

Patient Name Mrs Vidhi The MRN 158760 Age 36 Sex F Date/Time 23/12/23

Mob No.

Investigations : (Please Tick)

- 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
N - 62
BB - 114/29
P - 90

Vitals

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

Medical Illness

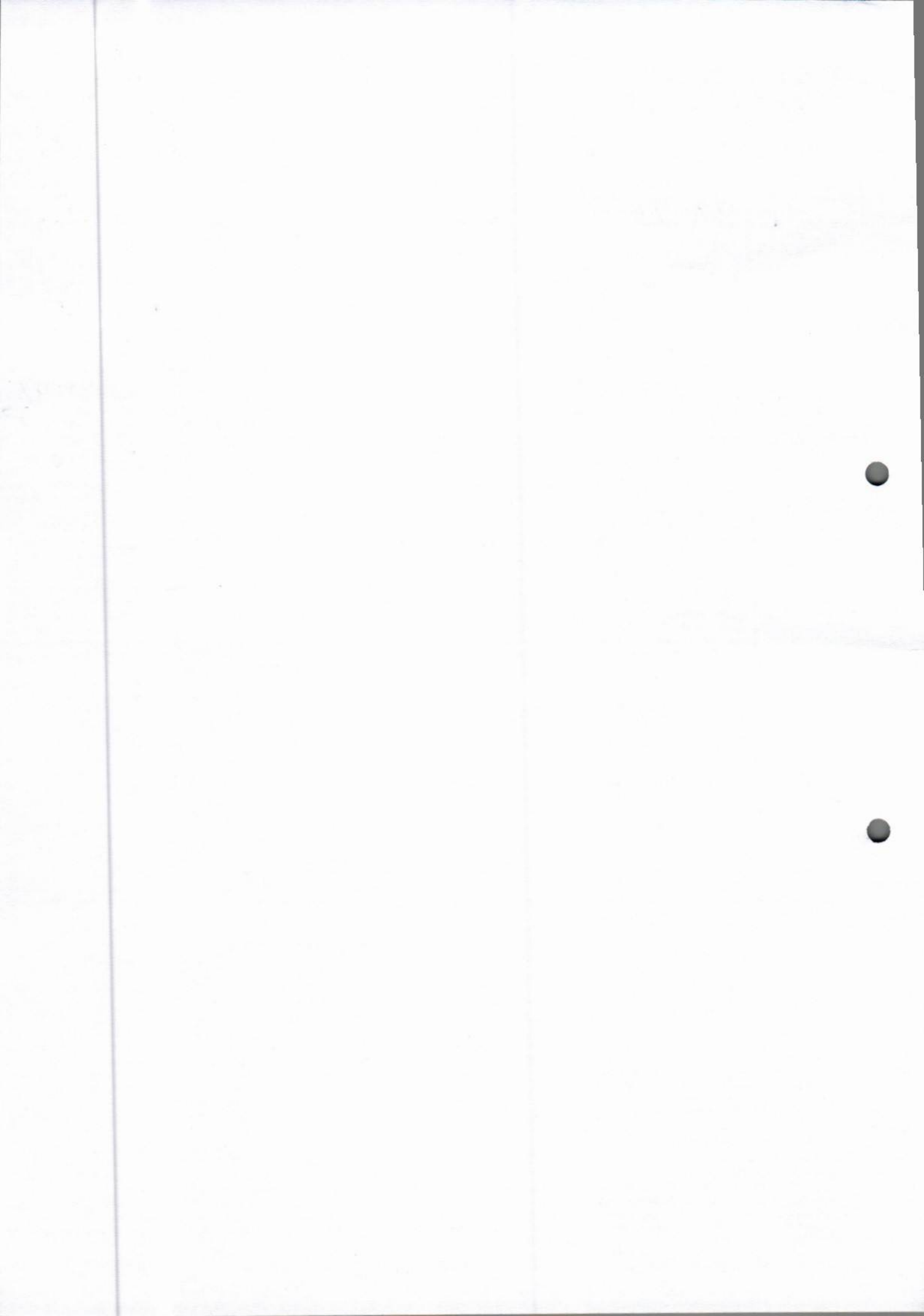
- Hypertension
- Diabetes
- Thyroid
- Cardiac Disease
- Drug Allergies

Next Appointment/Follow up

Physician reference

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

Signature :



Patient NAME : Mrs. NIDHI JHA	Collected : 23/Dec/2023 09:57AM
Age/Gender : 36 Y 0 M 0 D /F	Received : 23/Dec/2023 10:05AM
UHID/MR NO : ILK.00036652	Reported : 23/Dec/2023 10:50AM
Visit ID : ILK.107308	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%)	12.9	gm%	11.5-16.0	Cyanmeth
P.C.V (Hematocrit)	38.4	%	35-49	Cell Counter
RBC Count	4.5	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	85.7	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	28.7	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	33.5	g/dl	30.0-35.0	Calculated
RDW	13.7	%	11-16	Calculated
Total WBC count (TLC)	7,400	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	63.2	%	50-70	Cell Counter
Lymphocytes	23.9	%	20-40	
Monocytes	7.5	%	01-10	Cell Counter
Eosinophils	5.0	%	01-06	Cell Counter
Basophils	0.5	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	4,656	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1759	per cumm	600-4000	Calculated
Monocyte (Abs.)	552	per cumm	0-600	Calculated
Eosinophil (Abs.)	367	per cumm	40-440	Calculated
Basophils (Abs.)	37	per cumm	0-110	Calculated
Platelet Count	3.10	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

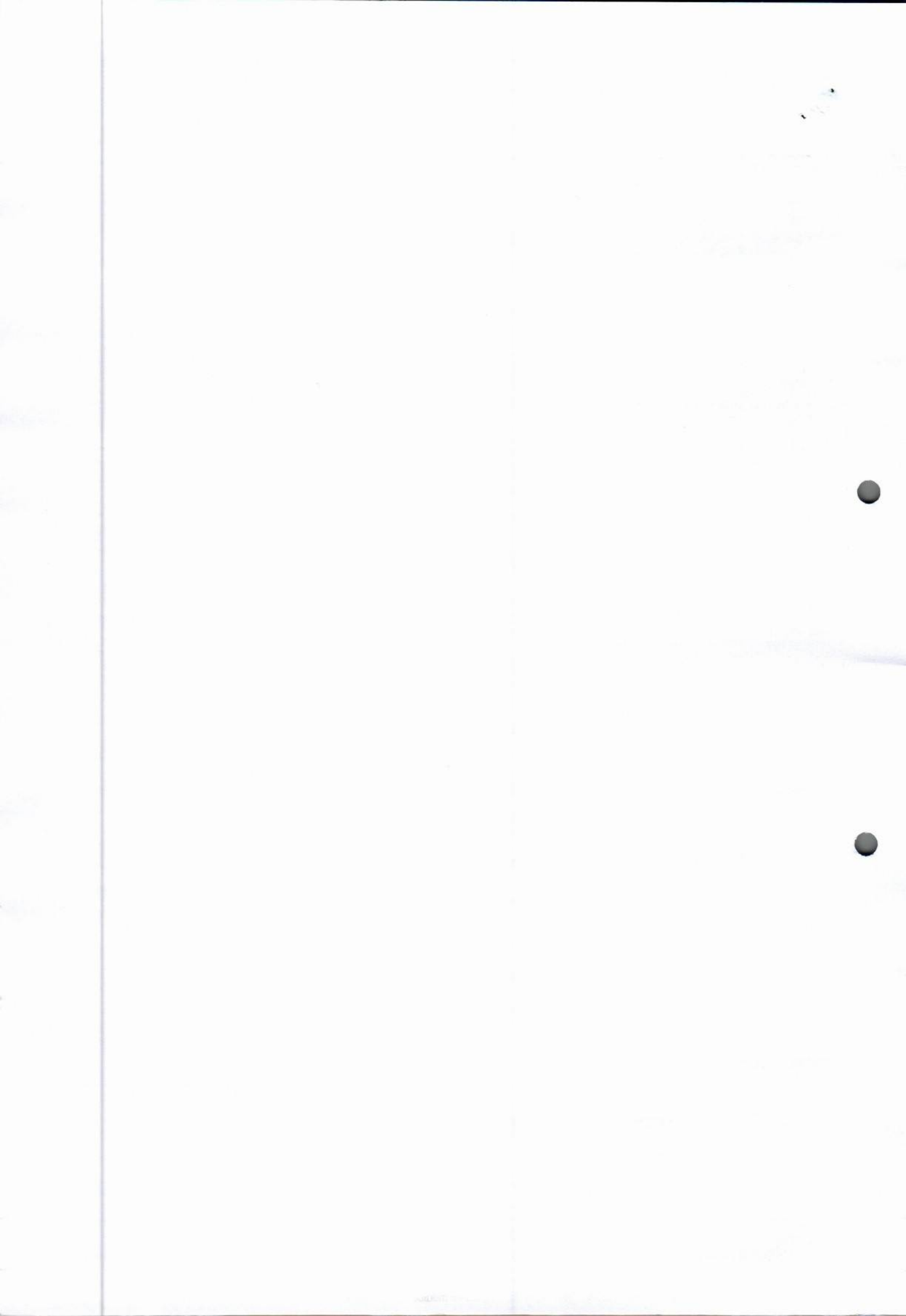
Erythrocyte Sedimentation Rate (ESR)	48	mm 1st hr.	0-20	Wester Green
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SIN NO :10422275,



