

Patient Name Mr Vijay Kumar MRN : 163283 Age 34 Sex M Date/Time 09/03/24

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

Vitals

- B.P.
- SPO2
- Temp

Medical Illness

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

Next Appointment/Follow up

Signature :

Physician reference

[Signature]
Dr. Bhawna Garg
MBBS, DIPLO. PGDRA
MEDICAL CO ORDINATOR
RJN Apollo Spectra Hospital
Reg. No. MP18035

Patient NAME : Mr. VIJAY KUMAR
Age/Gender : 34 Y O M O D /M
UHID/MR NO : ILK.00038842
Visit ID : ILK.114402
Ref Doctor : Dr.BOB

Collected : 09/Mar/2024 11:16AM
Received : 09/Mar/2024 11:58AM
Reported : 09/Mar/2024 02:06PM
Status : Final Report
Client Name : INSTA

DEPARTMENT OF HEMATOLOGY

COMPLETE BLOOD COUNT- CBC / HAEMOGRAM , WHOLE BLOOD EDTA

Haemoglobin (Hb%)	13.9	gm%	14.0-17.0	Cyanmeth
P.C.V (Hematocrit)	43.4	%	40-54	Cell Counter
RBC Count	5.2	Mill./cu mm	4.00-5.50	Cell Counter
Mean Corpuscular Volume(MCV)	84.2	fL	76-96	Calculated
Mean Corpuscular Hb. (MCH)	27.1	pg	27.0-32.0	Calculated
Mean Corp. Hb. Conc.(MCHC)	32.1	g/dl	30.0-35.0	Calculated
RDW	16.2	%	11-16	Calculated
Total WBC count (TLC)	6,300	/cu mm	4000-11000	Cell Counter

Differential Count by Flowcytometry/Microscopy

Neutrophils	50.5	%	50-70	Cell Counter
Lymphocytes	37.1	%	20-40	
Monocytes	7.1	%	01-10	Cell Counter
Eosinophils	4.8	%	01-06	Cell Counter
Basophils	0.5	%	00-01	Cell Counter

Absolute Leucocyte Count

Neutrophil (Abs.)	3,182	per cumm	2000 - 8000	Calculated
Lymphocyte (Abs.)	2337	per cumm	600-4000	Calculated
Monocyte (Abs.)	447	per cumm	0-600	Calculated
Eosinophil (Abs.)	302	per cumm	40-440	Calculated
Basophils (Abs.)	32	per cumm	0-110	Calculated
Platelet Count	1.70	Lac/cmm	1.50-4.00	Cell Counter

ERYTHROCYTE SEDIMENTATION RATE (ESR)

Erythrocyte Sedimentation Rate (ESR)	15	mm 1st hr.	0-20	Wester Green
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SIN NO : 10445514

A. K. Rajan

DR. ASHOK KUMAR
M.D. (PATH)

Patient NAME : Mr. VIJAY KUMAR	Collected : 09/Mar/2024 11:16AM
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DEPARTMENT OF HEMATOLOGY

BLOOD GROUPING(A,B,O) AND RH FACTOR , WHOLE BLOOD EDTA

Blood Grouping	AB			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 : 10445514

A.K. Rajong

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UHID/MR NO : ILK.00038842	Reported : 09/Mar/2024 01:00PM
Visit ID : ILK.114402	Status : Final Report
Ref Doctor : Dr.BOB	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	84.0	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	121.0	mg/dL	90-140	2hrs. after...gm glucose/lunch
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Ref.for Biological Reference Intervals: American Diabetic Assiosation.



SIN NO : 10445514

A.K. Ashok Kumar

DR. ASHOK KUMAR
M.D. (PATH)

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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	6.0	%	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5	NEPHELOMETRY
Approximate mean plasma glucose	124.35			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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SIN NO : 10445514

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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
-----------	--------	------	-----------------	--------

COMPLETE KIDNEY PROFILE (RFT/KFT) , SERUM

Urea	28.36	mg/dL	13.0-43.0	Urease
Creatinine	0.8	mg/dL	0.5-1.3	Enzymatic
Uric Acid	6.4	mg/dL	3.5-7.2	Urease
Sodium	134.0	Meq/L	135-155	Direct ISE
Potassium	4.4	Meq/L	3.5-5.5	Direct ISE
Chloride	100.0	mmol/L	96-106	Direct ISE
Calcium	9.4	mg/dL	8.6-10.0	OCPC
Phosphorous	4.4	mg/dL	2.5-5.6	PMA Phenol
BUN	13.25	mg/dL	6.0-20.0	Reflect Spectrothoto

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SIN NO :10445514,

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Visit ID : ILK.114402	Status : Final Report
Ref Doctor : Dr.BOB	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-ROUTINE

