



Patient Name Mrs Seeing yad	@VMRN 158755 Age 47 Sex	P Date/Time 23/12/21
		, ,

Mob No.

4-181

Investigations: (Please Tick)

CBC

ESR

CRP

S-Vit D3

S-Vit B12

RBS

B Sugar - F/PP

WbA1C

LFT/KFT

PT

INR

RA Factor

Anti CCP

HLA B27

ANA

HIV

HBsAg

Anti HCV

Vitals

B.P.



Temp

Medical Illness

Hypertension

Diabetes

Thyroid

Cardiac Disease

Drug Allergies

Next Appointment/Follow up

- HBAICA - Shrict control of blood sugar levels. - Physician reprense.

MBBS, DIP.GO, PGDHA

Reg.No.-MP18035 C Deputy Medical Superintendent PIN Apollo Spectra Hospitals

Signature:

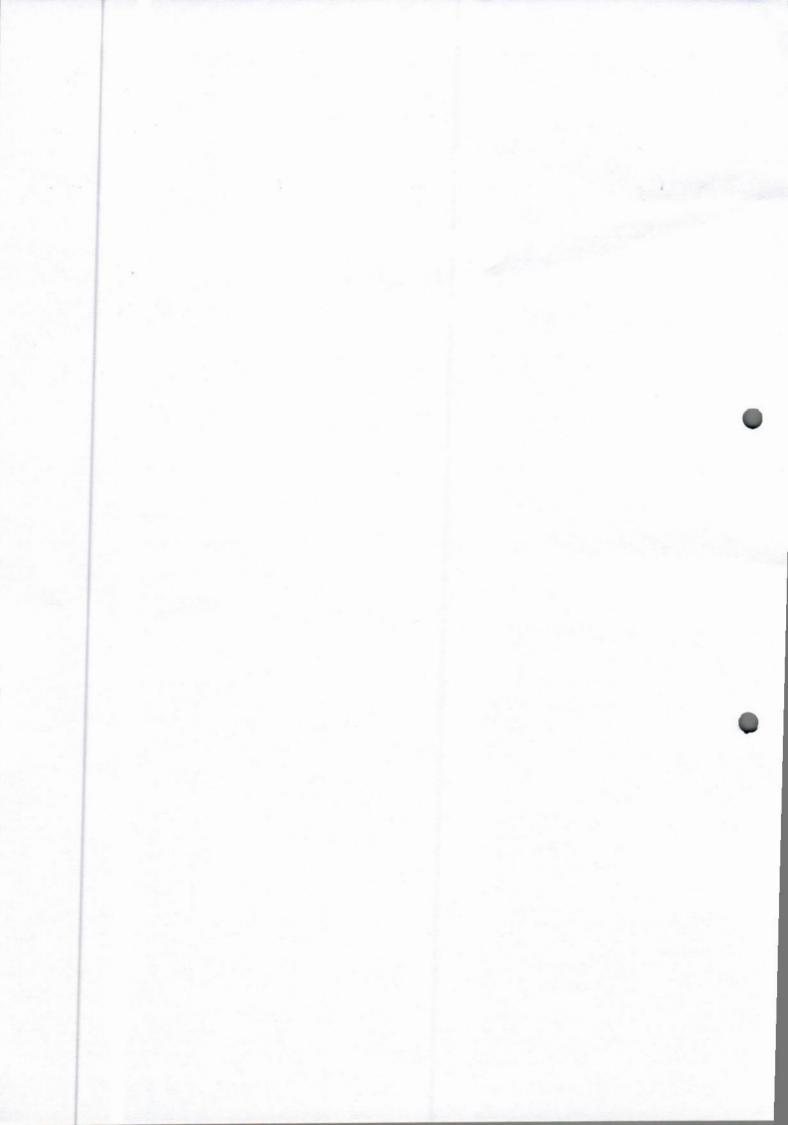
RATAN JYOTI NETRALAYA PRIVATE LIMITED

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







Patient NAME Age/Gender : Mr.SEEMA YADAV : 47 Y 0 M 0 D /M

UHID/MR NO

: ILK.00036648 : ILK.107300

Visit ID Ref Doctor

: Dr.ARCOFEMI HEALTHCARE LIMITED

Collected Received : 23/Dec/2023 09:33AM

Reported

: 23/Dec/2023 10:05AM : 23/Dec/2023 10:50AM

Status

: Final Report

Client Name : INSTA

DEPARTMENT OF HEMATOLOGY

COMPLETE BLO	OOD COUNT- CB	C / HAEMOGRAM ,	WHOLE BLOOD EDTA	
Haemoglobin (Hb%)	11.8	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	35.7	%	40-54	Cell Counter