DR. ASHOK KUMAR
M.D. (PATH)



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Age/Gender : 36 Y 0 M 0 D /F	Received : 23/Dec/2023 10:05AM
UHID/MR NO : ILK.00036652	Reported : 23/Dec/2023 10:50AM
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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

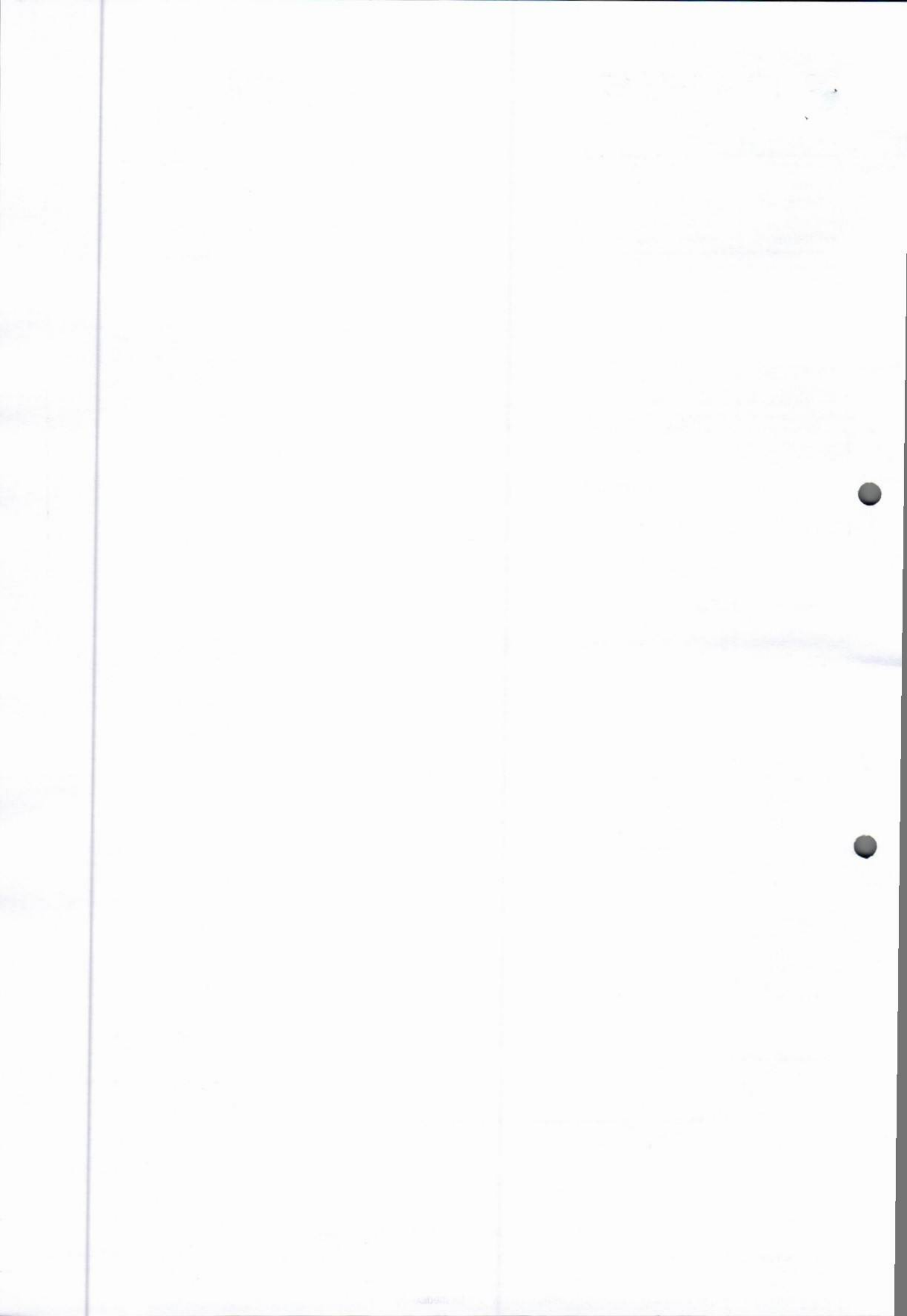
RBC'S : Normocytic Normochromic RBC's. No cytoplasmic inclusions or hemoparasite seen.
WBC'S : Normal in number , morphology and distribution. No toxic granules seen. No abnormal cell seen.
PLATELETS : Adequate on smear .
IMPRESSION ; NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