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
Type OF Sample	SERUM			
Total Cholesterol	249.0	mg/dl	up to 200	End Point
Total Triglycerides	162.0	mg/dL	Borderline High Risk : 150-199 High Risk: 200-499 Very High Risk: >500	End Point
HDL Cholesterol	47.0	mg/dL	Optimal: >55 Border Line High Risk: 35-55 High Risk:- <35	Reflect Spectrothoto
Non - HDL Cholesterol	202	mg/dL	<130	
LDL Cholesterol	169.6	mg/dL	49-172	Reflect Spectrothoto
VLDL Cholesterol	32.4	mg/dL	5.0-40.0	Reflect Spectrothoto
Chol / HDL Ratio	5.3		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
LIVER FUNCTION TEST (LFT) WITH GGT , SERUM				
Total Bilirubin	1.2	mg/dL	0.2-1.2	Jendrassik-Grof
Direct Bilirubin	0.2	mg/dL	0.0-0.3	Jendrassik-Grof
Indirect Billirubin	1	mg/dL	0.0-0.9	Calculated
SGOT / AST	56.0	U/L	1-30	UV Kinetic (IFCC)
SGPT / ALT	84.0	U/L	1-45	UV Kinetic (IFCC)
Alkaline Phosphatase	50.0	U/L	43-115	PNPP
Gamma Glutaryl Transferase (GGT)	35.0	U/L	0.0-55.0	Reflect Spectrophoto
Total Protein	7.5	g/dl	6.4-8.3	Biuret
Albumin	4.4	g/dL	3.5-5.2	BCG
Globulin	3.1	g.dl	2.0-3.5	Calculated
A/G Ratio	1.42	%	1.0-2.3	Calculated

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SIN NO : 10445514

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UHID/MR NO : ILK.00038842	Reported : 09/Mar/2024 02:10PM
Visit ID : ILK.114402	Status : Final Report
Ref Doctor : Dr.BOB	Client Name : INSTA

DEPARTMENT OF BIOCHEMISTRY-SPECIAL

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

THYROID PROFILE-I , SERUM

Triiodothyronine Total (TT3)	1.24	ng/dL	0.6-1.8	Chemilluminescence
Thyroxine (TT4)	5.80	µg/dL	4.5-10.9	Chemilluminescence
Thyroid Stimulating Hormone (TSH)	35.200	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).



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Visit ID : ILK.114402
Ref Doctor : Dr.BOB

Collected : 09/Mar/2024 11:16AM
Received : 09/Mar/2024 11:58AM
Reported : 09/Mar/2024 12:38PM
Status : Final Report
Client Name : INSTA

DEPARTMENT OF CLINICAL PATHOLOGY

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

CUE - COMPLETE URINE ANALYSIS , URINE

Physical Examination

Colour	YELLOW			Visual
Appearance	Clear			Visual
pH	5.5		5.0-7.5	Dipstick
Specific Gravity	1.030		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 : 10445514

A.K. Rajong

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M.D. (PATH)

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ECHO CARDIOGRAPHY REPORT

Patient Name : MR VIJAY KUMAR
Date : 09/03/2024

AGE & Sex : 34yrs /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 : 4.6 cms	EF 58%
	ESD : 2.8 cms	FS 30%

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-58%
NORMAL VALVES
INTACT SEPTUM
NO CLOT /VEGETATION /PERICARDIAL EFFUSION

Dr. Abhishek Sharma
MBBS, MD, DM (Cardiology)
Consultant Cardiologist
RJD Heart Institute



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



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. : 1915337
NAME : MR VIJAY KUMAR
AGE/SEX : 35 YRS / MALE

DATE : 09-March-2024
MRD NO. : R-118082
CITY : GWALIOR

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
2:12PM	15		15	

Rx. EYE From To Instructions

1 LUBREX EYE DROP
10ML/CARBOXYMETHYLCELLULOSE EYE DROPS
IP (0.5% W/V)
ONE DROP 4 TIMES A DAY FOR 30 DAYS BOTH EYE 9-Mar-2024 7-Apr-2024

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

स्वामी विद्यानंद भारती आई बैंक

नेत्रदान

कॉर्पोरेट ब्रांचों के लिए अलग-अलग परिवार को फायदा बनाने के लिए
नेत्रदान के लिए सम्पर्क करें : 9111004046

Patient Name Vijay Kumar MRN : Age 39 Sex M Date/Time 9/9/24
Mob No.

Investigations : (Please Tick)

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

Health check up

o/e → ECG] ECG - done
TM - good

Normal] NAD

No Abcs] ENZ gut related

Vitals

- B.P.
- P.R.
- O2
- Temp

Medical Illness

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

Next Appointment/Follow up

Signature :

[Signature]
Dr. Sunil Kumar
MS (Genl)
Reg. No. MP13178
RJN Apollo Spectra Hospitals

Patient Name Mr. Vijay MRN : Age Sex M Date/Time 9/3/24
Mob No.

