

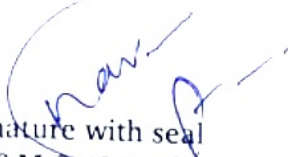
PROFORMA – I

Remarks/assessment of Chief Medical Officer/Chief Medical Superintendent along with verified/countersigned papers

I, Dr Navin Kumar Giri Dyemedical Board
[Name] CMO/CMS,

have perused the documents presented before me by Sri CHANDRAPAL TI [Name of the Officer], ID No. U.P. 6072 Designation A: D-J/ Spl. JUDGE (E.O. Act) and place of posting P. RAYA G. RAI OR on his behalf by Sri CHANDRAPAL TI Relation with the officer W.I.F.E Phone No. 9870867660

- I. I have personally examined Sri/Smt./Sushri KUSUM LATA who is suffering from the disease/syndrome/disability [Name of the disease] and in my opinion he/she may require frequent hospitalization for treatment/management.
- II. I also verify that Sri/Smt./Sushri KUSUM LATA is suffering from the disease/syndrome/disability/disorder Left sided Cholelithiasis [Name of the disease] and the disease(s) find(s) mention at paragraph no. of the Annexure-I enclosed herewith.
- III. In my professional opinion and assessment, I am convinced that the treatment/management of the above-mentioned disease/syndrome/disability/disorder in paragraph two above is possible at the districts mentioned by the officer in his/her application submitted to Hon'ble High Court.
- IV. The treatment/management of the above mentioned disease/syndrome/disability/disorder in paragraph two above is also available at the districts namely MET. RUT. SHOZILABAD, GAUJAM, NOGAR
- V. I am aware that this document may be presented by the competent authority/applicant for further use by a competent Medical Board.
- VI. This document shall be valid only for 06 months only.


Signature with seal
(C.M.O./C.M.S.)

Name: डॉ. नवीन कुमार गिरि
ID No.: नोडल अधिकारी मेडिकल बोर्ड
Designation: मेडिकल अधिकारी
Telephone No. 9870867660
Mobile No. 9450616616

- 1. Concerned District Judge/Officers in equivalent rank to get these matter expedited from the office of CMO/CMS.
- 2. The CMO/CMS are requested to retain the copy of this documents and documents placed before them for issuance of this document for future reference.

Tirupati Liver and Gastro Care Center



Complete Day Care Center Of Gastro & Gynae

INVESTIGATION

Mantoux Test	
CBC / Hemogram	✓
Urine R _{M/E} & C/S	
Bld Sugar F, PP, HBA1C	✓
Bld Urea / S. Creatinine	✓
S. Bilirubin T _D	
SGPT / SGOT	
S. Alk. Phosphatase	
PT with Control	
S. Albumin	✓
T3, T4, TSH	
Lipid Profile	
S. Uric Acid	
S. Na ⁺ / K ⁺ / Ca ²⁺	
HBs Ag / Anti HCV / HIV 1&2	
S. Amylase, S. Lipase	
USG ABD / CECT	
CxR-PA view	
X-ray Abd Erect	
UGI Endoscopy	
Colonoscopy	
ERCP	
EUS / FNAC	
Fibro Scan	
HBV DNA Quantitative	
HCV RNA Quantitative	
HCV Genotype	
Wt. / Kg.	
PR / Mt.	
BP / MMHG	
SPO ₂	

CLINIC

डी-4, सम्राट पैलेस
(लोकप्रिय अस्पताल के सामने)
गढ़ रोड, मेरठ।
क्लीनिक खुलने का समय : 9 बजे से 6 बजे तक
डॉ० साहब के बैठने का समय : 11 बजे से 6 बजे तक

Up to Shyam kumar me. upshme

Mrs Kusumatale
KPC CUC
Soylk.
W/O Mr Chandra Prakash

Azoflata. Soyilk
①
- Rowstra sachet 18m (B)
①
- Folvite - soyilk (B)
- Surocal (B)
- Rabrin 20 (B)
- Citalopram 4 (B)
- Lister Ds for eye monthly 2 cups milk
- DOWTRAP. Has 80s



डा० प्रशान्त सोलंकी

एम०डी०, डी०एम० (गैस्ट्रोएन्ट्रोलॉजी)
पेट, आँत, जिगर, पित्ताशय, पैनक्रियाज रोग विशेषज्ञ
एवं एण्डोस्कोपिस्ट

Dr. Prashant Solanki

M.D., D.M.