SIN NO : 10422275,

A.K. Rajong

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Age/Gender : 36 Y 0 M 0 D /F	Received : 23/Dec/2023 10:05AM
UHID/MR NO : ILK.00036652	Reported : 23/Dec/2023 11:37AM
Visit ID : ILK.107308	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	92.0	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	104.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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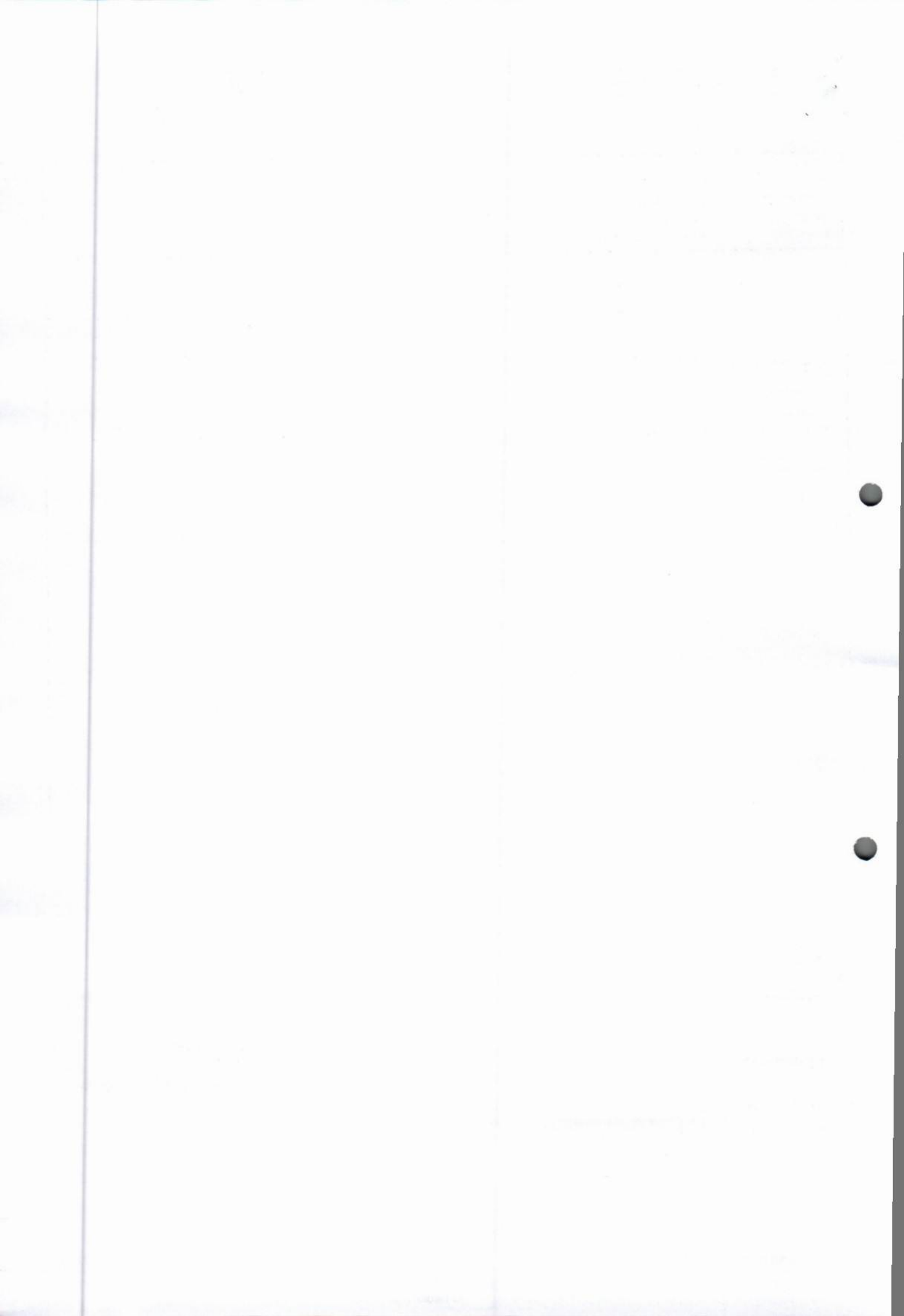
Ref.for Biological Reference Intervals: American Diabetic Assiosation.



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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	107.13			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:

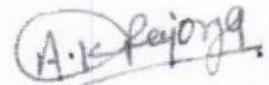
- Goal of therapy: <7.0% HbA1c
- Action suggested: >8.0% HbA1c

-Pediatric patients:

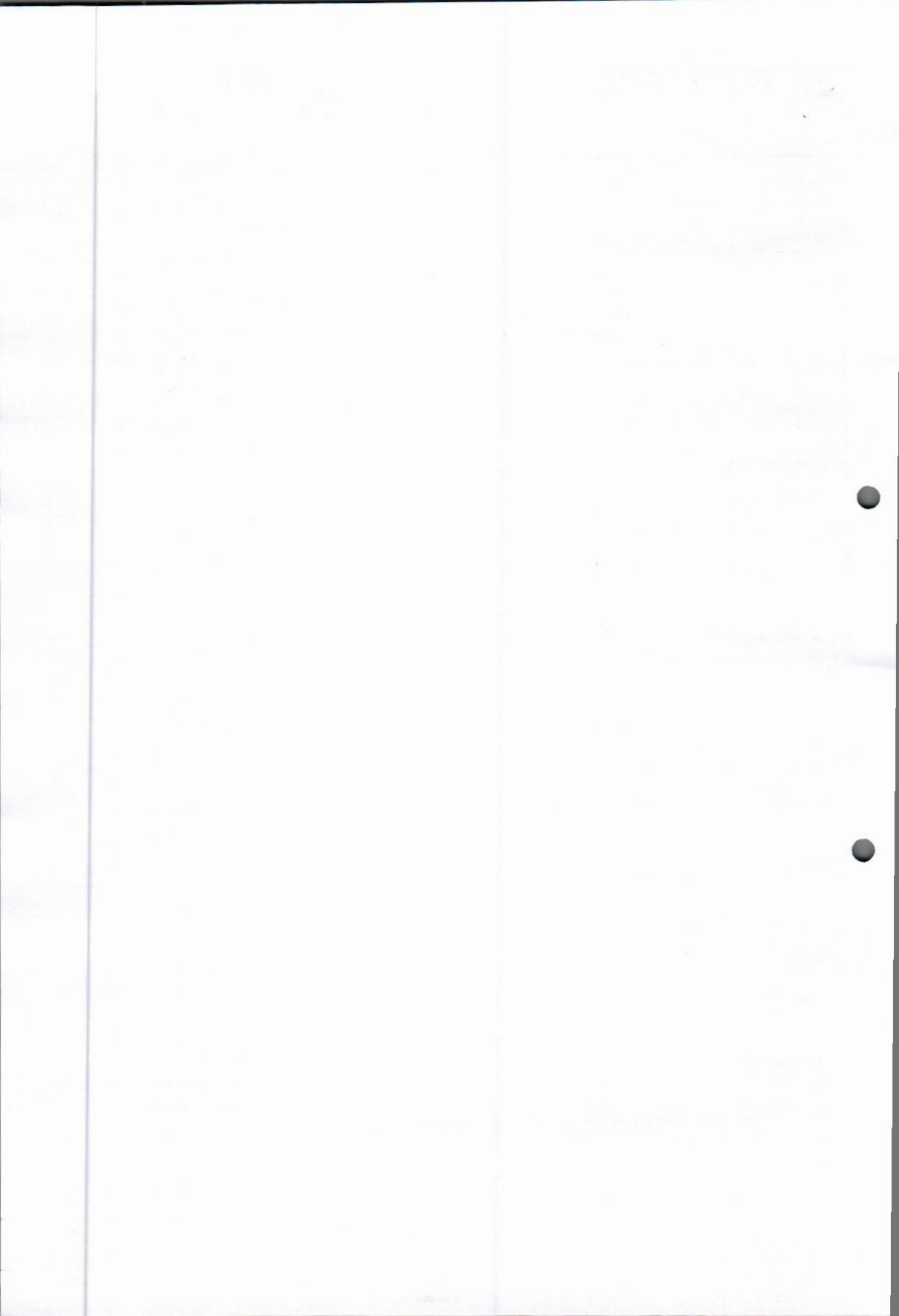
- Toddlers and preschoolers: <8.5% (but >7.5%)
- School age (6-12 years): <8%
- Adolescents and young adults (13-19 years): <7.5%



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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM

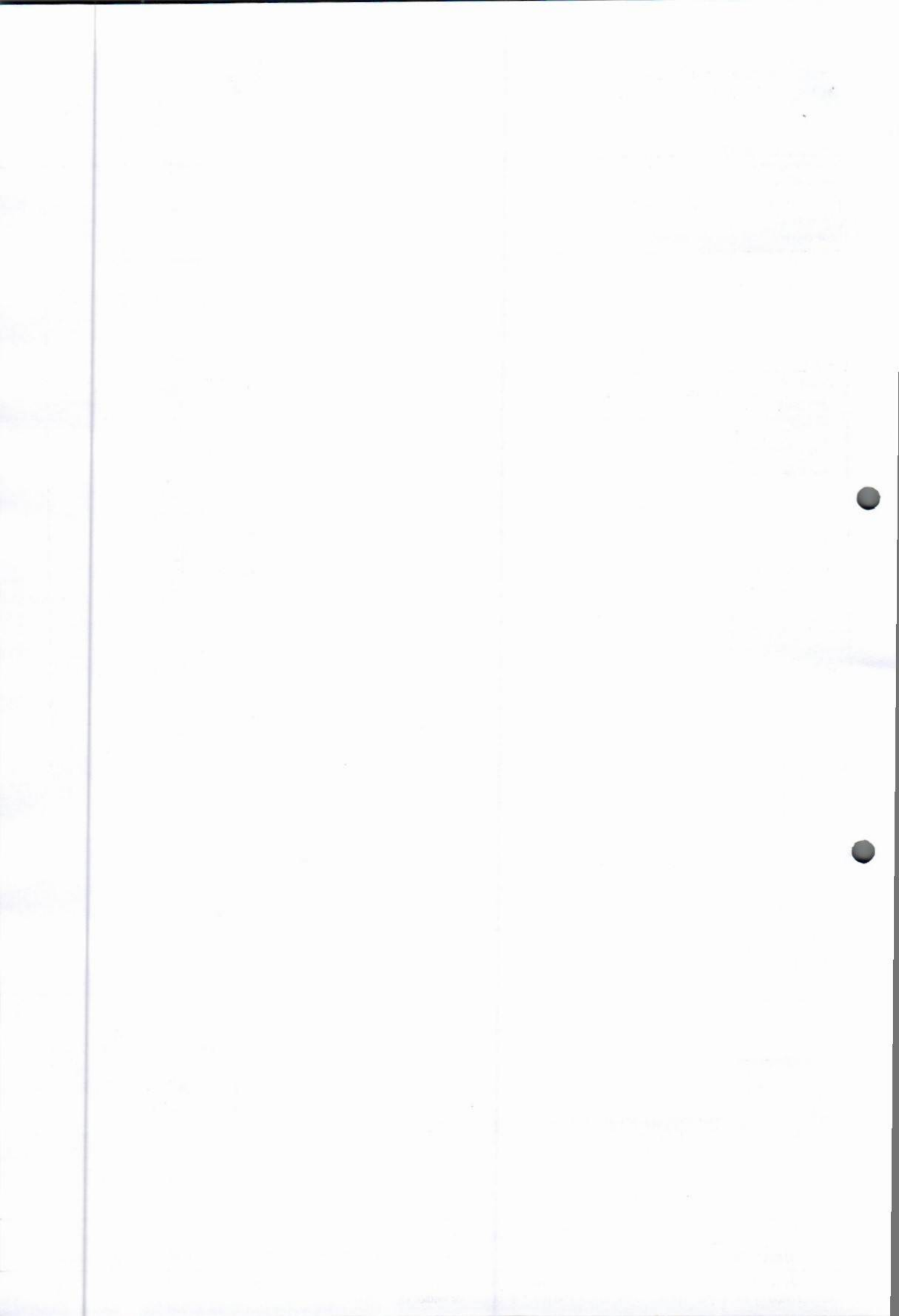
Urea	29.55	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	6.0	mg/dL	2.6-6.0	Urease
Sodium	137.0	Meq/L	135-155	Direct ISE
Potassium	4.3	Meq/L	3.5-5.5	Direct ISE
Chloride	104.0	mmol/L	96-106	Direct ISE
Calcium	9.5	mg/dL	8.6-10.0	OCPC
Phosphorous	3.1	mg/dL	2.5-5.6	PMA Phenol
BUN	13.81	mg/dL	6.0-20.0	Reflect Spectrothoto



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Visit ID : ILK.107308	Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

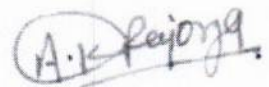
Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

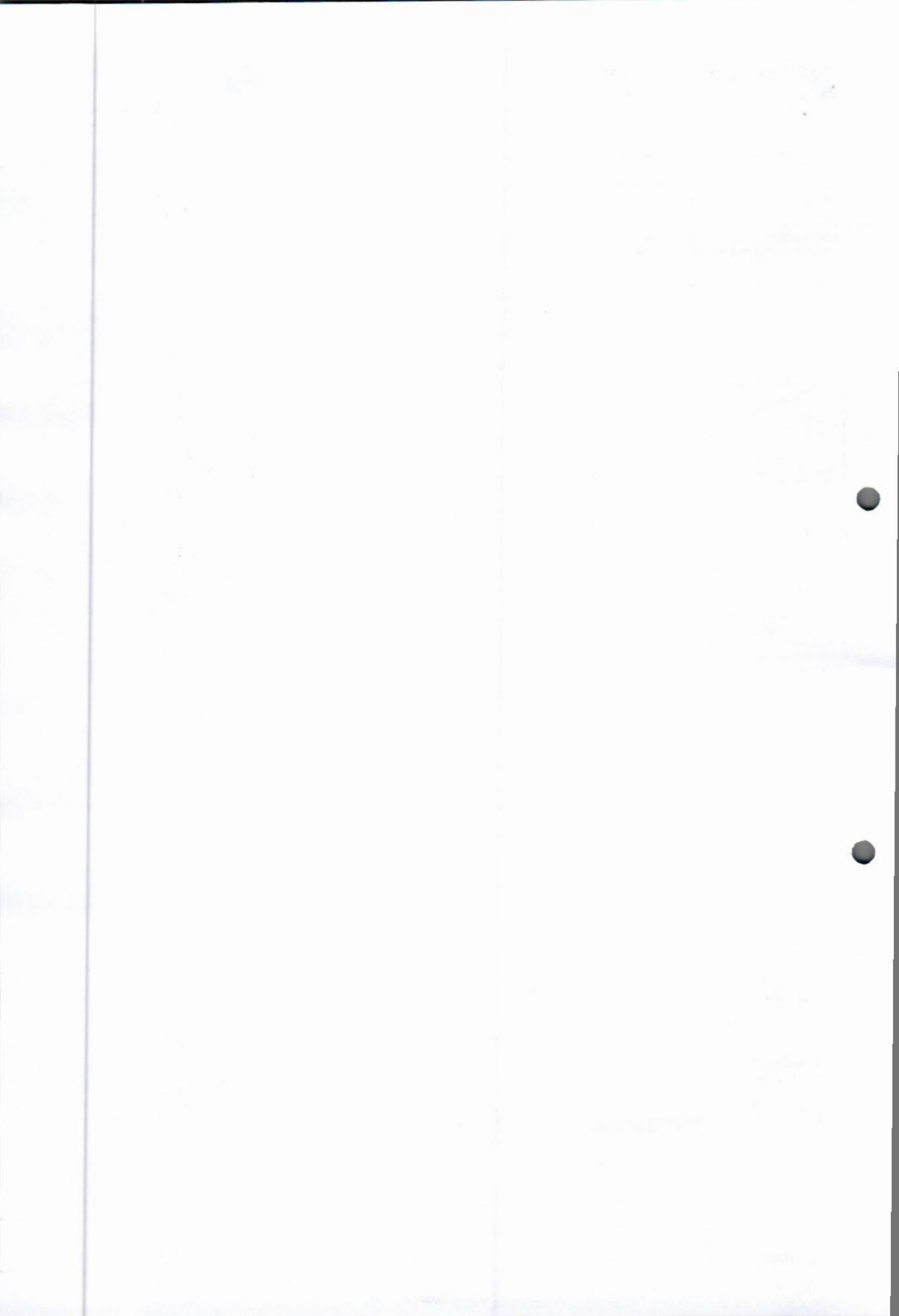
Type OF Sample	SERUM			
Total Cholesterol	213.0	mg/dl	up to 200	End Point
Total Triglycerides	84.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	46.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	167	mg/dL	<130	
LDL Cholesterol	150.2	mg/dL	63-167	Reflect Spectrothoto
VLDL Cholesterol	16.8	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	4.63		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 : 10422275,



