

Arcofemi



Patient Name *Mr Samkit Jain* MRN : *164925* Age *31* Sex *M* Date/Time *23/03/24*

Investigations : (Please Tick)

Mob No.

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

H *181* Cm
W *86* Kg
BP *115/77*
P *83*

Refuse care
g

Dr. Bhawna Garg
MBBS, DIP.GO, PGDHA
Reg.No.-MP18035
Deputy Medical Superintendent
RJN Apollo Spectra Hospitals

Vitals

- B.P.
- SPO2
- Temp

Medical Illness

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

Next Appointment/Follow up

Signature :

Patient NAME : Mr. SAMKIT JAIN
Age/Gender : 31 Y O M O D /M
UHID/MR NO : ILK.00039342
Visit ID : ILK.115854
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 23/Mar/2024 09:25AM
Received : 23/Mar/2024 10:09AM
Reported : 23/Mar/2024 10:23AM
Status : Final Report
Client Name : INSTA

DEPARTMENT OF HEMATOLOGY

COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA

Haemoglobin (Hb%)	15.0	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	45.9	%	40-54	Cell Counter
RBC Count	5.3	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	86.7	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	28.3	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.7	g/dl	30.0-35.0	Calculated
RDW	14.3	%	11-16	Calculated
Total WBC count (TLC)	6,700	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	56.6	%	50-70	Cell Counter
Lymphocytes	33.3	%	20-40	
Monocytes	7.1	%	01-10	Cell Counter
Eosinophils	2.3	%	01-06	Cell Counter
Basophils	0.7	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	3,792	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	2231	per cumm	600-4000	Calculated
Monocyte (Abs.)	476	per cumm	0-600	Calculated
Eosinophil (Abs.)	154	per cumm	40-440	Calculated
Basophils (Abs.)	47	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)	24	mm 1st hr.	0-20	Wester Green
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SIN NO :10450263,

A.K. Rajan

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

• Results may vary from lab to lab and from time to time for the same parameter for the same patient • Assays are performed in accordance with standard procedures.
• In case of disparity test may be repeated immediately. • This report is not valid for medico legal purpose.

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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 : Predominantly 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.



A.K. Rajanna

DR. ASHOK KUMAR
M.D. (PATH)

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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE - FASTING (FBS) , NAF PLASMA

Fasting Glucose	87.0	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	110.0	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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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLYCOSYLATED HAEMOGLOBIN (GHb/HbA1c) , WHOLE BLOOD EDTA

Glycosylated Haemoglobin HbA1c	5.3	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	105.70			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	31.76	mg/dL	13.0-43.0	Urease
Creatinine	0.7	mg/dL	0.5-1.3	Enzymatic
Uric Acid	6.1	mg/dL	3.5-7.2	Urease
Sodium	137.0	Meq/L	135-155	Direct ISE
Potassium	4.3	Meq/L	3.5-5.5	Direct ISE
Chloride	103.0	mmol/L	96-106	Direct ISE
Calcium	9.0	mg/dL	8.6-10.0	OCPC
Phosphorous	3.1	mg/dL	2.5-5.6	PMA Phenol
BUN	14.84	mg/dL	6.0-20.0	Reflect Spectrothoto



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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
Type OF Sample	CLEAR			
Total Cholesterol	171.0	mg/dl	up to 200	End Point
Total Triglycerides	94.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	41.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	130	mg/dL	<130	
LDL Cholesterol	111.2	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	18.8	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	4.17		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0	CALCULATED



SIN NO : I0450263,

A.K. Rajora

DR. ASHOK KUMAR
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Visit ID : ILK.115854
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 23/Mar/2024 09:25AM
Received : 23/Mar/2024 10:09AM
Reported : 23/Mar/2024 11:32AM
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	0.5	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.1	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.4	mg/dL	0.0-0.9	Calculated
SGOT / AST	16.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	17.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	59.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	13.0	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

(Signature)

DR. ASHOK KUMAR
M.D. (PATH)



SIN NO : 10450263,

Patient NAME : Mr. SAMKIT JAIN	Collected : 23/Mar/2024 09:25AM
Age/Gender : 31 Y O M O D /M	Received : 23/Mar/2024 01:04PM
UHID/MR NO : ILK.00039342	Reported : 23/Mar/2024 02:01PM
Visit ID : ILK.115854	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)	1.34	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	7.52	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	1.233	µIU/ml	0.35-5.50	Chemilluminescence

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

PREGNANCY 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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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	5.5		5.0-7.5	Dipstick
Specific Gravity	1.025		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	1-2	/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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ECHO CARDIOGRAPHY REPORT

