

MR No. 177128 Patient Name Mr. Mayank Rai Age 29 Sex M Date 09/09/24  
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

H - 166  
W - 73  
BS - 125/79  
P - 77

- ESR ↑.

**Vitals**

- B.P.
- SPO2
- Temp

**Medical Illness**

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

**Next Appointment/Follow up**

Signature :

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

Patient NAME : Mr. MAYANK RAI  
Age/Gender : 29 Y 0 M 0 D /M  
UHID/MR NO : ILK.00044659  
Visit ID : ILK.132029  
Ref Doctor : Dr. ARCOFEMI HEALTHCARE LIMITED

Collected : 09/Sep/2024 09:17AM  
Received : 09/Sep/2024 09:51AM  
Reported : 09/Sep/2024 10:21AM  
Status : Final Report  
Client Name : INSTA

**DEPARTMENT OF HEMATOLOGY**

**COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA**

Haemoglobin (Hb%)	13.2	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	41.9	%	40-54	Cell Counter
RBC Count	4.9	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	86.1	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	27.1	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	31.5	g/dl	30.0-35.0	Calculated
RDW	13.9	%	11-16	Calculated
Total WBC count (TLC)	9,500	/cu mm	4000-11000	Cell Counter

**Differential Count by Flowcytometry/Microscopy**

Neutrophils	68.8	%	50-70	Cell Counter
Lymphocytes	17.2	%	20-40	
Monocytes	8.6	%	01-10	Cell Counter
Eosinophils	5.2	%	01-06	Cell Counter
Basophils	0.2	%	00-01	Cell Counter

**Absolute Leucocyte Count**

Neutrophil (Abs.)	6,536	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	1634	per cumm	600-4000	Calculated
Monocyte (Abs.)	817	per cumm	0-600	Calculated
Eosinophil (Abs.)	494	per cumm	40-440	Calculated
Basophils (Abs.)	19	per cumm	0-110	Calculated
Platelet Count	2.90	Lac/cmm	1.50-4.00	Cell Counter

**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

Erythrocyte Sedimentation Rate (ESR)	32	mm 1st hr.	0-20	Wester Green
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SIN NO :10506605,

*Sarita Pathak*

**DR. SARITA PATHAK**  
M.D (PATH)



Patient NAME : Mr. MAYANK RAI	Collected : 09/Sep/2024 09:17AM
Age/Gender : 29 Y 0 M 0 D /M	Received : 09/Sep/2024 09:51AM
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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.



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Age/Gender : 29 Y 0 M 0 D /M	Received : 09/Sep/2024 09:51AM
UHID/MR NO : ILK.00044659	Reported : 09/Sep/2024 10:26AM
Visit ID : ILK.132029	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	73.0	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	99.0	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
<b>GLYCOSYLATED HAEMOGLOBIN (GHB/HBA1C) , WHOLE BLOOD EDTA</b>				
Glycosylated Haemoglobin HbA1c	4.7	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	H P L C
Approximate mean plasma glucose	88.19			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 glycermic 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%

Page 4 of 9



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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 BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM</b>				
Urea	18.47	mg/dL	13.0-43.0	Urease
Creatinine	0.6	mg/dL	0.5-1.3	Enzymatic
Uric Acid	5.9	mg/dL	3.5-7.2	Urease
Sodium	142.0	Meq/L	135-155	Direct ISE
Potassium	4.4	Meq/L	3.5-5.5	Direct ISE
Chloride	106.0	mmol/L	96-106	Direct ISE
Calcium	9.6	mg/dL	8.6-10.0	OCPC
Phosphorous	2.9	mg/dL	2.5-5.6	PMA Phenol
BUN	8.63	mg/dL	6.0-20.0	Reflect Spectrothoto



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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

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

Type OF Sample	SERUM-F	Unit	Bio. Ref. Range	Method
Total Cholesterol	141.0	mg/dl	up to 200	End Point
Total Triglycerides	90.0	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	101	mg/dL	<130	
LDL Cholesterol	83	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	18	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	3.53		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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**DEPARTMENT OF BIOCHEMISTRY-ROUTINE**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) WITH GGT , SERUM</b>				
Total Bilirubin	0.7	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.2	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Bilirubin	0.5	mg/dL	0.0-0.9	Calculated
SGOT / AST	30.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	33.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	52.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	18.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.0	g/dl	6.4-8.3	Biuret
Albumin	4.2	g/dL	3.5-5.2	BCG
Globulin	2.8	g.dl	2.0-3.5	Calculated
A/G Ratio	1.50	%	1.0-2.3	Calculated



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Ref Doctor : Dr. ARCOFEMI HEALTHCARE LIMITED

Collected : 09/Sep/2024 09:17AM  
Received : 09/Sep/2024 10:11AM  
Reported : 09/Sep/2024 02:13PM  
Status : Final Report  
Client Name : INSTA

**DEPARTMENT OF BIOCHEMISTRY-SPECIAL**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE-I , SERUM**

Triiodothyronine Total (TT3)	1.70	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	7.11	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	4.390	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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Received : 09/Sep/2024 09:51AM  
Reported : 09/Sep/2024 01:27PM  
Status : Final Report  
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	7.5		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	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 \*\*\*

Page 9 of 9



SIN NO :10506603,



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**RAI, MAYANK**  
 Patient ID 177128  
 09/09/2024 Male  
 11:02:48am 29yrs Indian  
 Meds:

Tabular Summary

BRUCE: Total Exercise Time 05:00  
 Max HR: 164 bpm 85% of max predicted 191 bpm HR at rest: 90  
 Max BP: 130/90 mmHg Max RPP: 19630 mmHg\*bpm