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M.D. (PATH)



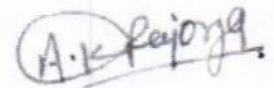
Patient NAME : Mrs. NIDHI JHA	Collected : 23/Dec/2023 09:57AM
Age/Gender : 36 Y O M O D /F	Received : 23/Dec/2023 10:05AM
UHID/MR NO : ILK.00036652	Reported : 23/Dec/2023 11:37AM
Visit ID : ILK.107308	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY-ROUTINE

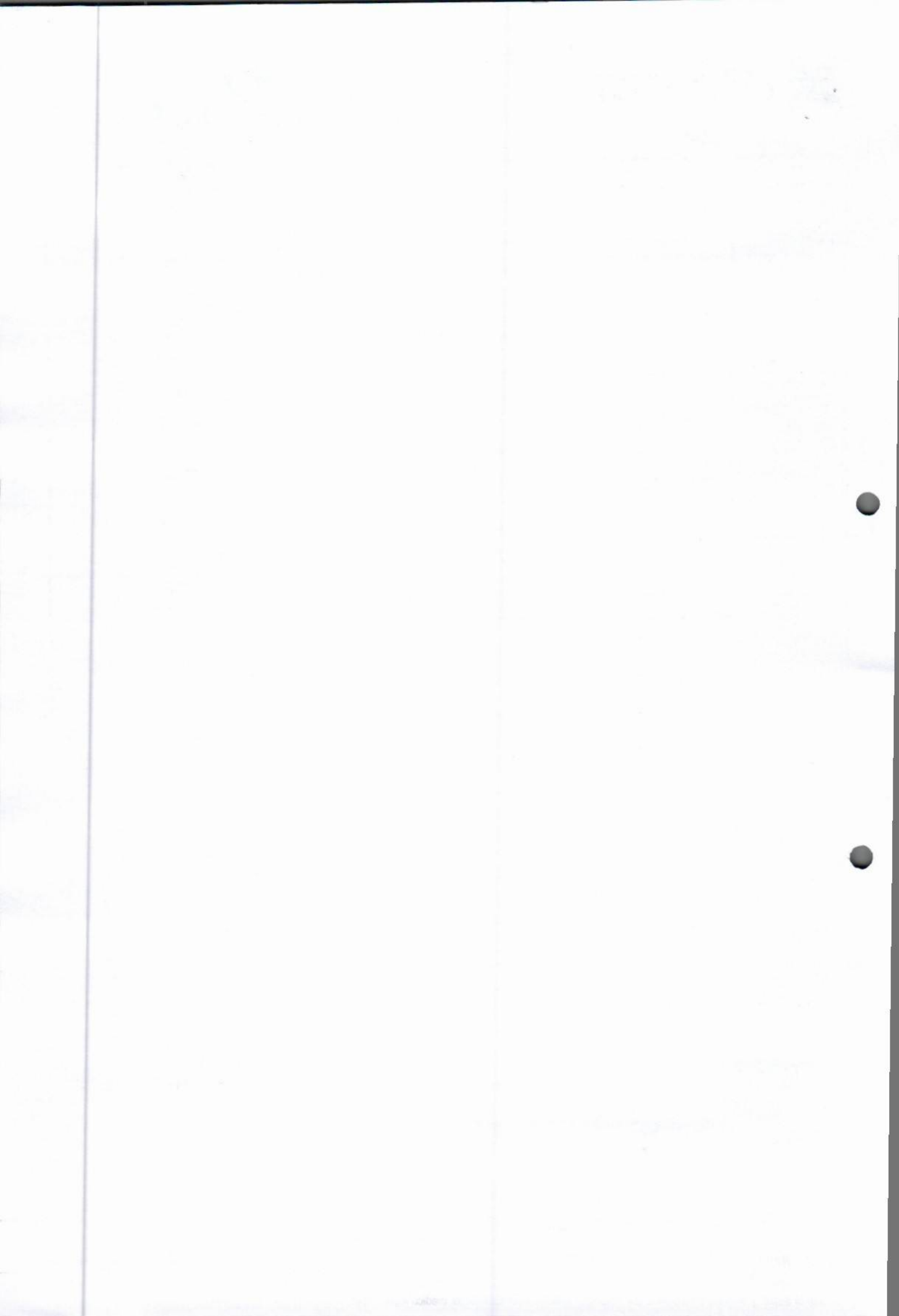
Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) WITH GGT , SERUM

Total Bilirubin	0.8	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.2	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.6	mg/dL	0.0-0.9	Calculated
SGOT / AST	29.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	41.0	U/L	1-34	UV Kinetic (IFCC)
Alkaline Phosphatase	53.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	45.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	6.9	g/dl	6.4-8.3	Biuret
Albumin	4.7	g/dL	3.5-5.2	BCG
Globulin	2.2	g.dl	2.0-3.5	Calculated
A/G Ratio	2.14	%	1.0-2.3	Calculated

DR. ASHOK KUMAR
M.D. (PATH)



Patient NAME : Mrs. NIDHI JHA	Collected : 23/Dec/2023 09:57AM
Age/Gender : 36 Y 0 M 0 D /F	Received : 23/Dec/2023 01:52PM
UHID/MR NO : ILK.00036652	Reported : 23/Dec/2023 02:06PM
Visit ID : ILK.107308	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)	1.43	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	10.47	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	15.036	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 lu/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 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).



SIN NO :10422275,

A.K. Rajong

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Age/Gender : 36 Y 0 M 0 D /F	Received : 23/Dec/2023 10:05AM
UHID/MR NO : ILK.00036652	Reported : 23/Dec/2023 12:58PM
Visit ID : ILK.107308	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	1.005		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

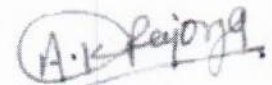
Microscopic Examination.