RBC Count	4.1	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	87.1	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	28.9	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	33.2	g/dl	30.0-35.0	Calculated
RDW	15.7	%	11-16	Calculated
Total WBC count (TLC)	6,000	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	66.0	%	50-70	Cell Counter
Lymphocytes	24.0	%	20-40	
Monocytes	8.1	%	01-10	Cell Counter
Eosinophils	1.4	%	01-06	Cell Counter
Basophils	0.4	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	3,978	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1450	per cumm	600-4000	Calculated
Monocyte (Abs.)	488	per cumm	0-600	Calculated
Eosinophil (Abs.)	85	per cumm	40-440	Calculated
Basophils (Abs.)	27	per cumm	0-110	Calculated
Platelet Count	2.30	Lac/cmm	1.50-4.00	Cell Counter

ERYTHI	ROCYTE SEDIN	MENTATION RATE (E	SR)	
Erythrocyte Sedimentation Rate (ESR)	22	mm lst hr.	0-20	Wester Green

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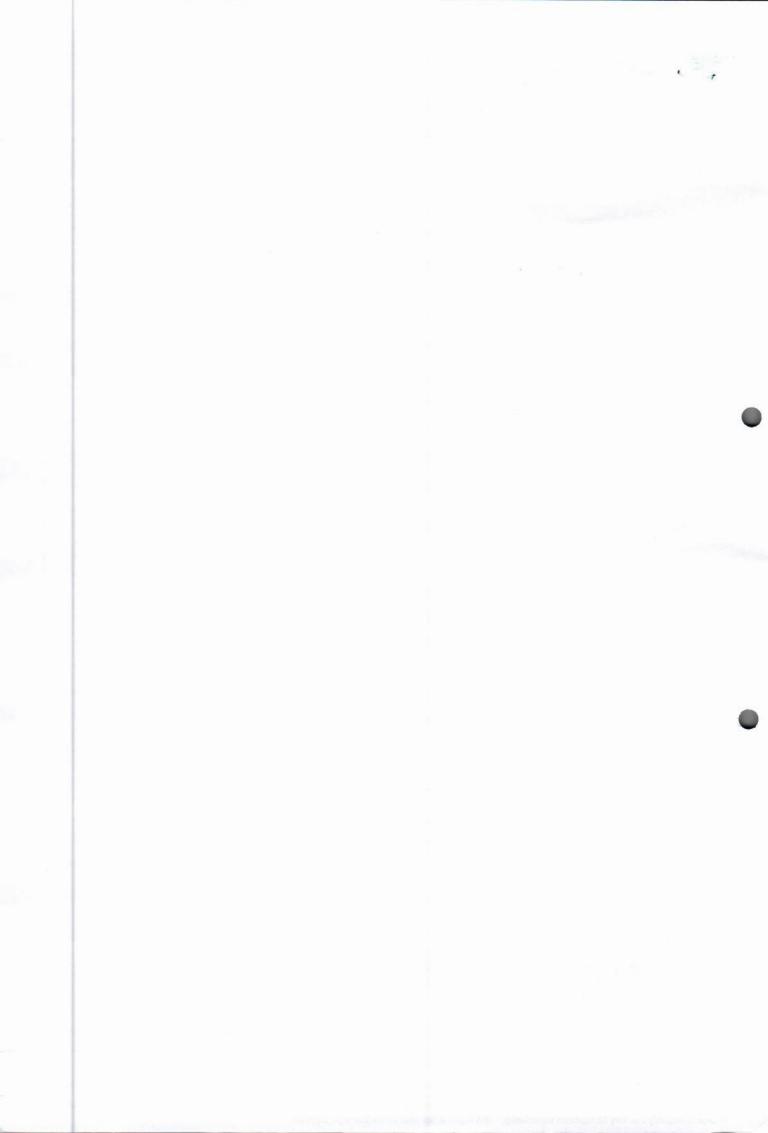
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DR. ASHOK KUMAR M.D. (PATH)

RJN Apollo Spectra Hospitals

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DEPARTMENT OF HEMATOLOGY

BLO	OD GROUPING(A,B,O) AND RH FACTOR, v	VHOLE BLOOD EDTA
Blood Grouping	В	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.

