

Patient Name Mrs Arshi M Gupta MRN: 163761 Age 22 Sex F Date/Time 09/02/24

Mob No.

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP
- A1C
- LFT/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

Urologist reference

Arshi M Gupta
M.D., D.P.G.O., PGDHA
MEDICAL CO ORDINATOR
RJN Apollo Spectra Hospital
Reg.No. MP18035

Vitals

- B.P.
- SPO2
- Temp

Medical Illness

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

Next Appointment/Follow up

Signature :

Patient NAME : Mrs. AARTI MOURYA	Collected : 09/Mar/2024 11:10AM
Age/Gender : 27 Y 0 M 0 D /F	Received : 09/Mar/2024 11:58AM
UHID/MR NO : ILK.00038841	Reported : 09/Mar/2024 12:42PM
Visit ID : ILK.114401	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%)	11.3	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	34.4	%	40-54	Cell Counter
RBC Count	4.1	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	84.0	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	27.7	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.9	g/dl	30.0-35.0	Calculated
RDW	13.3	%	11-16	Calculated
Total WBC count (TLC)	7,700	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	57.0	%	50-70	Cell Counter
Lymphocytes	30.2	%	20-40	
Monocytes	9.4	%	01-10	Cell Counter
Eosinophils	3.1	%	01-06	Cell Counter
Basophils	0.3	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	4,396	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	2331	per cumm	600-4000	Calculated
Monocyte (Abs.)	726	per cumm	0-600	Calculated
Eosinophil (Abs.)	239	per cumm	40-440	Calculated
Basophils (Abs.)	21	per cumm	0-110	Calculated
Platelet Count	2.20	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	30	mm 1st hr.	0-20	Wester Green
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SIN NO : 10445510

(Signature)

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 Education
Office of the Secretary



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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	NEGATIVE			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.



SIN NO : 10445510,

A.K. Fajana

DR. ASHOK KUMAR
M.D. (PATH)



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Age/Gender : 27 Y 0 M 0 D /F	Received : 09/Mar/2024 11:58AM
UHID/MR NO : ILK.00038841	Reported : 09/Mar/2024 12:59PM
Visit ID : ILK.114401	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	79.0	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	99.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiation.



SIN NO : 10445510

A.K. Ashok Kumar

DR. ASHOK KUMAR
M.D. (PATH)



Patient NAME : Mrs. AARTI MOURYA	Collected : 09/Mar/2024 11:10AM
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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	4.5	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	82.45			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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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

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

COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM

Urea	19.97	mg/dL	13.0-43.0	Urease
Creatinine	0.6	mg/dL	0.5-1.3	Enzymatic
Uric Acid	4.1	mg/dL	3.5-7.2	Urease
Sodium	133.0	Meq/L	135-155	Direct ISE
Potassium	4.6	Meq/L	3.5-5.5	Direct ISE
Chloride	103.0	mmol/L	96-106	Direct ISE
Calcium	9.5	mg/dL	8.6-10.0	OCPC
Phosphorous	4.4	mg/dL	2.5-5.6	PMA Phenol
BUN	9.33	mg/dL	6.0-20.0	Reflect Spectrothoto

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A.K. Rajan

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

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

LIPID PROFILE , SERUM

Type OF Sample	SERUM			
Total Cholesterol	110.0	mg/dl	up to 200	End Point
Total Triglycerides	65.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	40.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	70	mg/dL	<130	
LDL Cholesterol	57	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	13	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	2.75		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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Age/Gender : 27 Y O M O D /F
UHID/MR NO : ILK.00038841
Visit ID : ILK.114401
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 09/Mar/2024 11:10AM
Received : 09/Mar/2024 11:58AM
Reported : 09/Mar/2024 12:59PM
Status : Final Report
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	17.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	12.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	75.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	11.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.2	g/dl	6.4-8.3	Biuret
Albumin	4.4	g/dL	3.5-5.2	BCG
Globulin	2.8	g.dl	2.0-3.5	Calculated
A/G Ratio	1.57	%	1.0-2.3	Calculated



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Patient NAME : Mrs. AARTI MOURYA	Collected : 09/Mar/2024 11:10AM
Age/Gender : 27 Y 0 M 0 D /F	Received : 09/Mar/2024 01:00PM
UHID/MR NO : ILK.00038841	Reported : 09/Mar/2024 02:10PM
Visit ID : ILK.114401	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL

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

THYROID PROFILE-I , SERUM

Triiodothyronine Total (TT3)	1.22	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	9.60	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	3.550	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

PREGNANCY 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).



