
NAME	: MR DEEPAK SINGH CHAUHAN	MRD NO.	: R-115528
AGE/SEX	: 38 YRS / MALE	CITY	: GWALIOR

### GLASS PRESCRIPTION :

	RIGHT EYE /				LEFT EYE /			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
FOT DISTANCE	-2.00			6/6	-2.00			6/6
NEAR ADD	+0.75			N6	+0.75			N6

Type Of Glass:	CONTINUE SAME GLASS	Use :	GLASS PRESCRIBED
----------------	---------------------	-------	------------------

### REMARKS :

IPD : 60 MM

Rx.	EYE	From	To	Instructions
1 OPTIVE EYE DROP 10ML (CARBOXY-METHYLCELLULOSE SODIUM ) ONE DROP 4 TIMES A DAY FOR 60 DAYS	BOTH EYE	10-Feb-2024	9-Apr-2024	

TREATMENT PLAN : ADV  
GLASSES  
LUBRICATION

REFERRED TO :

  
DR. ANMOL CHAUDHARY

NEXT REVIEW : 10-Feb-2025 11:35AM 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) Counseled

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)

- केंद्रीय कर्मचारियों के लिए मान्यता प्राप्त ● कौशलैस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध
- For Appointment Please Contact : 9111004046

स्वामी विद्यानंद भारती आई बैंक

नेत्रालय

कॉर्पोरेट और करार्थे इमे अपने परिवार को कल्याण करार्थे  
नेत्रालय को लिख् सम्पर्क करार्थे : 9111004044

**PATIENT NAME** - DEEPAK SINGH CHAUHAN 38Y/M  
**REFERRED BY** - H.C.P  
**DATE** - 10/02/2024  
**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 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 (~ 9cm), 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 ~ 8.8x3.3cm and left kidney ~9.3x4.6cm. 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 (~ 8cc), 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.



CHAUHAN, DEEPAK SINGH

Patient ID 161593

02/10/2024

11:54:06am

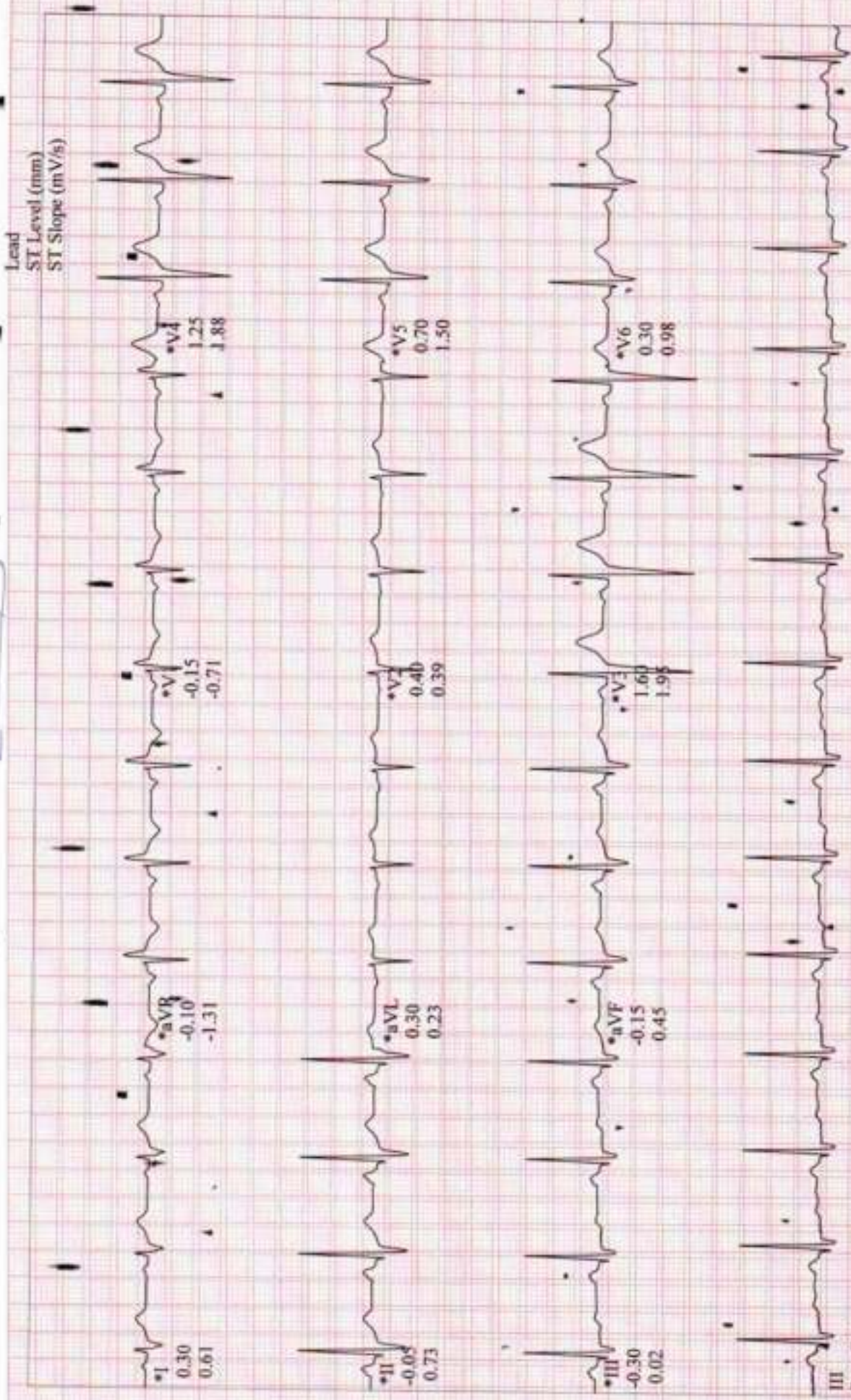
Linked Medians

84 bpm

RATAN JYOTI DALMIA HEART INSTITUTE

1.507

Lead  
ST Level (mm)  
ST Slope (mV/s)



III  
Raw Data

\*Computer Synthesized Rhythms



Patient Name	DEEPAK S. CHAUHAN	Age	38Yrs
Date	10-02-2024	Sex	MALE

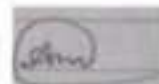
### CHEST X RAY (PA VIEW)

Both lung fields appear clear.  
Both costo-phrenic angles appear clear.  
Cardiothoracic ratio is normal.  
Both domes of diaphragm appear normal.  
Thoracic soft tissue and skeletal system appear unremarkable.

#### IMPRESSION:

- **No significant abnormality is noted**

*Please correlate clinically and with related investigations may be more informative.*



**Dr Amit Kumar**  
MBBS, DMRD  
Consultant Radiologist

RMC-NO-26828/14866