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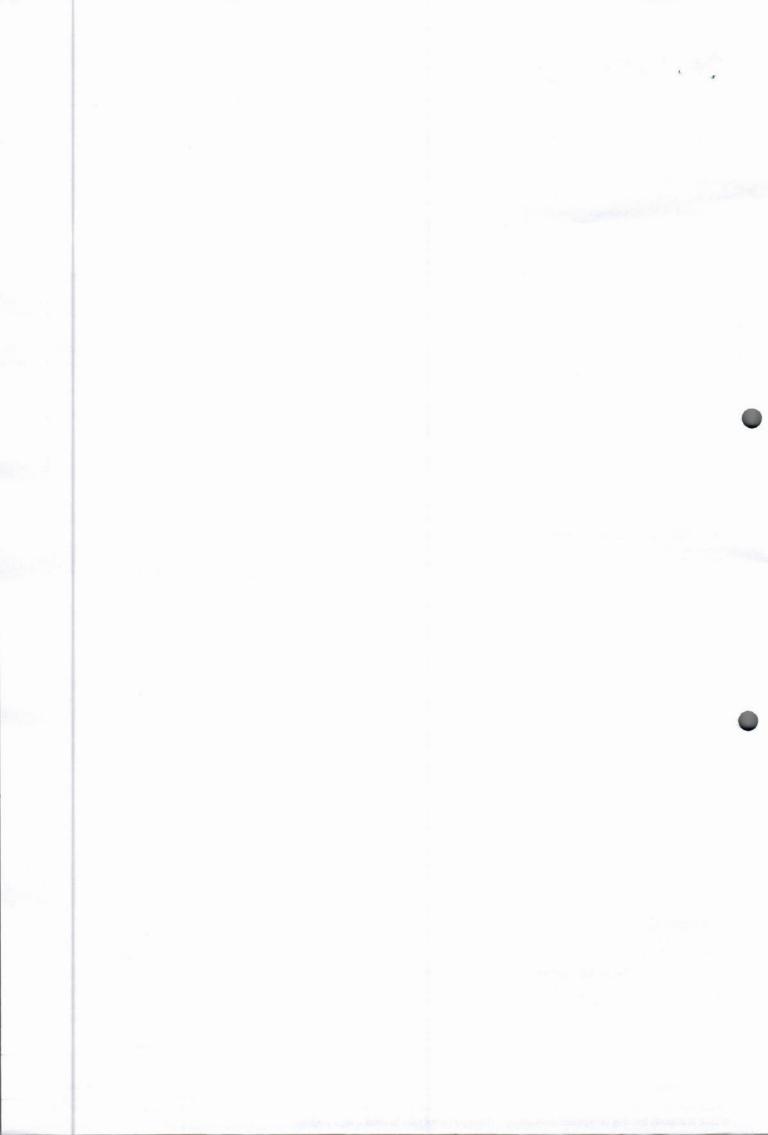


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 : 47 Y 0 M 0 D /M
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 : 23/Dec/2023 10:05AM

 UHID/MR NO
 : ILK.00036648
 Reported
 : 23/Dec/2023 11:36AM

Visit ID : ILK.107300 | Status : Final Report
Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED | Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

	DEFAITIVIENT OF BIOC	IILIVIIS I IKI-IK	JOTHAL		
Test Name	Result	Unit	Bio. Ref. Range	Method	

Fasting Glucose	105.0	mg/dL	65-110	God - Pod
-----------------	-------	-------	--------	-----------

GLUCOSE, PO	ST PRANDIAL (PP), 2	HOURS (POST ME	AL) , FLUORIDE PL	ASMA
Post Prandial Glucose	124.0	mg/dL	90-140	2hrs. aftergm glucose/lunch
Ref.for Biological Reference Intervals	American Diabetic Assios	ation.		