Maximum Workload: 11.00 METS  
 Max ST: -1.75 mm, 0.00 mV/s in V6; EXERCISE STAGE 3 04:58  
 Arrhythmia: A:47, PVC:3  
 ST/HR index: 1.89  $\mu$ 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 (/min)	ST Level (V6 mm)	Comment
PRETEST	SUPINE	00:24	0.50	0.00	1.1	105			0	0.35	
EXERCISE	STAGE 1	02:03	2.20	10.00	5.7	127			1	0.00	
	STAGE 2	02:02	3.00	12.00	8.2	144	120/80	17280	0	-0.40	
	STAGE 3	00:57	3.80	14.00	11.0	164	130/90	21320	0	-1.40	
RECOVERY		03:04	0.00	0.00	1.0	104	120/80	12480	0	-0.05	

*Borderline for RHD*

**Dr. Abhishek Sharma**  
 MBBS, MD (Medical) (MB (Cardiology))  
 Consultant Interventional Cardiology  
 RIN Apollo Hospitals  
 Reg. No. MP 12056



RAJ, MAYANK  
Patient ID 177128  
09/09/2024  
11:03:05am

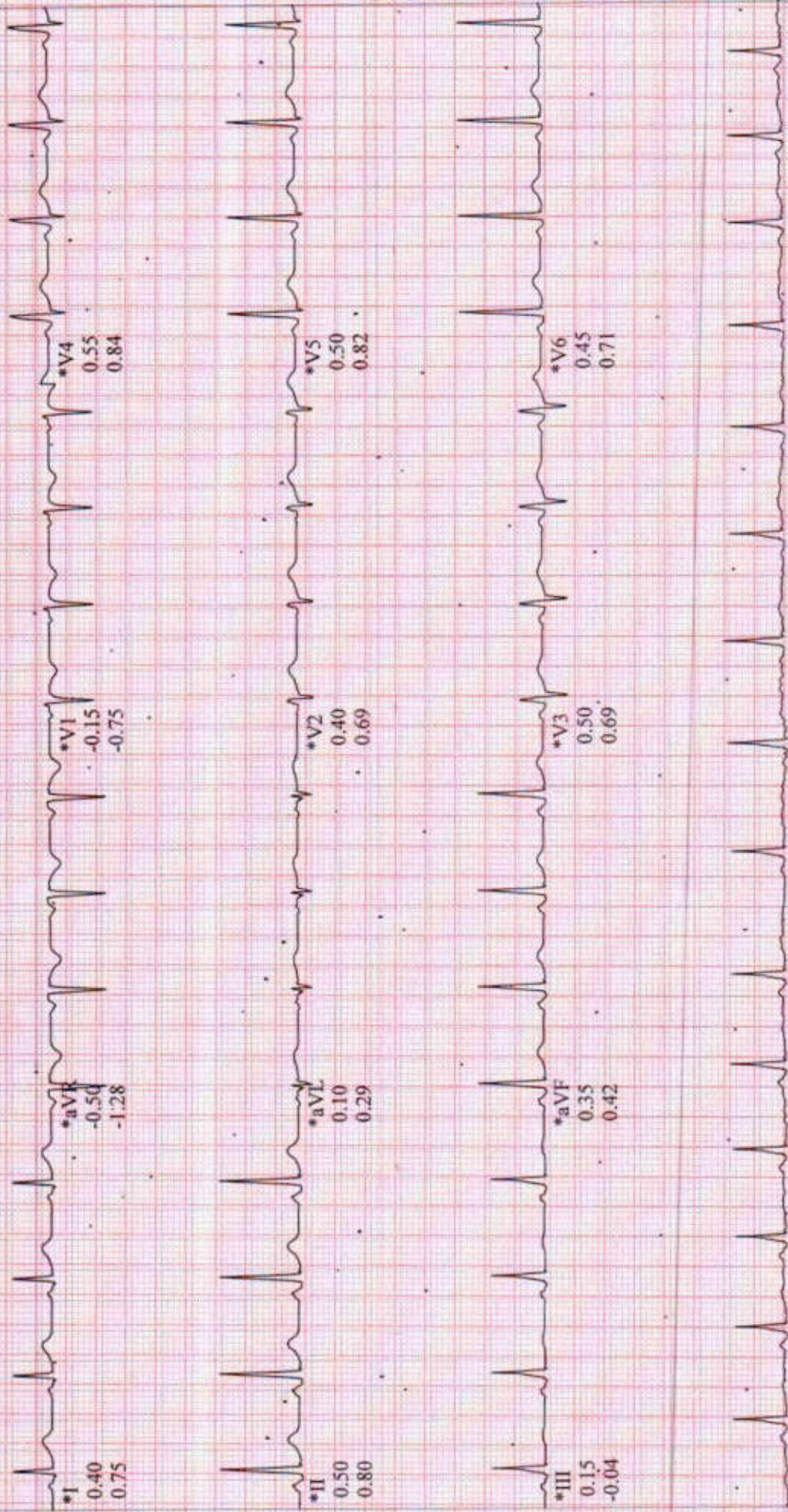
Linked Medians  
PRETEST  
SUPINE  
00:14