Patient Name : MR SOMKIT JAIN
Date : 23/03/2024

AGE & Sex : 31yrs /M

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 : 4.9 cms EF 62%
ESD : 2.9 cms FS 34%

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-62%
NORMAL VALVES
INTACT SEPTUM
NO CLOT /VEGETATION /PERICARDIAL EFFUSION

Dr. Abhishek Sharma
RBS,MD (Medicine) DNB (Cardiology)
Consultant Interventional-Cardiology
RJN Apollo Spectra Hospitals
Reg.No. MP 12056

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

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. : 1919595
NAME : MR SAMKIT JAIN
AGE/SEX : 31 YRS / MALE

DATE : 23-March-2024
MRD NO. : R-119428
CITY : GWALIOR

PAST SURGERIES :

NIL IN

VISION	DISTANCE		NEAR	
	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
11:36AM	18	NCT	18	

Rx. EYE From To Instructions

1 MOISTANE EYE DROP 10ML/POLYETHYLENE
GLYCOL 400 & OPTHALMIC SOLUTION
(0.4% & 0.3% W/V)

ONE DROP 4 TIMES A DAY FOR 60 DAYS

BOTH EYE 23-Mar-2024 21-May-2024

TREATMENT PLAN : -20-20-20 RULE HAVE BEEN EXPLAINED TO THE PATIENT
REVIEW SOS

REFERRED TO :
NEXT REVIEW : AS PER DR. ADVISED

Jyotsna
23/3/24

DR. JYOTSNA SHARMA

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 ● कैंशलैस इंश्योरेन्स 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	MR. SAMKIT JAIN	Age/sex	31Y/M
Ref. By	HCP	Date	23.03.24

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 **Prostate** is normal in size.. It shows a uniform parenchymal echogenicity and smooth outlines with no evidence of focal or diffuse lesion seen.

Impression:-

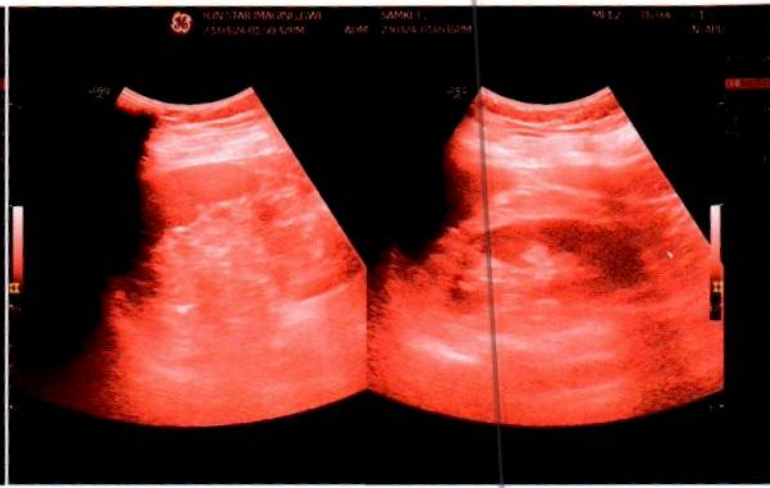
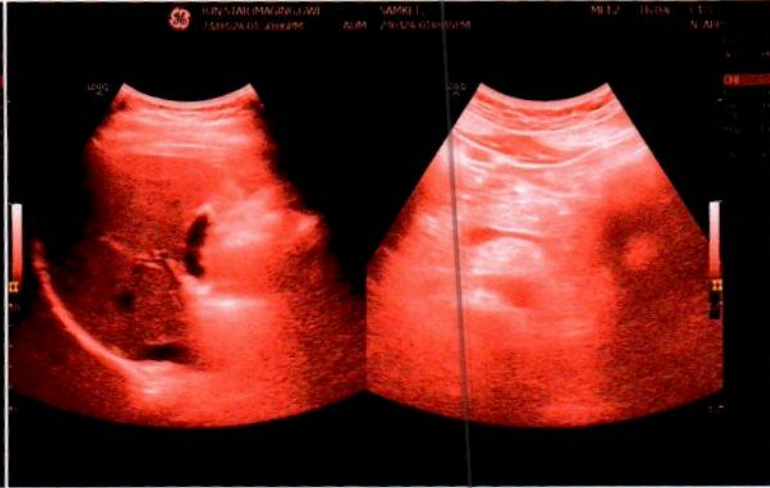
- **Grade I fatty liver**

Please correlate clinically.