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TOUCHING LIVES-

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DEPARTMENT	OF BIOCHEMISTRY-ROU	TINE
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Test Name	Result	Unit	Bio. Ref. Range	Method
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GLYCOSYLATE	D HAEMOGLOBIN	(GHB/HBA	LC) , WHOLE BLOOD EDTA	Mary L. D. C.
Glycosylated Haemoglobin HbA1c	6.6	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	142.43			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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Method

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Bio. Ref. Range

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Unit

DEPARTMENT	OF	BIOCHEMISTRY-ROUTINE
------------	----	-----------------------------

Result

			Dior item italige	Method
	COMPLETE KIDNEY PR	OFILE (RFT/KFT)	, SERUM	
Urea	15.28	mg/dL	13.0-43.0	Urease
Creatinine	0.5	mg/dL	0.5-1.3	Enzymatic
Uric Acid	3.8	mg/dL	3.5-7.2	Urease
Sodium	134.0	Meq/L	135-155	Direct ISE
Potassium	4.2	Meq/L	3.5-5.5	Direct ISE
Chloride	101.0	mmol/L	96-106	Direct ISE
Calcium	9.8	mg/dL	8.6-10.0	OCPC
Phosphorous	3.0	mg/dL	2.5-5.6	PMA Phenol
BUN	7.14	mg/dL	6.0-20.0	Reflect Spectrothoto

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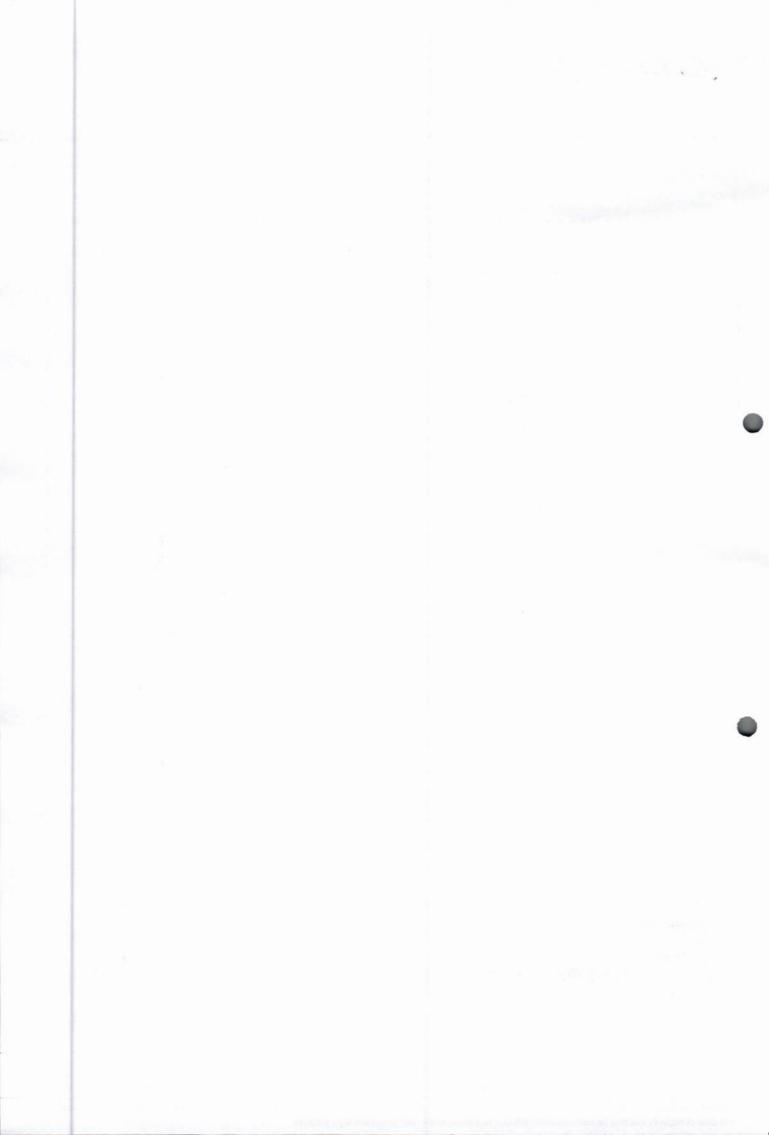
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-TOUCHING LIVES-

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Age/Gender : 47 Y 0 M 0 D /M
UHID/MR NO : ILK.00036648

Visit ID : ILK.107300

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Status : Final Report Client Name : INSTA

DEPARTMENT	OF BIOCHEMISTRY-ROUTINE
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	The state of the s				
Test Name	Result	Unit	Bio. Ref. Range	Method	

	LIPID PROFI	LE , SERUM		
Type OF Sample	SERUM			
Total Cholesterol	128.0	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	48.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	80	mg/dL	<130	
LDL Cholesterol	67	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	13	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	2.67		Low Risk : 3.3-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2- 11.0 High Risk : >11.0	CALCULATED