BRUCE  
0.0 mph  
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

90 bpm

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



III  
Raw Data

\*Computer Synthesized Rhythms



RAI, MAYANK  
Patient ID 177128  
09/09/2024  
11:05:15am

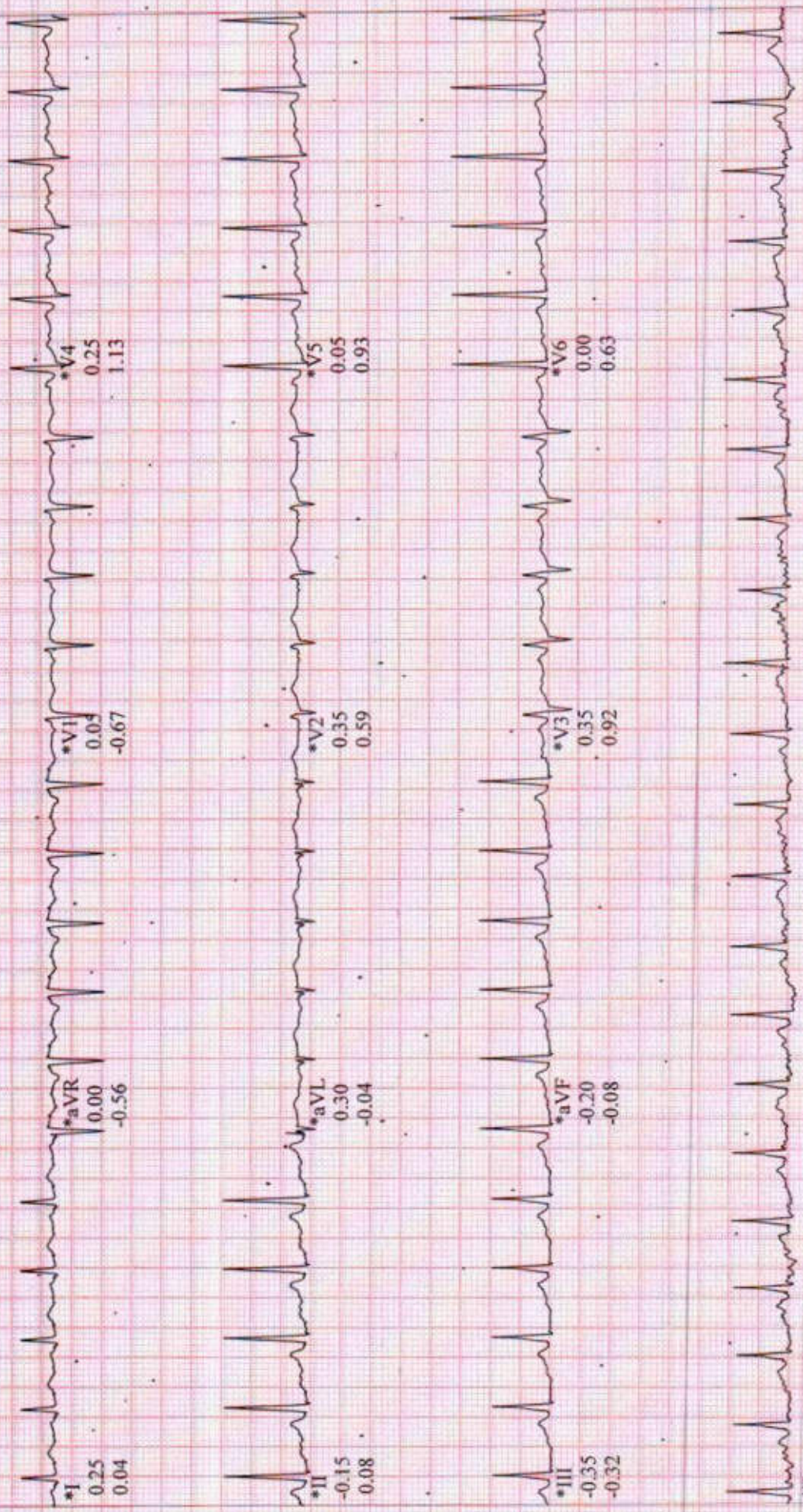
Linked Medians  
EXERCISE  
STAGE 1  
02:01