Pus Cells	2-3	/Hpf	0-5	
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	

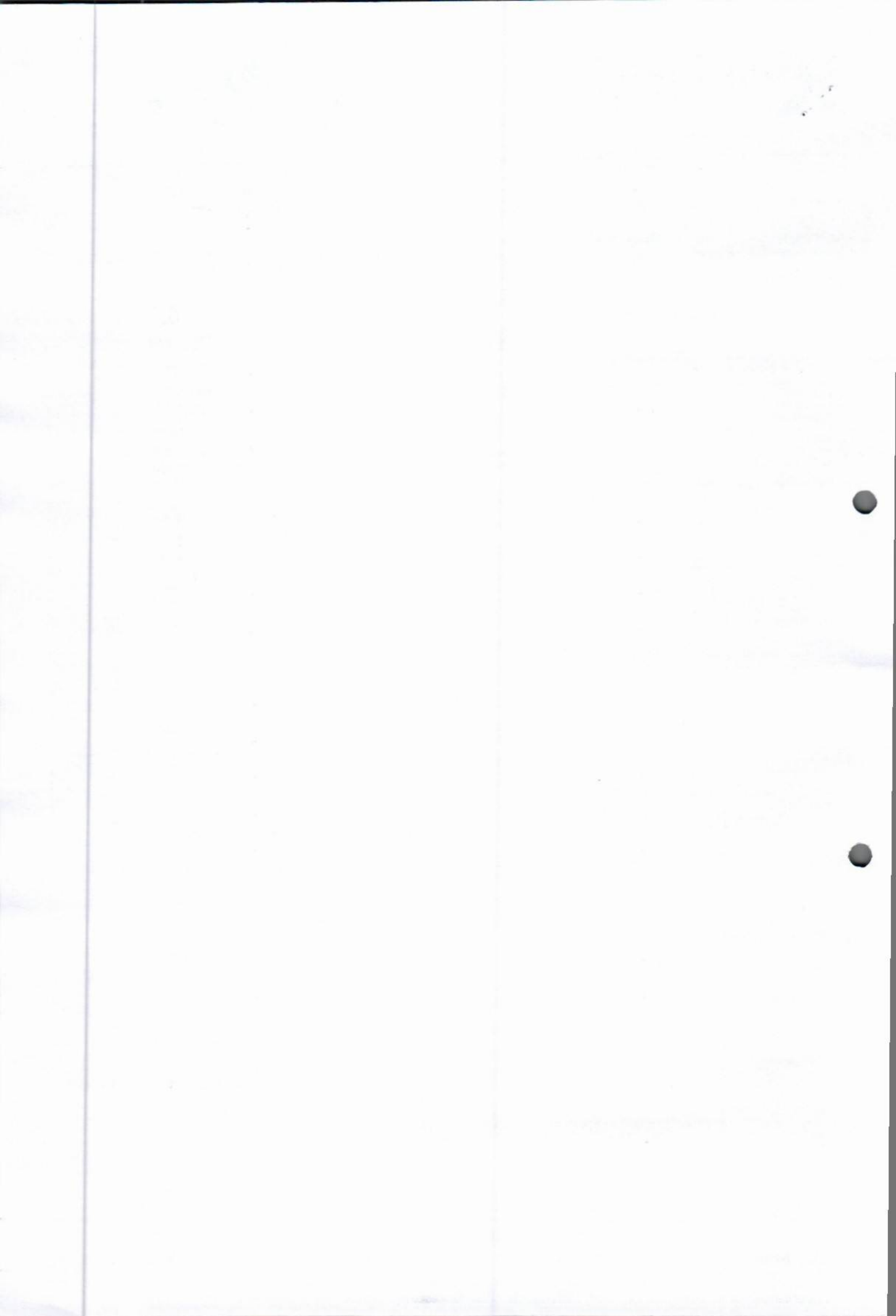
*** End Of Report ***



SIN NO : 10422275,



DR. ASHOK KUMAR
M.D. (PATH)



ECHO CARDIOGRAPHY REPORT

Patient Name : Mrs NIDHI JHA
Date : 23/12/2023

AGE & Sex : 36yrs / Female

Echocardiography was performed on GE Vivid T 8.

Quality Of Imaging: Adequate

Mitral Valve : Normal

Tricuspid Valve : Normal

Aortic Valve : Normal

Pulmonary Valve : Normal

Left Atrium : 3.4 cms

Left Ventricle :

IVSD : 1.2 cms

LVPWD : 1.2 cms

EDD : 4.8 cms

EF : 60 %

ESD : 3.1 cms

FS : 34 %

RWMA : NO REGIONAL WALL MOTION ABNORMALITY

Right Atrium : Normal

Right Ventricle : Normal

Aorta : 3.1 cms

IAS IVS : Intact

Pulmonary Artery : Normal

Pericardium : Normal

SVC, IVC : Normal

Pulmonary Artery : Normal

Intracardiac Masses : Nil

Doppler : A < E

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

Consultant

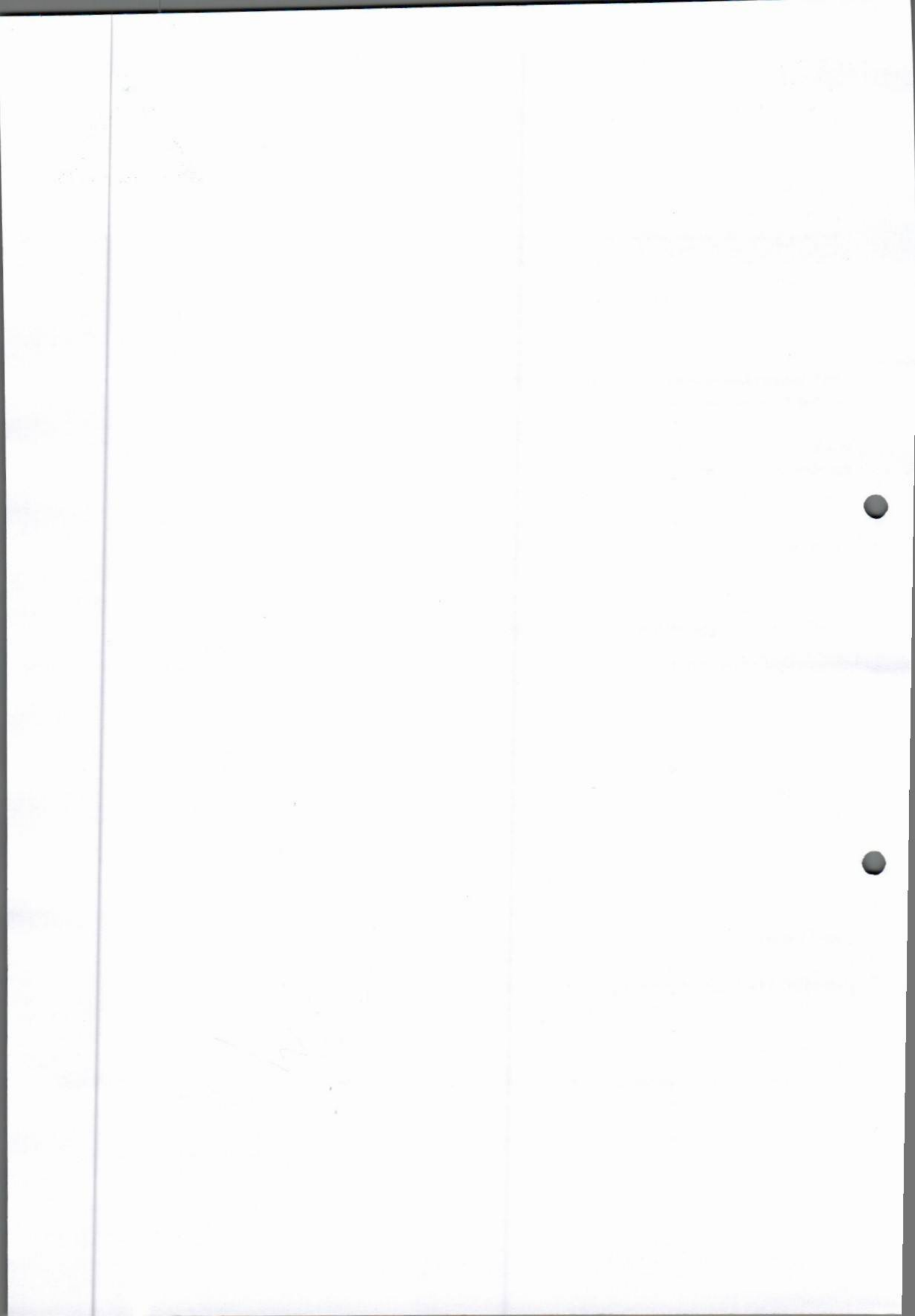
Dr. Abhishek Sharma DNB
(Interventional Cardiologist)