*** End Of Report ***

Page 1 of 1





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DEPARTMENT (OF	BIOCHEMISTRY-ROUTINE
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			-	
Test Name	Result	Unit	Bio. Ref. Range	Method
				Annual Control of the

LIVER	FUNCTION TEST	(LFT) WITH GGT	, SERUM	
Total Bilirubin	1.2	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.3	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.9	mg/dL	0.0-0.9	Calculated
SGOT / AST	24.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	19.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	49.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	14.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	6.6	g/dl	6.4-8.3	Biuret
Albumin	4.4	g/dL	3.5-5.2	BCG
Globulin	2.2	g.dl	2.0-3.5	Calculated
A/G Ratio	2.00	%	1.0-2.3	Calculated

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Ref Doctor : Dr.ARCOFEMI HEALTHCARE LIMITED

Collected : 23/Dec/2023 09:33AM Received : 23/Dec/2023 01:51PM

Reported : 23/Dec/2023 02:07PM

Status : Final Report
Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL

		1		_
Result	Unit	Bio. Ref. Range	Method	
	Result	Result Unit	Result Unit Bio. Ref. Range	Result Unit Bio. Ref. Range Method

	THYROID PR	OFILE-I, SERUM		
Trilodothyronine Total (TT3)	1.23	ng/dL	0.6-1.8	Chemilluminisence
Thyroxine (TT4)	10.80	μg/dL	4.5-10.9	Chemilluminisence
Thyroid Stimulating Hormone (TSH)	3.727	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 R	ELATED GUIDLINES FOR F	REFERENCE RANGE	ES FOR TSH	
TSH	1st Trimester	2nd & 3rd Tri	mester	
(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.

Ultrasensetive kits used.

Serum T3/ FT3, T4/FT4 and TSH measurements form three components of thyroid screening panel.

- :-Primary hypethyroidism 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.
- :-.singhtly 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 propanolol.
- :-Although elevated TSH levels are nearly always indicative of primary hypothyroidism. Rarely they can result from TSH secreting pituitary tumours (seconday hypothyroidism).

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DEPARTME	NI 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	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	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 : Mrs SEEMA YADAV AGE & Sex :47yrs / Female

Date : 23/12/2023

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

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. Abhichek Starma

MBBS,MI (Mediche) DNB (Cardiology)

Consultan Interventional-Cardiology

RJN Apollo Spectra Hospitals

Reg No. MP 12056

Consultant

Dr. Abhishek sharma DNB

(Interventional Cardiologist)

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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.

AGE/SEX

189775

NAME

: MRS SEEMA YADAV

: 46 YRS / FEMALE

DATE

: 23-December-2023

MRD NO.

: R-112242 : GWALIOR

PAST SURGERIES :

NIL IN

VISION	DISTANCE		NEAR	
VISION	OD	os	OD	os
UNAIDED	6/6 P	6/6 P		
WITH GLASSES				
WITH PIN HOLE	6/6	6/6		
WITH COLOR				
VISION				

		IOP READIN	G	
TIME	OD	OD METHOD	os	OS METHOD
10:32AM	24		24	
10:32AM	25	NCT REPT	24	
11:21AM	16	APPLANATIC	16	

INVESTIGATION:

GLAUCOMA SCREENING WITH GONIO IN BE

Rx.

EYE

From

To

Instructions

1 WETEYE DROPS 1*10ML
(CARBOXYMETHYLCELLULOSE IP 5% W/V)

ONE DROP 4 TIMES A DAY FOR 60 DAYS

BOTH EYE 23-Dec-2023 20-Feb-2024

TREATMENT PLAN

: -GLASSES

REFFERED TO DR. REMARK

: -PERIODICAL FOLLOW UPS

NEXT REVIEW

: AS PER DR. ADVISED

DR KRISHNA PRASAD CHOUHAN

NOTE

: Kindly continue medications as advised for the period advised.

In case of redness or allergy please discontinue and inform the doctor.