Senior Consultant Gastroenterologist & Therapeutic Endoscopist

Formerly at
• GB Pant Hospital, N. Delhi District Judge
• SGPGI, Lucknow
• Sir Ganga Ram Hospital, N. Delhi

Date..... 16 NOV 2023

In Emergency / Visiting Consultant Gastroenterologist

SIDDHI VINAYAK MEDICAL CENTER

Jagriti Vihar, Opp. Medical College, Gate No. 1, Meerut

एडवांस बुकिंग कराकर आगे का अपॉइंटमेंट लेकर जाएँ।

फोन पर नाम लिखवाने के लिए

10:00 से 12:00 बजे के बीच फोन करें।

Ph.: 0121-2603166, 9997756918

अपॉइंटमेंट द्वारा दिया गया समय अनुमानित है।
अघानक इमरजेंसी आने पर समय बिना पूर्व सूचना
दिये बदला या कैंसिल भी किया जा सकता है।

SUNDAY CLOSED (रविवार अवकाश)



Tirupati Liver & Gastro Care Center
Dr. Prashant Solanki MD, DM (Gastroenterology)
Gastroenterologist, Hepatologist, Therapeutic Endoscopist
D - 4, Samrat Palace, Opp. Lokpriya Hospital, Garh Road, Meerut
0121-2603166 , 09997756918

LOWER GI ENDOSCOPY

Complimentary

Patient Name : **MRS KUSUM LATA**

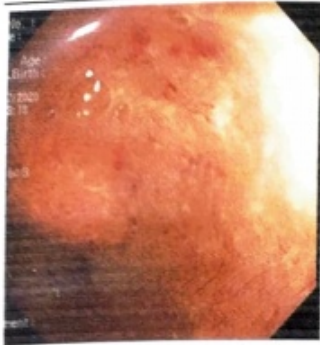
Referred By : **SELF**

Age/Gender : **48/Female**

Date : **25/Jul/20**

Unit No :

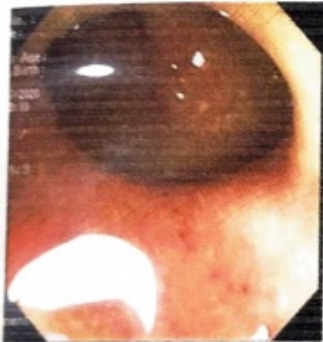
*W/O Mr C Singh
A-57 Topm.*



RECTUM - LOSS OF NORMAL VASCULAR PATTERN WITH FRIABILITY & ULCERATION SEEN.

SIGMOID COLON -LOSS OF NORMAL VASCULAR PATTERN WITH FRIABILITY & ULCERATION SEEN.

DESCENDING COLON -LOSS OF NORMAL VASCULAR PATTERN WITH FRIABILITY & ULCERATION SEEN.



TRANSVERSE COLON- NORMAL.

ASCENDING COLON -NORMAL.

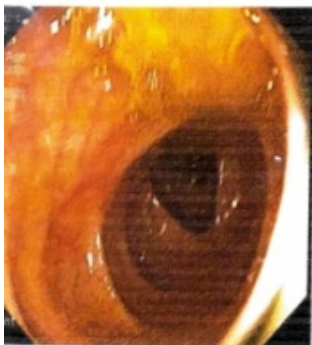
CAECUM & I/C VALVE -NORMAL.

BIOPSY- YES, FROM RECTUM

THERAPEUTIC PROCEDURE- NO.



FINAL IMPRESSION- LEFT SIDED COLITIS- ?CUC.



Dr. Prashant Solanki

MD, DM

Gastroenterology



SRIJAN PATHOLOGY

3/6, Elgin Road, Civil Lines, (Opp. Prayag Mahila Vidyapeeth School) Prayagraj
Phone: 0532-2405050, 2403535, 9935532134 | Website: www.srijanhospital.com
E-mail: info@srijanhospital.com, CIN: U85110UP1998PTC023377

PATHOLOGY REPORT

Patient's Name: KUSUM LATA

Age: 49Y

Sex: Female

Date: 15/02/2024

Rfd By: DR B B AGRAWAL

Specimen: BLOOD EXAM

No: 2022/8/OPD/BB/2046

THYROID PROFILE

Test	Result	Reference Range
T3	1.71 nmol/L	1.34 - 2.37 nmol/L
T4	119.42 nmol/L	78.38 - 157.40 nmol/L
TSH	1.68 μ IU/ml	0.34 - 5.6 μ IU/ml

Method By CHEMILUMINESCENCE Immuno assay (CLIA);


Pathologist



SRIJAN PATHOLOGY

8/6, Elgin Road, Civil Lines, (Opp. Prayag Mahila Vidyapeeth School) Prayagraj

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E-mail: info@srijanhospital.com, CIN: U85110UP1998PTC023377