BRUCE  
2.2 mph  
10.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

129 bpm

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



III  
Raw Data

\*Computer Synthesized Rhythms

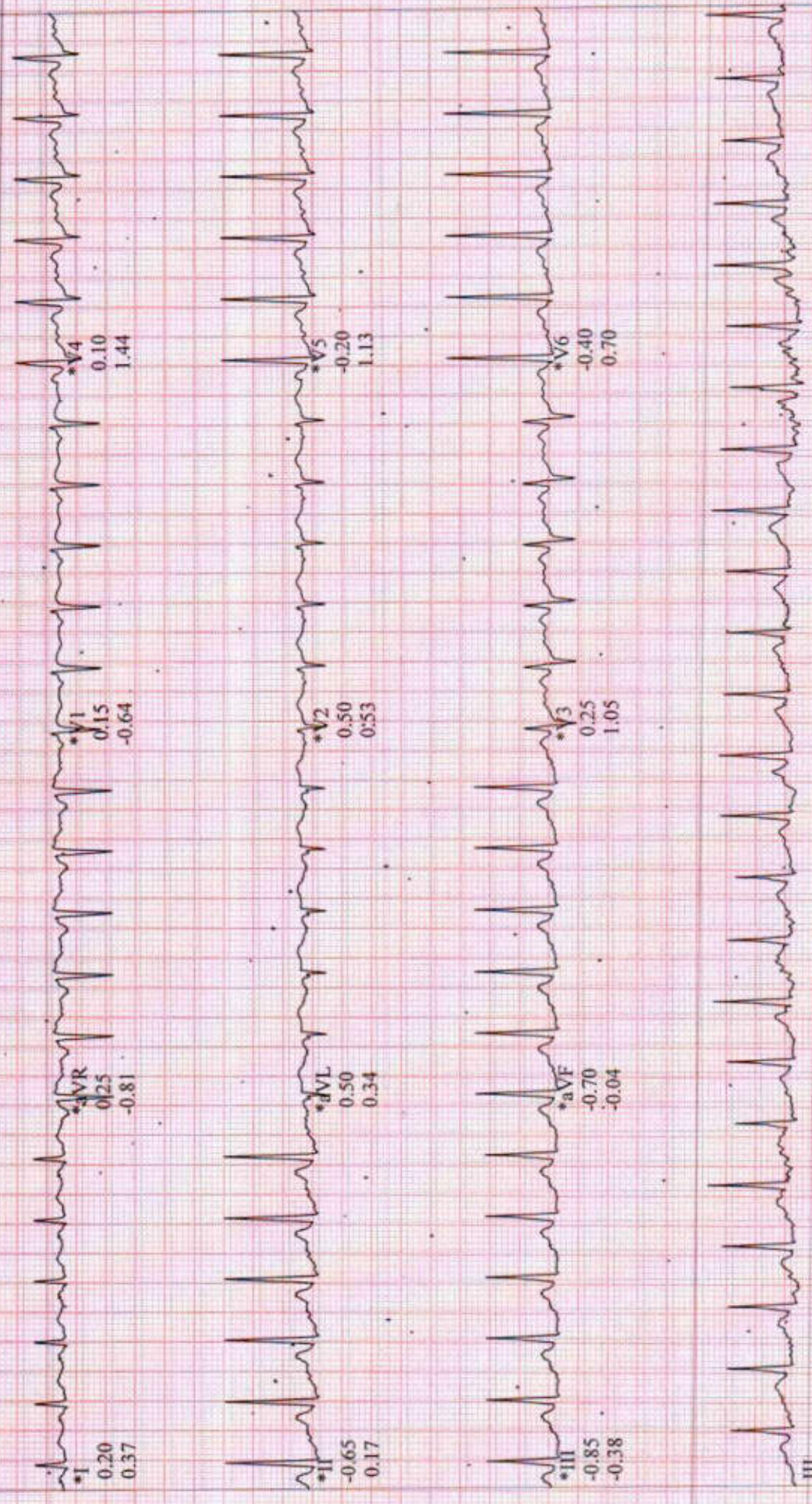


RAI, MAYANK  
Patient ID: 177128  
09/09/2024  
11:07:15am

BRUCE  
3.0 mph  
12.0 %  
EXERCISE  
STAGE 2  
04:01

144 bpm

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



III  
Raw Data

\*Computer Synthesized Rhythms



RAI, MAYANK  
Patient ID 177128  
09/09/2024  
11:08:13am

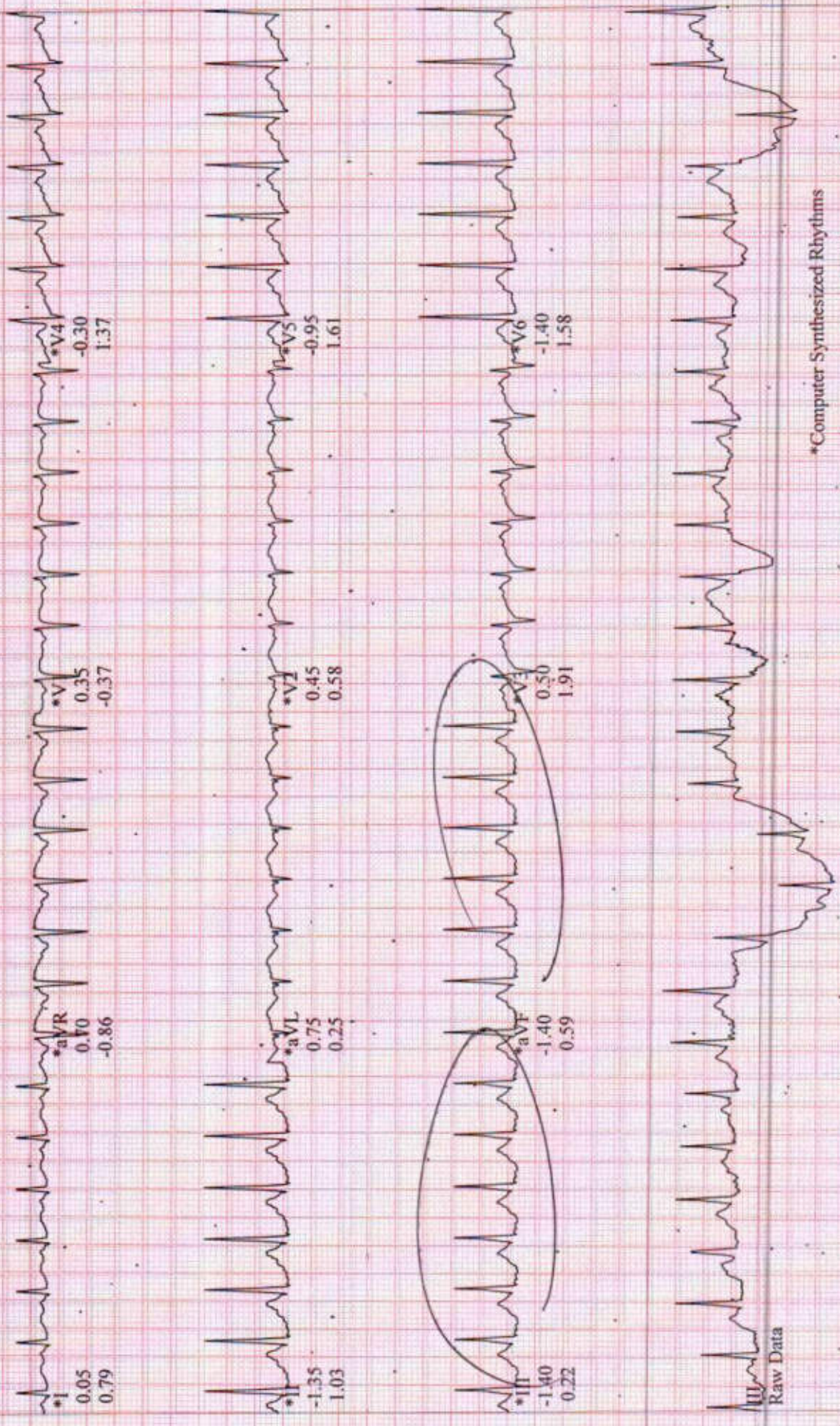
Linked Medians  
EXERCISE  
STAGE 3  
04:58