RATAN JYOTI NETRALAYA PRIVATE LIMITED

CIN : U85110MP2013PTC030901

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

RJN APOLLO SPECTRA HOSPITALS
18, Vikas Nagar, Near Sai Baba Mandir, Gwalior - 474002
Ph. No.: 0751-2454600, 2450500 www.apollospectra.com
Registered Vide No. NH/1542/MAR-2016



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. : 1897754
NAME : MRS NIDHI JHA
AGE/SEX : 35 YRS / FEMALE

DATE : 23-December-2023
MRD NO. : R-112243
CITY : jhansi

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
10:30AM	15		16	

TREATMENT PLAN : -REV YRLY/SOS
REFERRED TO :
NEXT REVIEW : AS PER DR. ADVISED

DR. SAVITRI DEVAL

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)

- 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 - MRS. NIDHI JHA 36Y/F
REFERRED BY - HCP
DATE - 23/12/2023
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 partially distended. GB wall appears normal. Visualized **CBD** is of normal caliber.

Spleen appears normal in size (~9.4cm), 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 ~8.7x3.4cm and left kidney ~9.3x3.9cm. 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.

Uterus is anteverted, appears normal in size measures ~8.8x3.8cm, position and echotexture. No obvious measurable myometrial focal lesion. Endometrium is linear, regular and normal in thickness (~5.4mm). No abnormal endometrial collection. **Cervix** is normal. **POD** is clear.

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

No obvious ascites.