PATHOLOGY REPORT

Reg. No : 2022/8/OPD/BB/2046

Patient's Name: KUSUM LATA

Rfd By Dr. : DR B B AGRAWAL

Specimen Collected at : LAB

OPD/IPD : OPD

Age/Sex : 49Y / F

Specimen : Serum/Plasma

Phone : 9870867660

Date/Time of Receipt : 15/02/2024 13:30:11

Sample Drawn Date/Time : 15/02/2024 13:41:44

Date/Time of Reporting : 15/02/2024 15:05:47

Lab ID : 487533 Accession No. : 2024/2/ 18039

CLINICAL CHEMISTRY

Test	Method	Result	Reference Interval
S. Uric Acid	Uricase	4.5 mg/dl	2.4-5.7 mg/dl

Lab Incharge

Dr. Megha Jayswal
DCP (Pathology)



SRIJAN PATHOLOGY

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Phone: 0532-2405050, 2403535, 9935532134 | Website: www.srijanhospital.com
E-mail: info@srijanhospital.com, CIN: U85110UP1998PTC023377

PATHOLOGY REPORT

Reg. No : 2022/8/OPD/BB/2046	OPD/IPD : OPD	Date/Time of Receipt : 15/02/2024 13:30:11
Patient's Name: KUSUM LATA	Age/Sex : 49Y / F	Sample Drawn Date/Time : 15/02/2024 13:41:44
Rfd By Dr. : DR B B AGRAWAL	Specimen : WB,EDTA/Serum	Date/Time of Reporting : 15/02/2024 15:05:47
Specimen Collected at : LAB	Phone : 9870867660	Lab ID : 487533 Accession No. : 2024/2/ 18055

HEMATOLOGY/CLINICAL CHEMISTRY/SEROLOGY EXAM

Test	Method	Result	Reference Interval
WIDAL TEST			
S.Typhi O		NEGATIVE	
S.Typhi H		NEGATIVE	
S.Paratyphi 'AH'		NEGATIVE	
S.Paratyphi 'BH'		NEGATIVE	


Lab Incharge


Dr. Megha Jayswal
DCP (Pathology)

*** End of Report ***



SRIJAN PATHOLOGY

8/5, Elgin Road, Civil Lines, (Opp. Prayag Mahila Vidyapeeth School) Prayagraj
Phone: 0532-2405050, 2403535, 9935532134 | Website: www.srijanhospital.com
E-mail: info@srijanhospital.com, CIN: U85110UP1998PTC023377

PATHOLOGY REPORT

Reg. No : 2022/8/OPD/BB/2046	OPD/IPD : OPD	Date/Time of Receipt : 15/02/2024 13.30 11
Patient's Name: KUSUM LATA	Age/Sex : 49Y / F	Sample Drawn Date/Time : 15/02/2024 13.41 44
Rfd By Dr. : DR B B AGRAWAL	Specimen : WB,EDTA/Serum	Date/Time of Reporting : 15/02/2024 15.05 11
Specimen Collected at : LAB	Phone : 9870867660	Lab ID : 487533 Accession No. : 2024/2/ 18039

HEMATOLOGY EXAMINATION

Test	Method	Result	Reference Interval
Hemoglobin	Automated (SLS Method)	11.5 g/dL	11.7-16.0 g/dl
TLC(Total Leucocyte Count)	Electrical Impedance/DC Detection	3200 Cells/cumm	4500-11000 Cells/cumm
Neutrophils	Microscopic	80%	40-70 %
Lymphocytes	Microscopic	16%	20-40 %
Eosinophils	Microscopic	01%	1-6 %
Monocytes	Microscopic	03%	2-6 %
Basophils	Microscopic	00%	0-1 %
RBC	Automated (Impedance)	3.78	3.8-5.3 Million/cu mm
PCV/HCT	RBC Pulse Height Detection	33.8	35-47 %
PLT	DC Detection Electrical Impedance/Manual	157	150-440 *10 ³ /μl
MCV	Calculated by Hct/RBC	89.4	80-100 fL
MCH	Calculated by Hgb/RBC	30.4	27-34 pg
MCHC	Calculated by Hgb/Hct	34.0	31-36 g/dl
RDW-CV		15.3	10.0-15.0 %
Malaria Parasite (Slide)	Manual-Microscopic	NO M.P. SEEN	

Lab Incharge

① Tab Microceph 200 100 (10)
 ② Tab Moxigean 400 100 (5)
 ③ Tab Pan 40 2 (5)
 ④ Cap fennine 200 (5)
 ⑤ P-6 50 100 (10)