BRUCE  
3.8 mph  
14.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

164 bpm  
130/90 mmHg

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



Raw Data

\*Computer Synthesized Rhythms

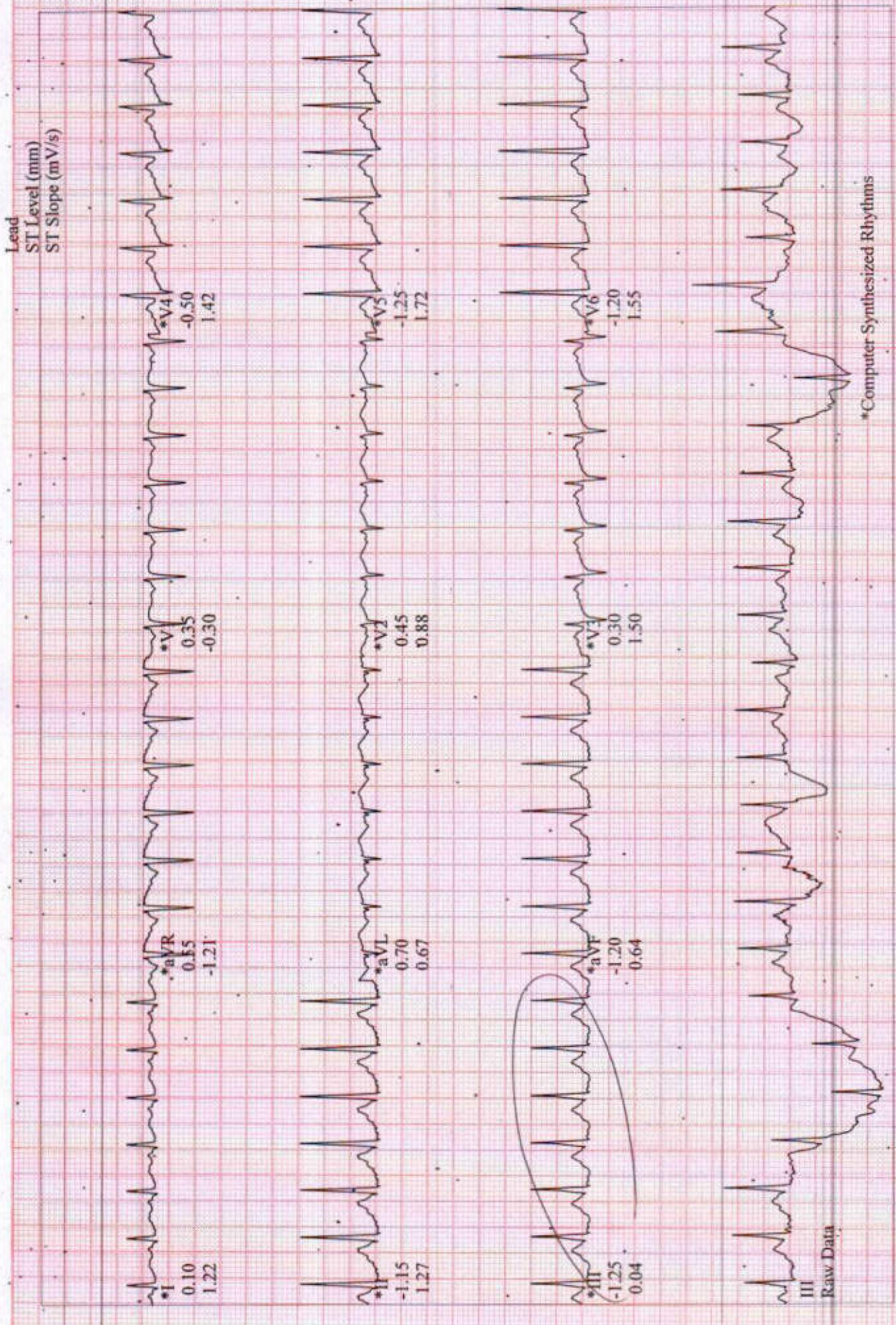


RAI, MAYANK  
Patient ID 177128  
09/09/2024  
11:08:14am

Linked Medians ( PEAK EXERCISE )  
EXERCISE STAGE 3  
05:01  
164 bpm  
L30/90 mmHg