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

गर्भाशय कन्या भ्रूण की जाँच एवं हत्या दण्डनीय अपराध है।

बेटी बचाओ - बेटी पढ़ाओ



Patient name	MR.SAMKIT JAIN	Age/sex	31Y/M
Ref. By	164975	Date	23.03.24

XRAY CHEST (PA VIEW)

- 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 (RADIOLOGY)

164975
31 Years

samkit jain
Male

23-Mar-24 10:53:22 AM

Rate 88 . Sinus rhythm.....normal P axis, V-rate 50- 99
 PR 144 . RSR' in V1 or V2, right VCD or RVH.....QRS area positive & R' V1/V2
 QRS 88 . ST elev, probable normal early repol pattern.....ST elevation, age<55
 QT 362 . Baseline wander in lead(s) V2
 QTc 438

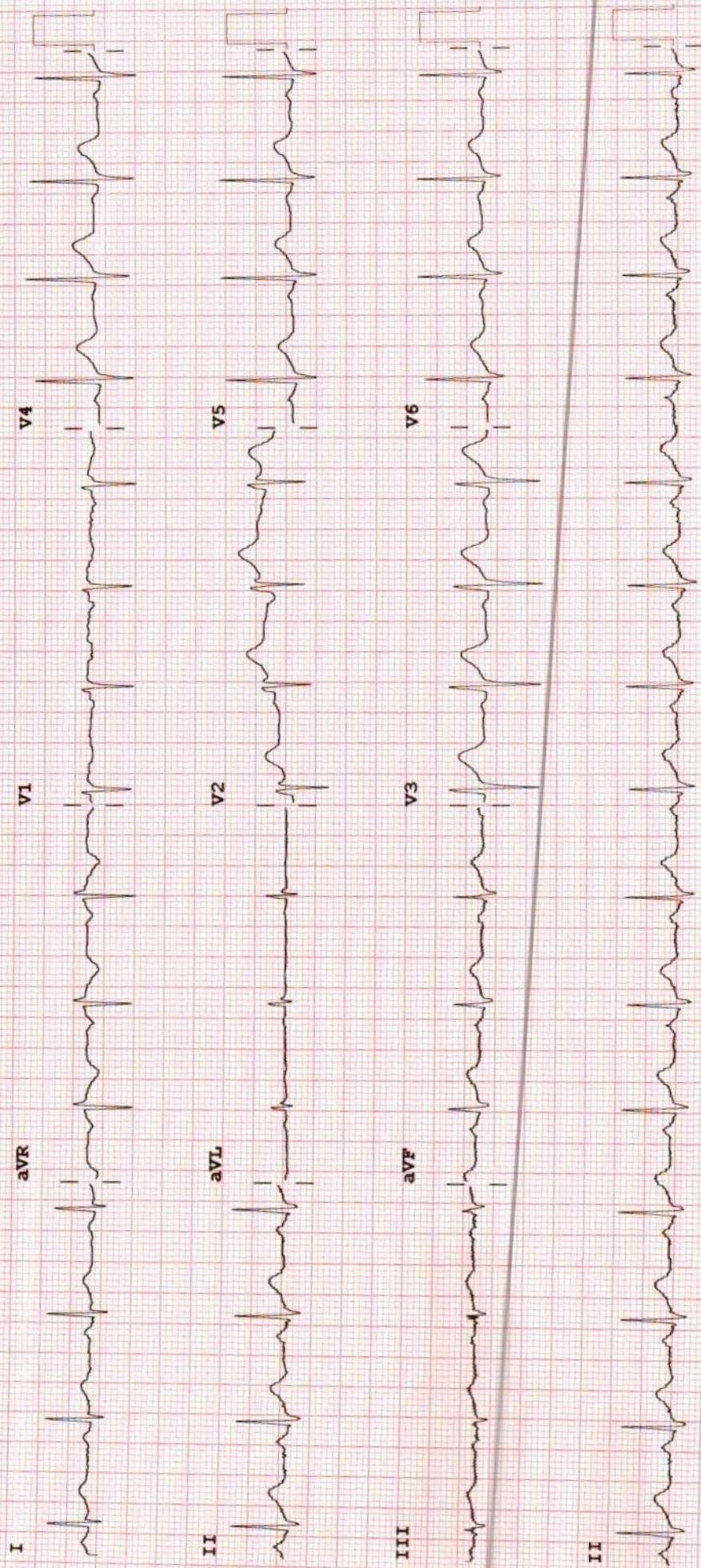
--AXIS--

P 47
 QRS 18
 T 50

12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH100B CL

P?

Arrow CE