Investigations : (Please Tick)

- CBC
- ESR
- CRP
- S-Vit D3
- S-Vit B12
- RBS
- B Sugar - F/PP 0/8
- HbA1C
- T/KFT
- PT
- INR
- RA Factor
- Anti CCP
- HLA B27
- ANA
- HIV
- HBsAg
- Anti HCV

Health Checkup

- Lower Cholesterol

- Disrupted T BT

- Gen. gastritis

TIA - Disrupted

T BT

Vitals *R.*

- B.P.
- P.R.
- O2
- Temp

Cholesterol ADS M/W

Side (DPS)

Medical Illness

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

Next Appointment/Follow up

Signature : 

PATIENT NAME - VIJAY KUMAR 34Y/M
REFERRED BY - H.C.P
DATE - 09/03/2024
INVESTIGATION - USG WHOLE ABDOMEN

IMAGING FINDINGS:-

Liver appears normal in size, position, shape and margin. Parenchyma shows increased echogenicities. The intrahepatic biliary and portal venous radicles appear normal. Hepatic veins and portal vein are normal.

Gall Bladder is well distended. GB wall appears normal. Echogenic calculi seen in GB lumen measured upto -12mm. Visualized **CBD** is of normal caliber.

Spleen appears normal in size (~ 9.3cm), 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 -9.9x3.6cm and left kidney - 10x3.5cm. 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 (~ 10.2cc), shape and echotexture.

No obvious ascites.

OPINION:- Features are suggestive of-

- Echogenic calculi in GB lumen (measured upto ~12mm)- Suggestive of cholelithiasis.
- 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	MR. VIJAY KUMAR	Age/sex	34Y/M
Ref. By	163763	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)

Rate 70 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . Borderline T abnormalities, inferior leads.....T flat/neg, II III aVF
 . ST elev, probable normal early repol pattern.....ST elevation, age<55

PR 164
 QRS 102
 QT 373
 QTc 403

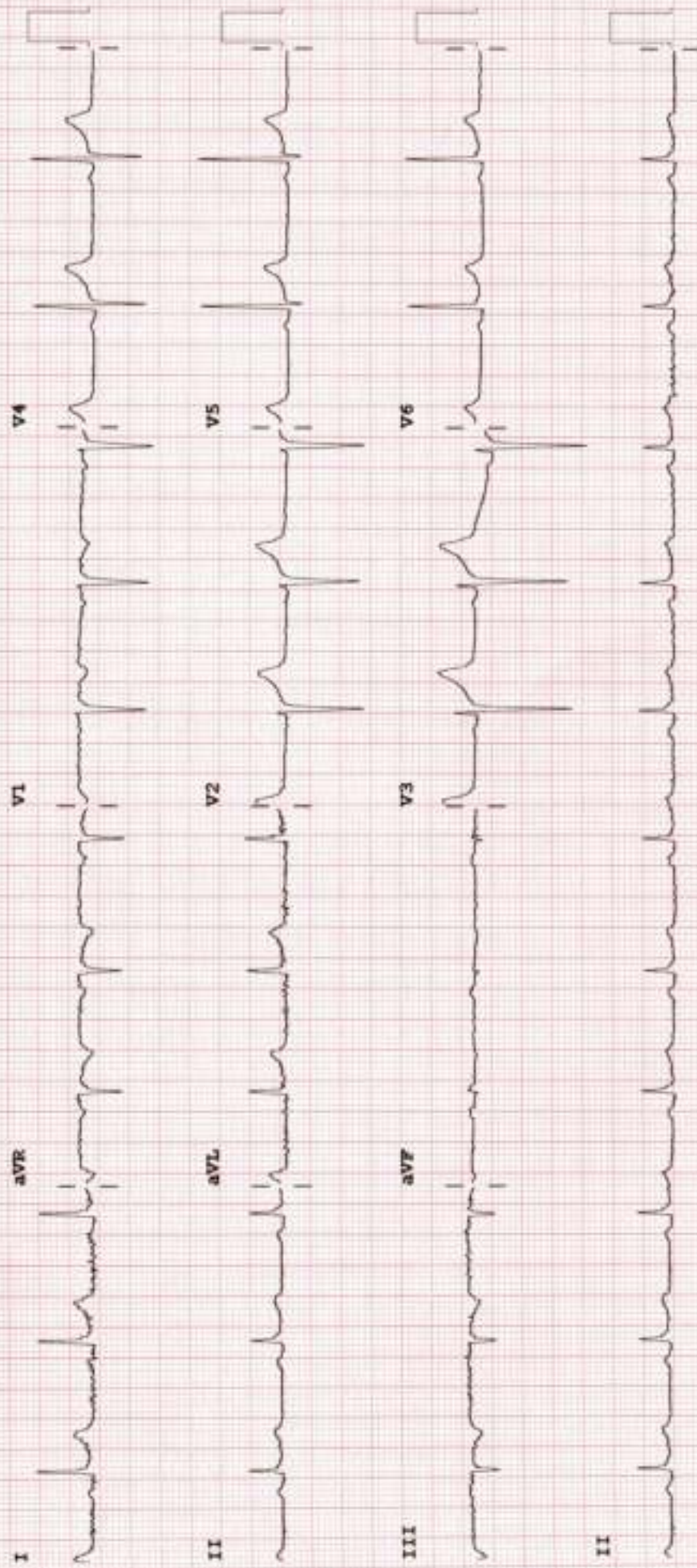
--AXIS--

P 49
 QRS 5
 T -2

12 Lead; Standard Placement

- BORDERLINE 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 P7