Nutritional Advice Instructions

: As per treating physician

: Patient and Attendant(s) Counselled

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

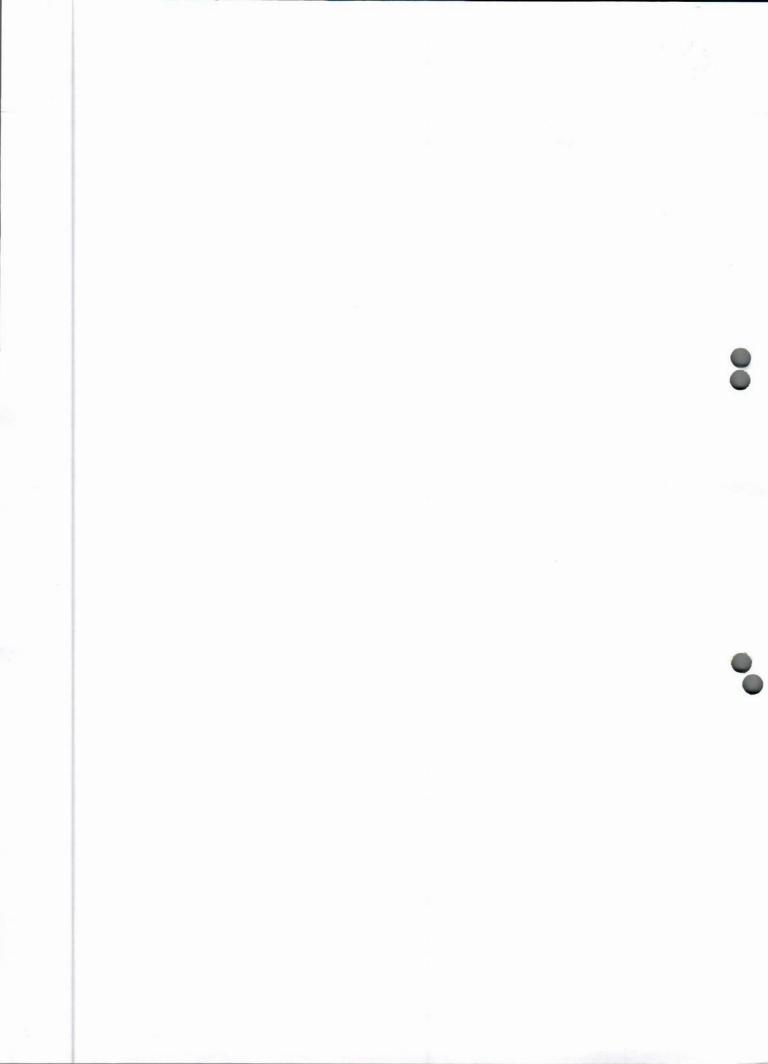
CONSULTATION TIMINGS: MORNING 9:00 A.M. TO 6:00 P.M. (SUNDAY OFF)

🌢 केन्द्रीय कर्मचारियों के लिए मान्यता प्राप्त 🔸 कैशलैस इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध

For Appointment Please Contact: 9111004046

स्वामी विद्यानंद भारती आई बैंक

करें और करायें इसे अपने परिवार की परम्परा बनायें नेत्रदान के लिए सम्पर्क करें : 9111004044







PATIENT NAME - MRS. SEEMA YADAV 47Y/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 (~9.7cm), 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 ~9.4x3.4cm and left kidney ~9.5x4.9cm. 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 bulky measures ~11x5.6cm endometrium is linear, regular and normal in thickness. No abnormal endometrial collection. **Cervix** is normal. **POD** is clear. Multiple hypoechoic lesions are seen in the anterior and posterior wall of the uterus measured upto ~ 10-15 mm.

No abnormal measurable mass or cyst in adnexal region.

No obvious ascites.

OPINION:- Features are suggestive of-

- Grade I fatty liver
- Bulky uterus with multiple intramural fibroids.

Suggested clinical correlation/Follow up imaging.