RATAN JYOTI DALMIA HEART INSTITUTE

BRUCE  
3.8 mph  
14.0 %



\*Computer Synthesized Rhythms



BRUCE  
1.5 mph  
0.0 %

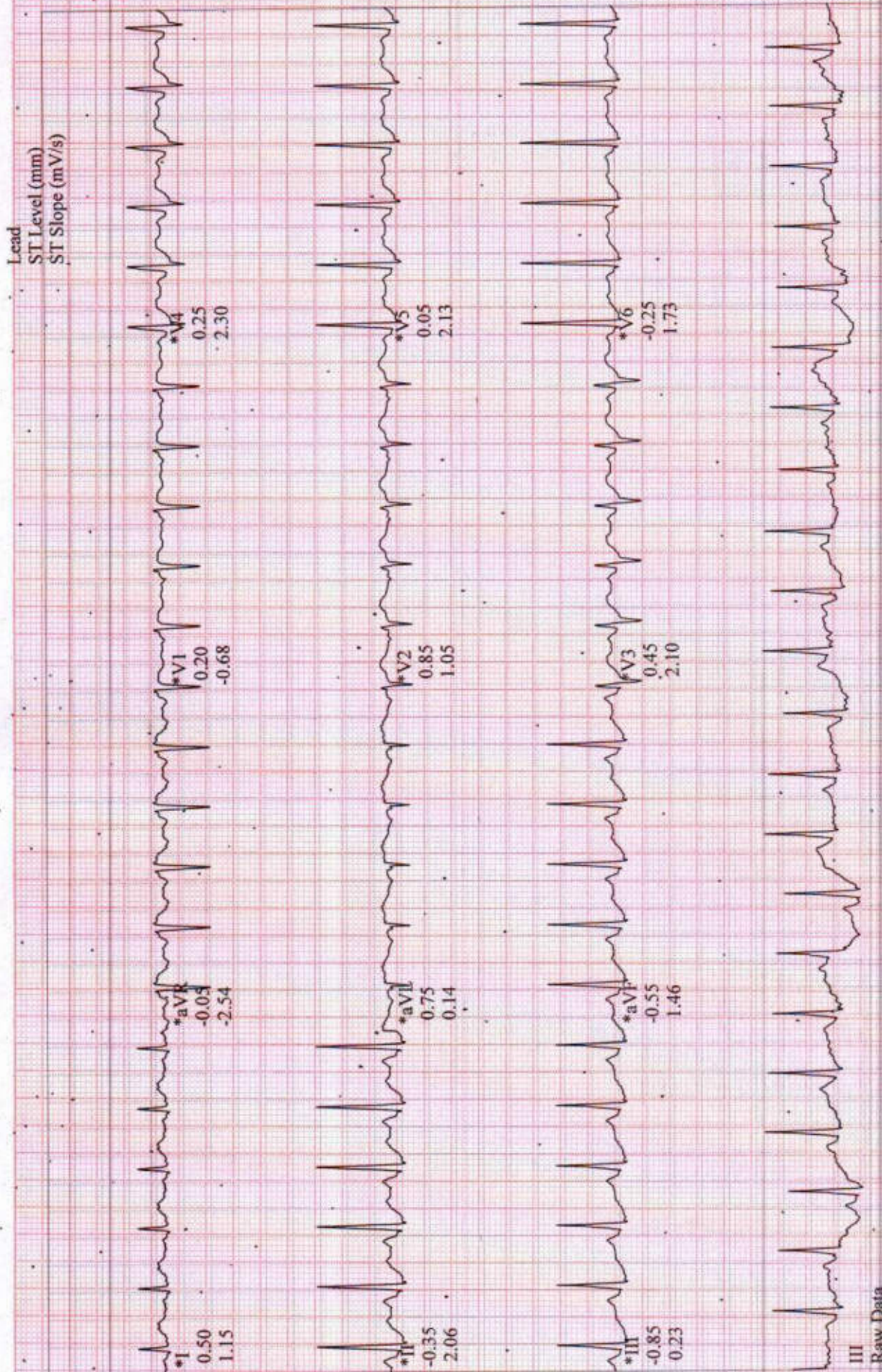
Linked Medians

RECOVERY

#1  
00:50

136 bpm

RAI, MAYANK  
Patient ID 177128  
09/09/2024  
11:09:04am



\*Computer Synthesized Rhythms



RAI, MAYANK  
Patient ID :177128  
09/09/2024  
11:09:13am

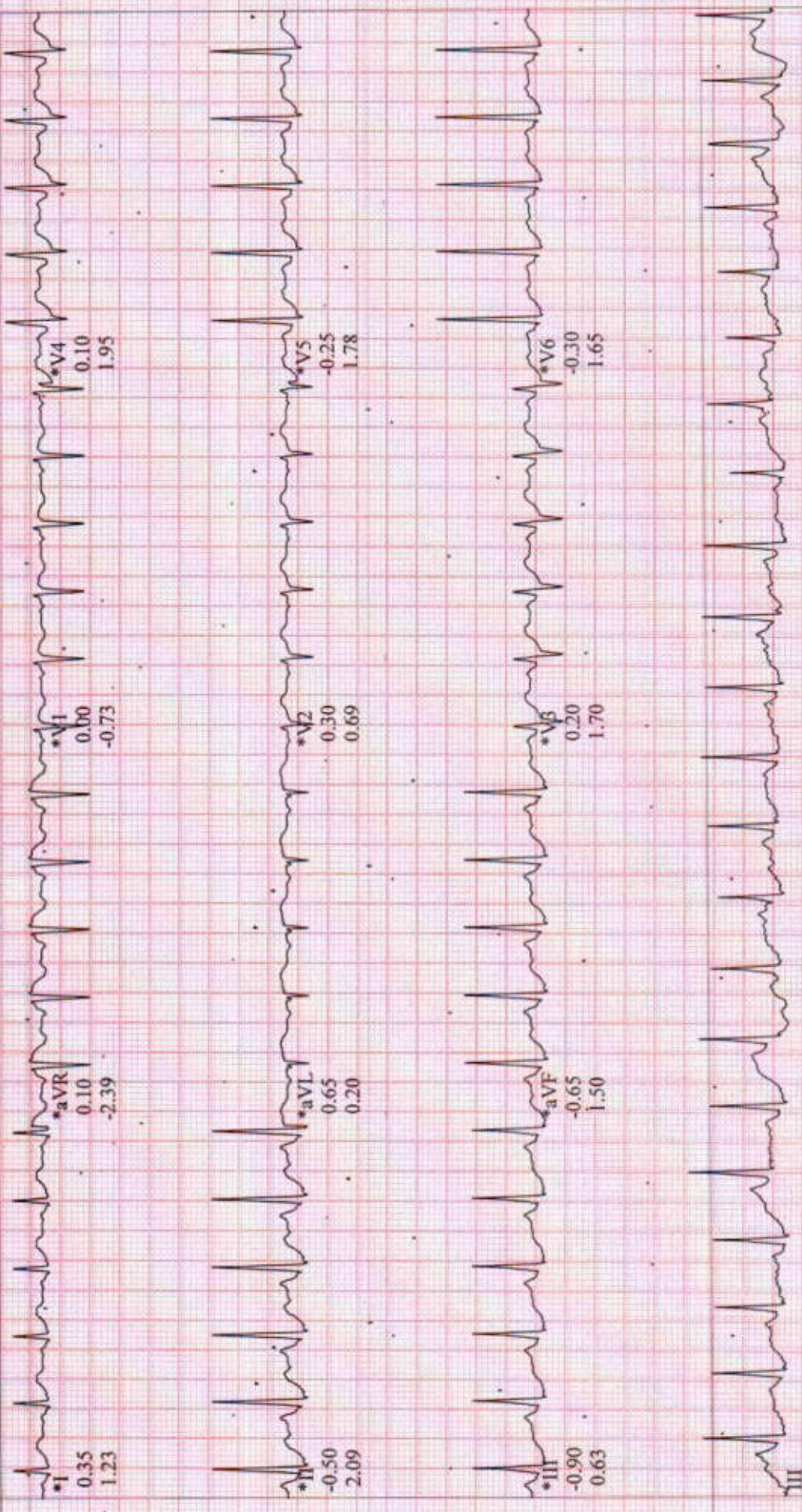
Linked Medians  
RECOVERY  
#1  
01:00

131 bpm

BRUCE  
0.0 mph  
0.0 %

RATAN JYOTI DALMIA HEART INSTITUTE

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



Raw Data

\*Computer Synthesized Rhythms



RAI, MAYANK  
Patient ID 177128  
.09/09/2024  
11:11:15am

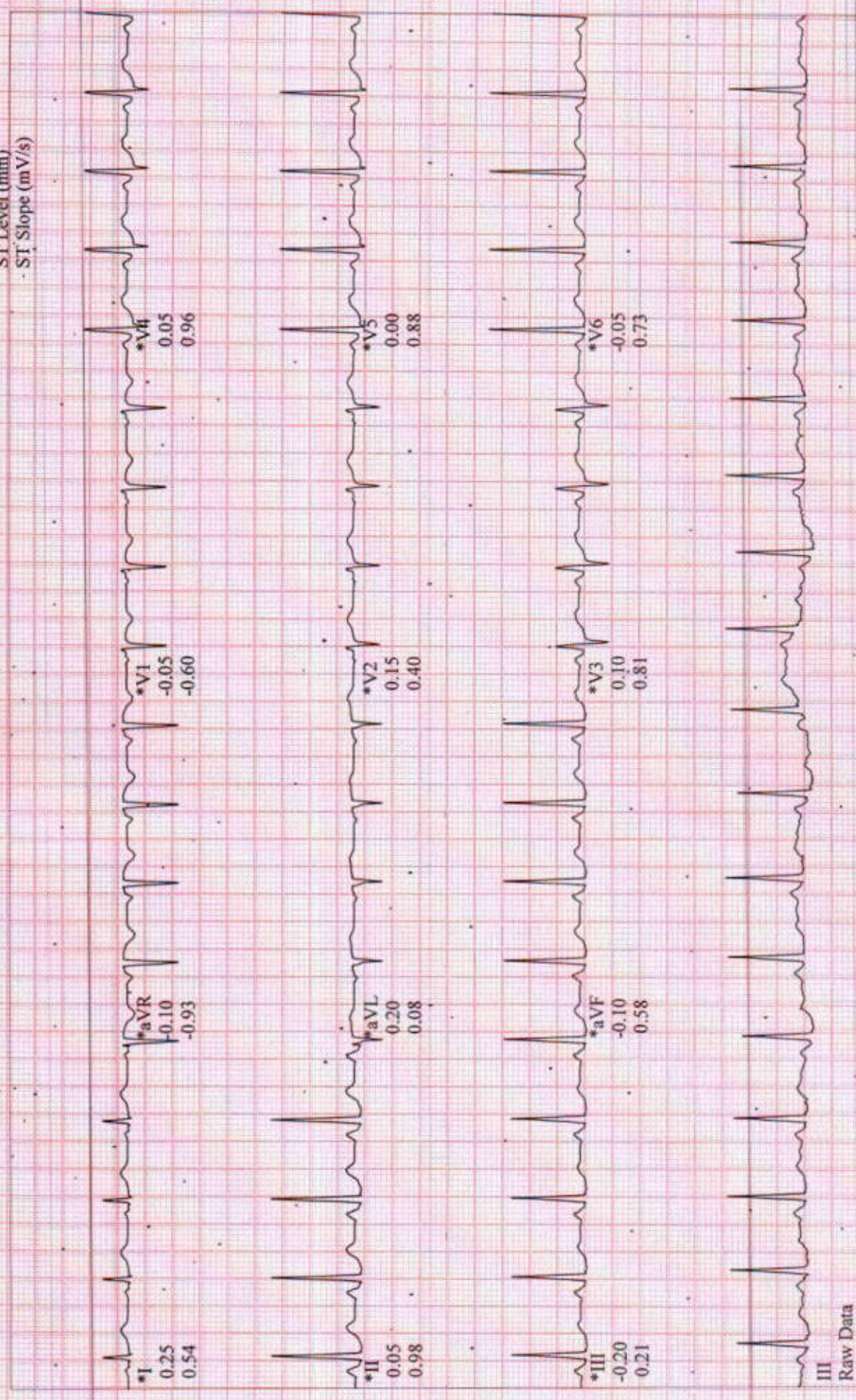
Linked Medians  
RECOVERY  
#1  
03:01

105 bpm  
120/80 mmHg

RATAN JYOTI DALMIA HEART INSTITUTE

BRUCE  
0.0 mph  
0.0%

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



III  
Raw Data

\*Computer Synthesized Rhythms



MR No. .... Patient Name Mangayak Sai Age 29 Sex M Date 09/09/24

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

*Health checkup*

*without ans.*

*O/E -*

- Grossly deny  $\bar{c}$   $\frac{1}{6}$  (Rep  $\frac{1}{2}$ )*
- RCT  $\bar{c}$  Chlam  $\bar{c}$   $\frac{6}{1}$*
- Causes  $\bar{c}$   $\frac{1}{6}$*

**Vitals**

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

*Extraction  $\bar{c}$   $\frac{1}{6}$*

*Respiration  $\bar{c}$   $\frac{1}{6}$*

**Medical Illness**

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

*Re. Cholelithiasis M/W*

**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. : 2054003  
NAME : MR MAYANK RAI  
AGE/SEX : 29 YRS / MALE

DATE : 09-September-2024  
MRD NO. : R-131948  
CITY : GWALIOR

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

TIME	IOP READING			
	OD	OD METHOD	OS	OS METHOD
9:55AM	15		15	

Rx. EYE From To Instructions  
1 SOFTDROPS EYE DROP 10ML (SODIUM CARBOXY METHAYLCELLULOSE AND GLYCERIN)  
ONE DROP 4 TIMES A DAY FOR 30 DAYS BOTH EYE 9-Sep-2024 8-Oct-2024