SIN NO : 1045510

A.K. Rajan

DR. ASHOK KUMAR
M.D. (PATH)



Patient NAME : Mrs. AARTI MOURYA
Age/Gender : 27 Y 0 M 0 D /F
UHID/MR NO : ILK.00038841
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Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 09/Mar/2024 11:10AM
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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	Turbid			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/Ehrlich's
Ketones	NIL		NIL	Dipstick/Rotheras
Bile Salts	ABSENT		ABSENT	Dipstick
Bile Pigments	ABSENT		ABSENT	Dipstick/Fouchets
Nitrite	ABSENT		ABSENT	Dipstick

Microscopic Examination.

Pus Cells	3-4	/Hpf	0-2	
Epithelial Cells	7-10	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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SIN NO : 10445510

A. Ashok Kumar

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ECHO CARDIOGRAPHY REPORT

Patient Name : MRS AARTI MOURYA
Date : 09/03/2024

AGE & Sex : 27yrs /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
MBBS, MD (General), DNB (Cardiology)
Consultant Interventional Cardiologist
Ratan Jyoti Dalmia Heart Institute
Reg. No. JH-12058

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

Patient Name Asdi MRN : Age 20y Sex F Date/Time 4/3/24
Mob No.

Investigations : (Please Tick)

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

CBC - Health check up
Rt - \rightarrow wt + \odot
Ea \odot - nas

Neap } nas
Ther }

No Active ENT Inten

[Signature]
Dr. Sunil Gupta

Vitals

- B.P.
- P.R.
- SPO2
- Temp

Medical Illness

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

Next Appointment/Follow up

Signature :

Patient Name Neetu MRN : Age 26 Sex F Date/Time 9/3/24

Investigations : (Please Tick)

Mob No.

- 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

O/E

Calcium m

Stool m

Gen gen

1/D. Oral
Prophyl

Vitals

- B.P.
- P.R.
- SPO2
- Temp

Chol AD 5 m/w

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



॥ सर्वोद्वेगस्य सर्वम् 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. : 1915338
NAME : MRS ARTI MOURYA
AGE/SEX : 25 YRS / FEMALE

DATE : 09-March-2024
MRD NO. : R-118083
CITY : GWALIOR

VISION	DISTANCE		NEAR	
	OD	OS	OD	OS
UNAIDED	6/6	6/6	N5	N6
WITH GLASSES				
WITH PIN HOLE				
WITH COLOR				
VISION				

IOP READING				
TIME	OD	OD METHOD	OS	OS METHOD
2:13PM	15		16	

Rx. EYE From To Instructions

1 LUBRIFRESH GEL EYE DROP BOTH EYE 9-Mar-2024 7-Apr-2024
ONE DROP 4 TIMES A DAY FOR 30 DAYS

TREATMENT PLAN : -YEARLY FOLLOW UPS
REFERRED TO :
NEXT REVIEW : AS PER DR. ADVISED


DR GOPAL NARAYAN UBHAL

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 Attendants 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)

● केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त ● कैंश्लैस इश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध
● For Appointment Please Contact : 9111004046

स्वामी विद्यानंद भारती आई बैंक
नेत्रदान
घरों और काराखों जैसे अपने परिवार को सच्चा सन्देश
नेत्रदान के लिए सम्पर्क करें : 9111004044

PATIENT NAME - AARTI MOURYA 27Y/F
REFERRED BY - HCP
DATE - 09/03/2024
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 (~10cm), 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 -9.2x3.7cm and left kidney -10.3x4.4cm. 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 minimally distended.

Uterus is anteverted, appears grossly normal in size and position.