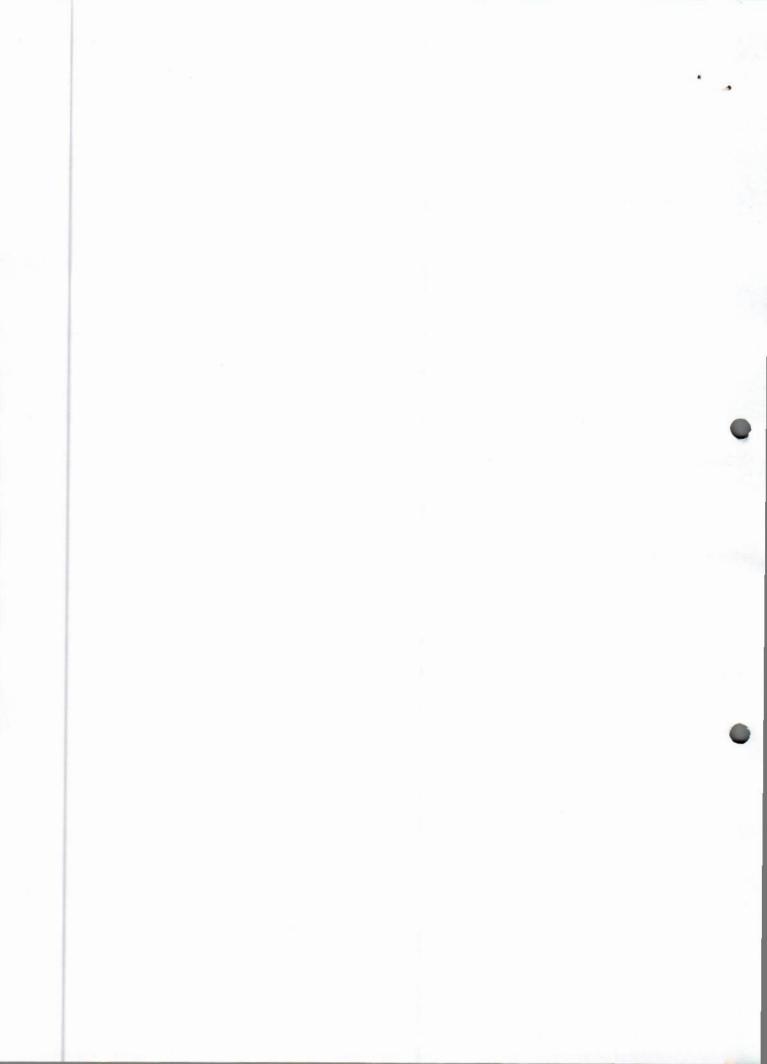
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DR. SAKSHI CHAWLA (MD RADIODIAGNOSIS)

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.

गर्भाशय कन्या भ्रूण की जाँच एवं हत्या दण्डनीय अपराध है।

बेटी बचाओ - बेटी पढाओ







PATIENT NAME - MRS. SEEMA YADAV 47Y/F

REFERRED BY - HCP

DATE - 23/12/2023 INVESTIGATION - USG BREAST

USG of both breasts was done using high frequency linear probe.

IMAGING FINDINGS:

Right breast: Simple tiny cyst of size ~3mm seen in peri-areolar location of right breast. Shows homogeneous fibroglandular background echotexture elsewhere. Nipple and overlying skin are normal.

Left breast: Shows homogeneous fibroglandular background echotexture. Shows no mass or large calcification. Nipple and overlying skin are normal.

Both the breast reveals normal echotexture & fibroglandular parenchyma elsewhere.

No evidence of duct dilatation, skin thickening is noted in bilateral breast.

No evidence of significant axillary lymphadenopathy.

OPINION:- Features are suggestive of-

Simple tiny cyst in peri-areolar location of right breast -likely benign.

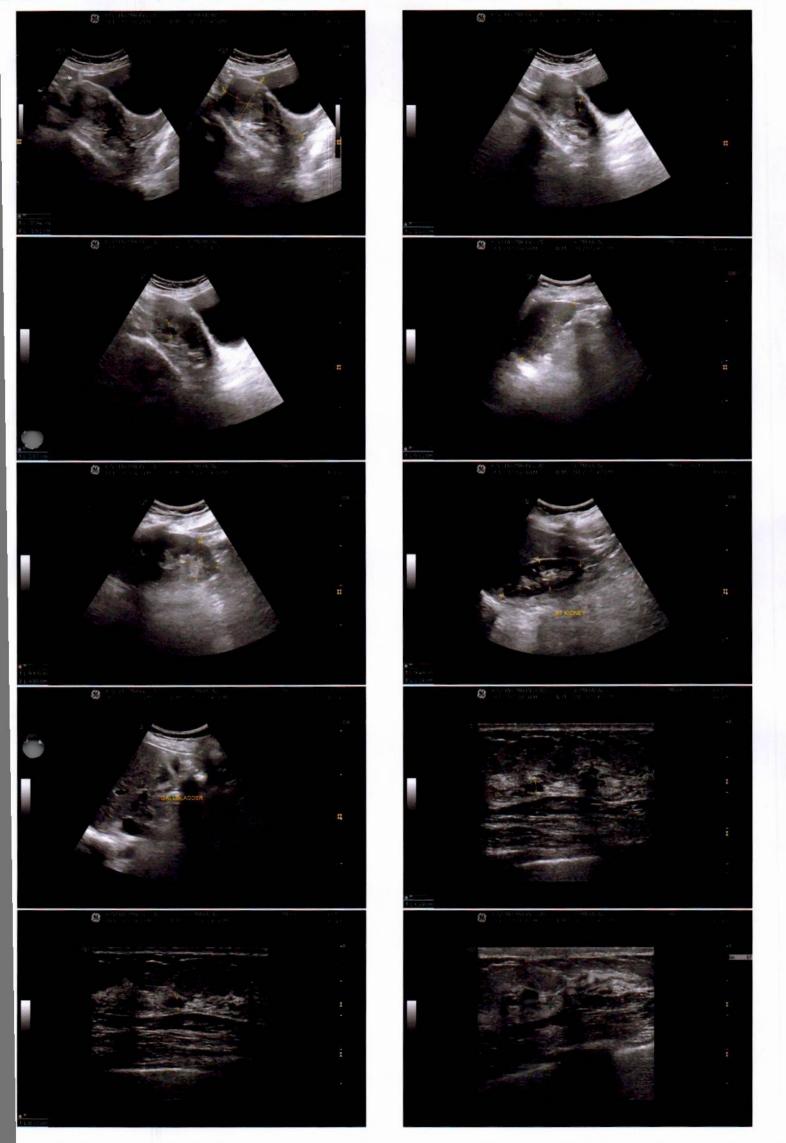
Clinical correlation and follow up study is suggested. Mammographic correlation is suggested.