TREATMENT PLAN :  
REFERRED TO :  
DR. REMARK : BE ASWNL  
NEXT REVIEW : AS PER DR. ADVISED

DR. MANOJ SAXENA  
Reg.No MP-10861

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 इंश्योरेन्स एवं टी.पी.ए. सुविधा उपलब्ध
- For Appointment Please Contact : 9111004046

स्वामी विद्यानंद भारती आई चैंक

नेत्रदान

कॉ और कराये इसे अपने परिवार की परम्परा बनाये  
नेत्रदान के लिए सम्पर्क करें : 9111004044



PATIENT NAME - MAYANK RAI 29Y/M  
REFERRED BY - H.C.P  
DATE - 09/09/2024  
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 (~ 9.8cm), position, shape, echotexture and margin. No any focal lesion within splenic parenchyma. Splenic vein is normal and undilated.

**Visualized Pancreas** 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 ~ 9.3x4.6cm and left kidney ~ 9.4x4.9cm. 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.

**Prostate** appears normal in size (~ 15.6cc), 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.







PT. NAME: MAYANK RAI	AGE/SEX: 29Y/M
REF: BY: 177128	09/09/2024

**X RAY CHEST (PA)**

**IMAGING FINDINGS:**

Patchy inhomogeneous radio opacities in left upper zone - ?consolidation. Correlation with sputum AFB is suggested.

Prominent vascular markings seen in both lung fields.

B/L costophrenic angle appear clear and normal.

Trachea is central.

Cardiothoracic ratio is within normal limit.

B/L domes of diaphragm are smooth, regular and normal in position.

Please correlate with clinical findings and relevant investigations.

  
**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.



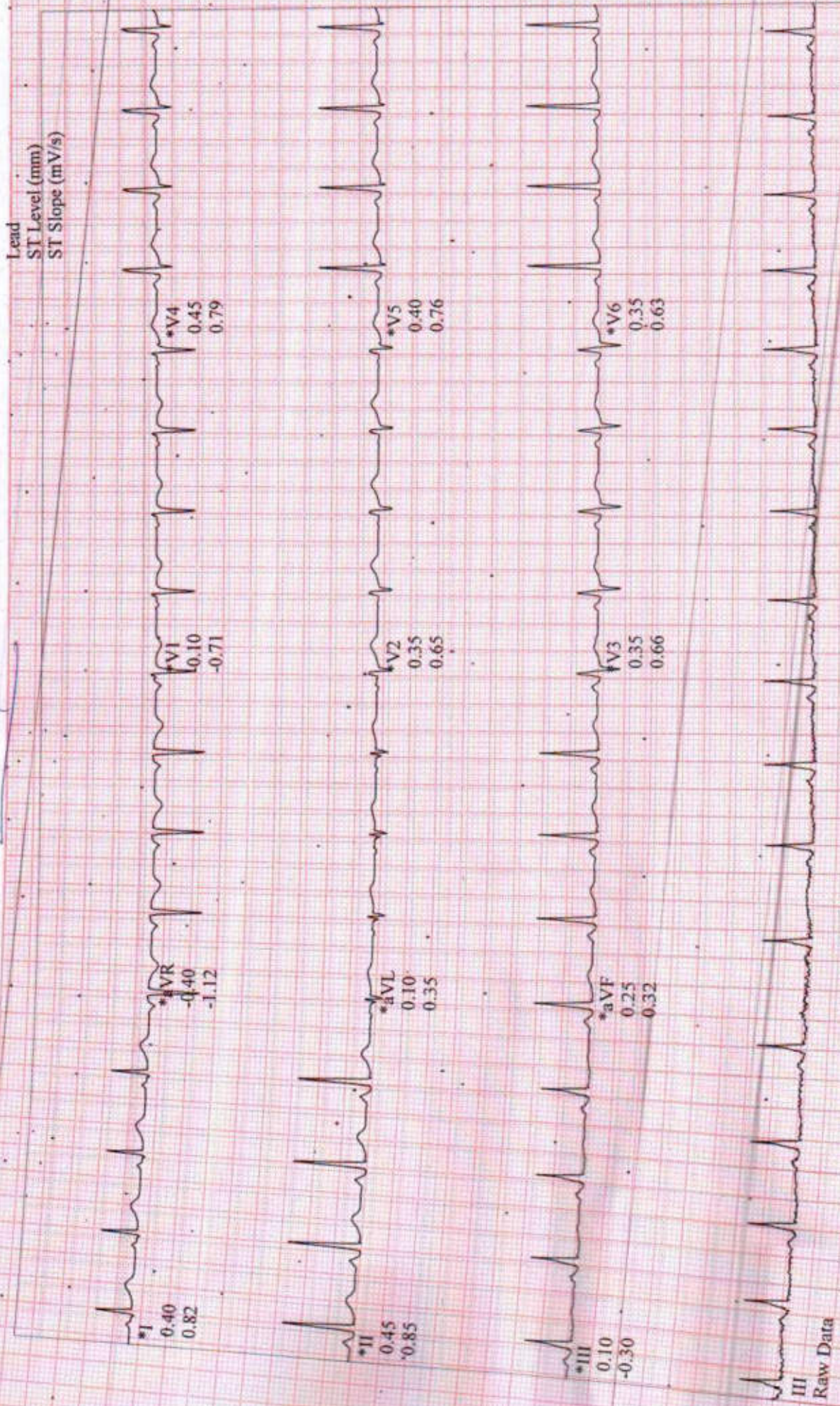
RAI, MAYANK  
Patient ID 177128  
09/09/2024  
11:02:47am

Linked Medians

100 bpm

RATAN JYOTI DALMIA HEART INSTITUTE

ECG



\*Computer Synthesized Rhythms