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-

- 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.

Patient name	MRS. AARTI MOURYA	Age/sex	27Y/♀
Ref. By	163761	Date	09.03.24

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 (RADIODIAGNOSIS)

74 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . RSR' in V1 or V2, right VCD or RVB.....QRS area positive & R' V1/V2

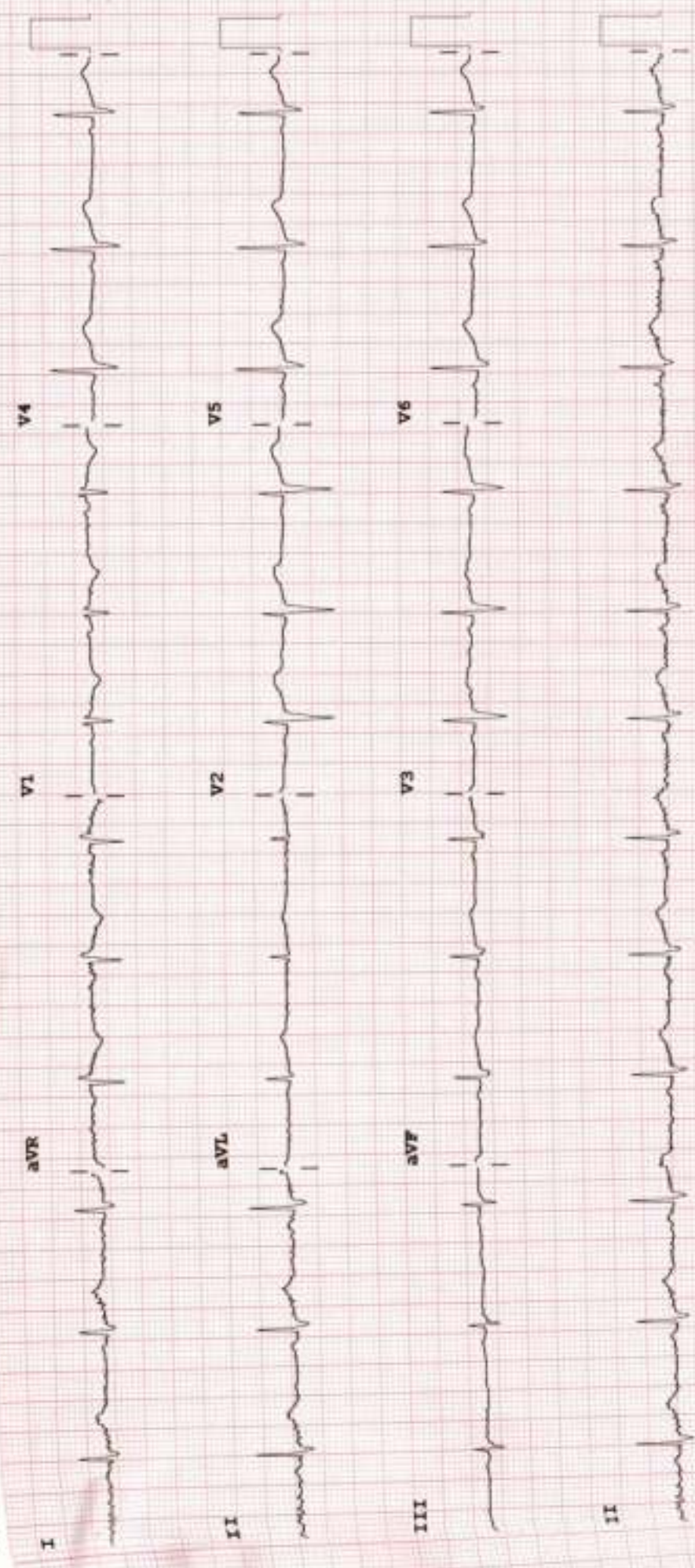
Rate 74
 PR 136
 QRS 92
 QRS 389
 QT 432
 QTc

--AXIS--
 P 51
 QRS 35
 T 32

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis

12 Lead; Standard Placement



F 60~ 0.15-100 Hz

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

PH100B CL P?