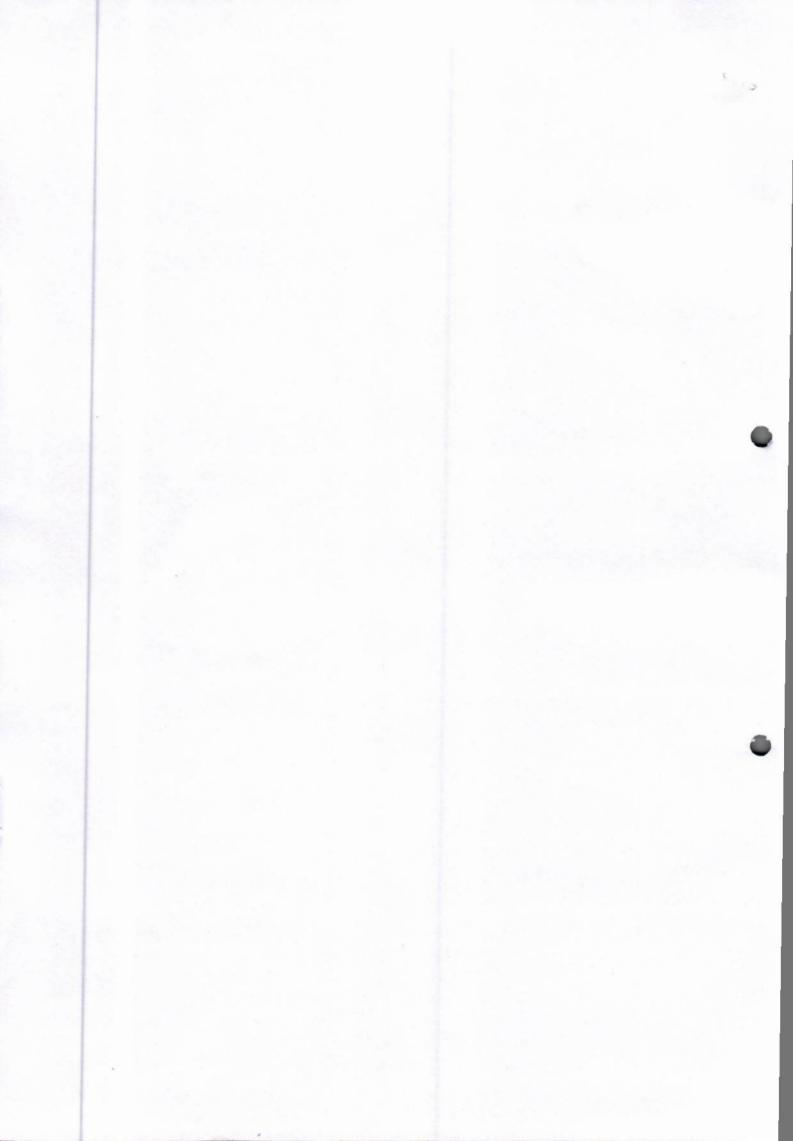
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