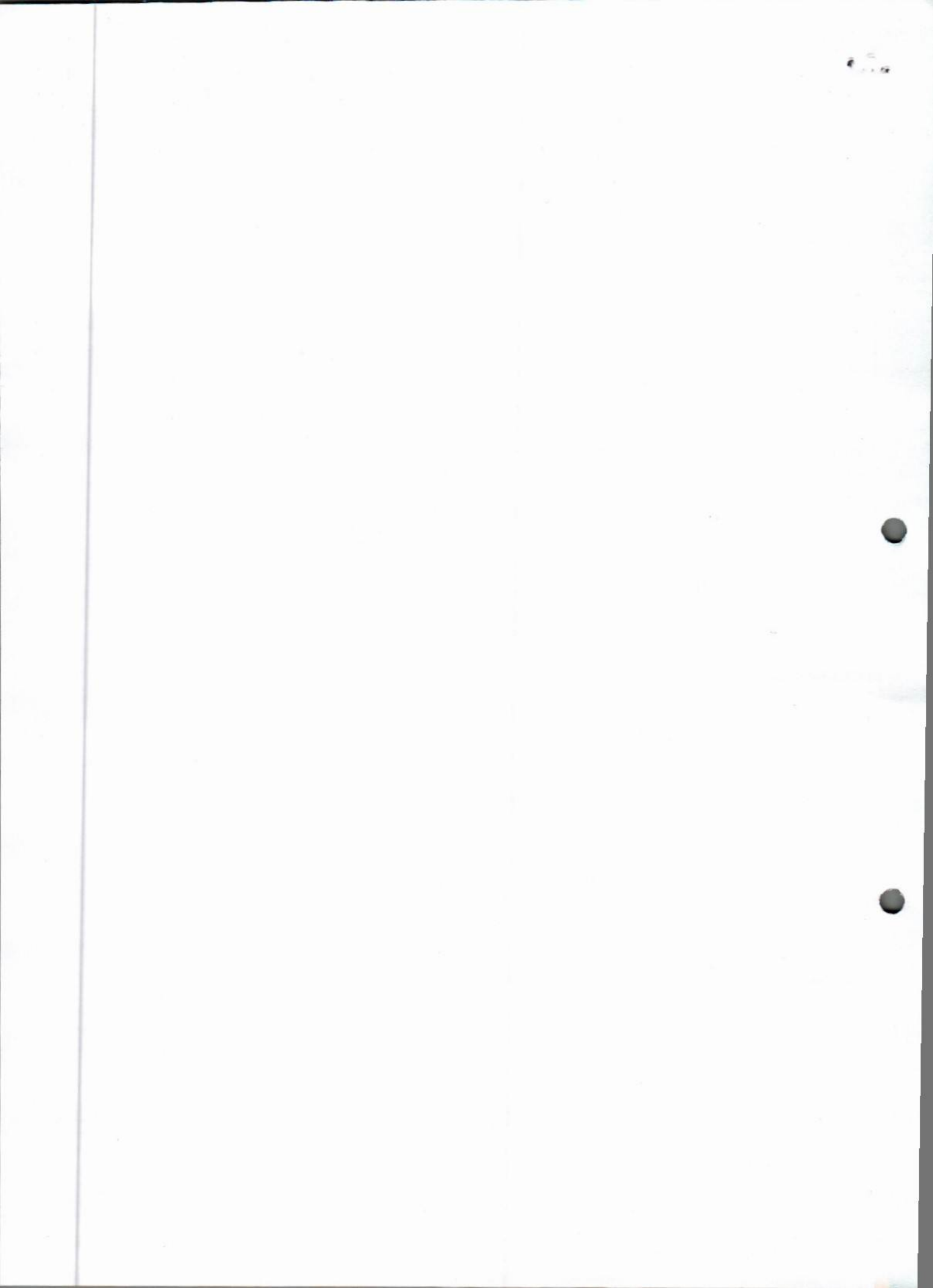
OPINION:- Features are suggestive of-

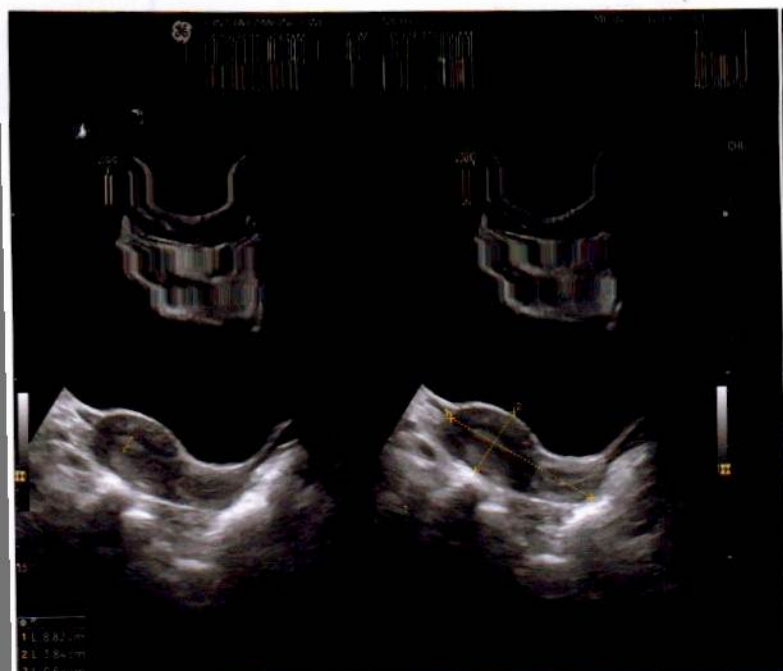
- **Grade I fatty liver.**

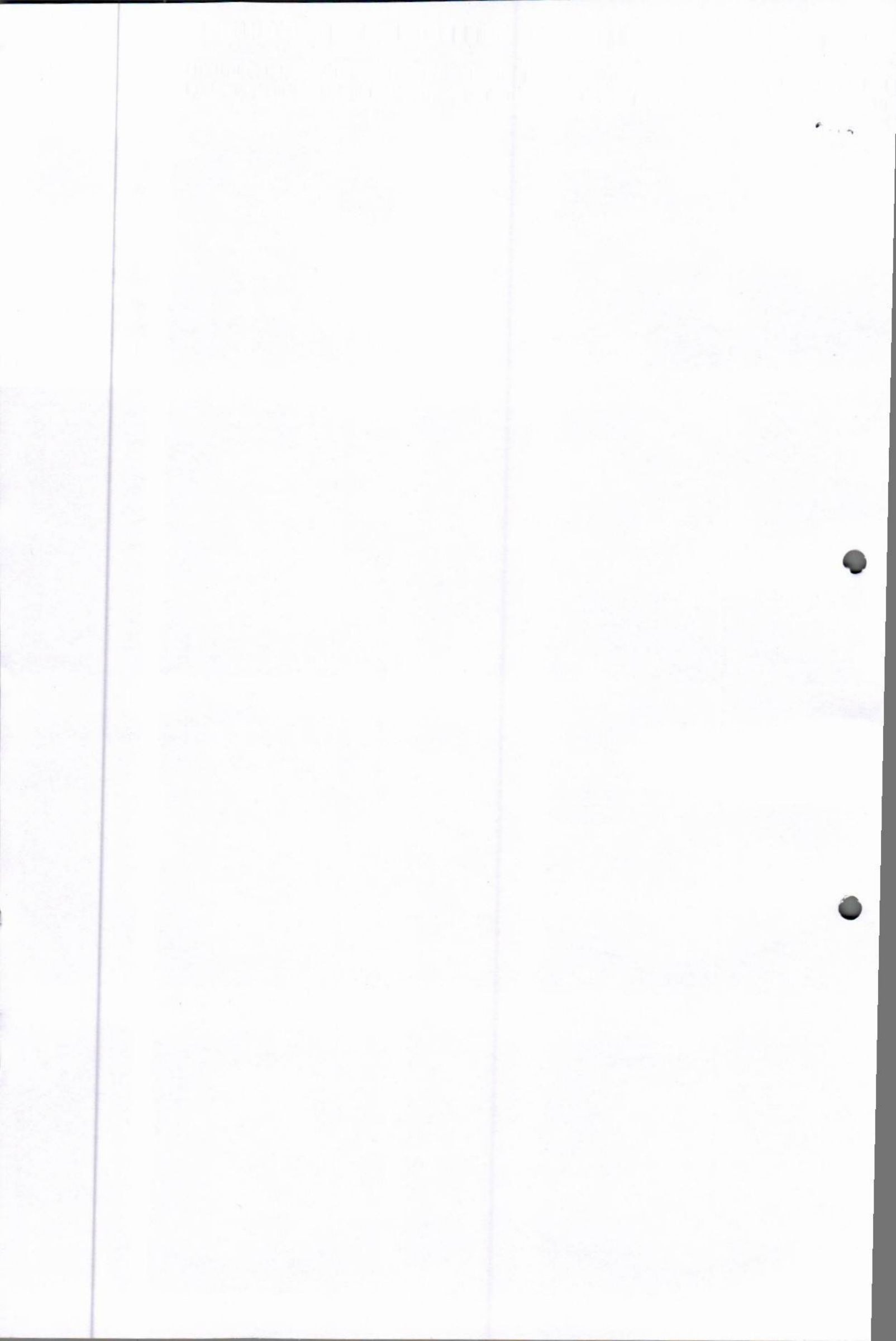
Suggested clinical correlation/Follow up imaging.

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.







niddhi
Female

35 Years

Rate 65 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 143
QRSD 83
QT 404
QTc 421

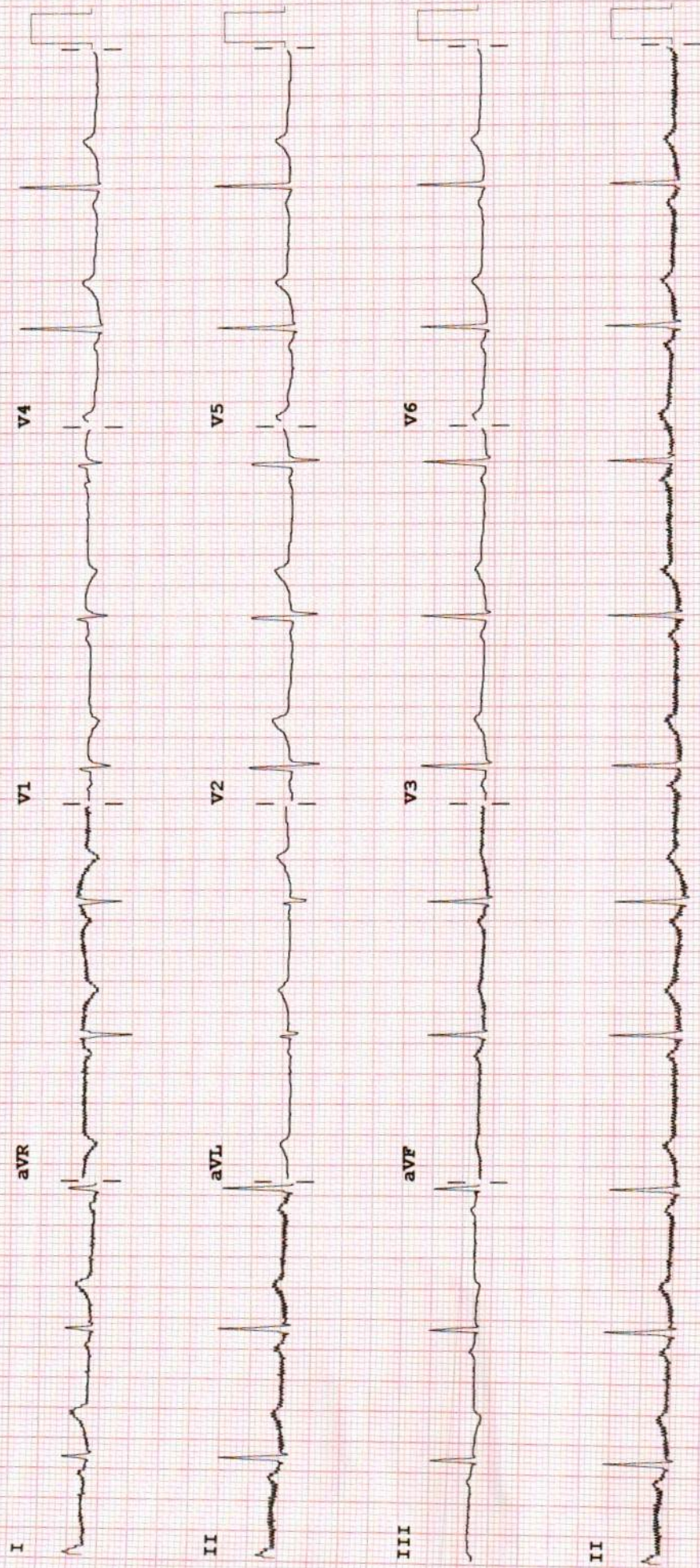
--AXIS--

P 54
QRS 63
T 8

12 Lead; Standard Placement

- 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?