Dr. Megha Jayswal
DCP (Pathology)



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PATHOLOGY REPORT

Reg. No : 2022/8/OPD/BB/2046	OPD/IPD : OPD	Date/Time of Receipt : 15/02/2024 13:30:11
Patient's Name: KUSUM LATA	Age/Sex : 49Y / F	Sample Drawn Date/Time : 15/02/2024 13:41:44
Rfd By Dr. : DR B B AGRAWAL	Specimen : Serum/Plasma	Date/Time of Reporting : 15/02/2024 15:05:47
Specimen Collected at : LAB	Phone : 9870867660	Lab ID : 487533 Accession No. : 2024/2/ 18039

CLINICAL CHEMISTRY

Test	Method	Result	Reference Interval
S.Urea	Urease-GLDH	21.0 mg/dl	13-40 mg/dl
S.Creatinine	Modified Jaffe's	0.70 mg/dl	0.6-1.1 mg/dl
S. Bilirubin (Total)	Diazo	0.25 mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct)	Diazo	0.13 mg/dl	0-0.4 mg/dl
S.Protein Total	Biuret Reaction	7.1 g/dl	6.4-8.3 g/dl
S. Albumin	BCG	3.6 g/dl	3.5-5.2 g/dl
ALT(SGPT)	IFCC	19.9 U/L	upto 34 U/L
AST(SGOT)	IFCC	28.2 U/L	upto 31 U/L
S. Alkaline Phosphatase	AMP, Optimised to IFCC	49.1 U/L	42-98 U/L
S.Triglycerides	Lipase/GPO-PAP	194.0 mg/dl	Normal: <161 mg/dl High: 161-199 mg/dl Very high: >499 mg/dl
S.Cholesterol	GOD-PAP Enzymatic	180.0 mg/dl	Desirable blood cholesterol <200, Borderline high blood cholesterol 200-239 mg/dl
S.HDL Cholesterol	Direct Method	44.5 mg/dl	42.0-88.0 mg/dl
S.LDL Cholesterol	Calculated	96.7 mg/dl	
S.VLDL Cholesterol	Calculated	38.8 mg/dl	
S. Calcium	Arsenazo III	9.0 mg/dl	8.1-10.4 mg/dl
S.Sodium (Na+)	ISE-Direct	134.8 meq/L	135-145 meq/L
S. Potassium (K+)	ISE Direct	3.59 meq/L	3.5-5.0 meq/L



CENTRAL PATHOLOGY LABORATORY
DEPARTMENT OF PATHOLOGY
MOTILAL NEHRU MEDICAL COLLEGE, PRAYAGRAJ, U.P.

Date : 10-Aug-2023 Reg/Ref: OPD-UPENDRA / 1143961
 Name : MRS. KUSUM LATA Age/Sex : 49 Yrs./Female
 Ref.By : Dr. - Phone : : OPD
 Receipt : NA
 Requested Test : FT3,FT4,TSH, FBS, HBA1C
 Result(s) awaited : PP2
 Coll Time : 10-Aug-2023 09:15 AM Validate : 11-Aug-2023 10:09 AM Prn. Time : 14-Aug-2023 08:50 AM

Investigation	Observed Values	Units	Biological Ref. Interval
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Glycosylated Haemoglobin (HbA1c)
 HPLC method

HbA1c(A1c-Area)	5.8	%	
A1c-Time	0.99	minute	
A0-Area	83.2	%	
A0-Time	1.48	minute	
P3-Area	7.2	%	
P3-Time	1.39	minute	
LA1c/CHb-1-Area	1.6	%	
LA1c/CHb-1-Time	0.75	minute	
A1b-Area	1.4	%	
A1b-Time	0.3	minute	
A1a-Area	1	%	
A1a-Time	0.21	minute	
Total-Area	1028471		

Interpretation:-

HbA1c %	Degree of glucose control
> 8	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
< 7	Goal
< 6	Non Diebetic Level

Note:

1. A three monthly monitoring is recommended in diabetics.
2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6-10 weeks and is not affected by daily glucose fluctuations, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

Neha

Dr. Neha Sharma
 (Pathologist)

"शीघ्र स्वास्थ्य लाभ की कामना"

----- End of report -----



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 Printed 14-Aug-2023 8 50 47 AM

Remark: Kindly correlate with clinical & other investigative findings. If results beyond expectation, please contact the lab for repeat test. *Card test are only for screening, if results are Reactive(Positive) or Equivocal advised for confirmatory test by advance technique. # Test not done due to lack of reagent kit. Q.N.S.(Quantity Not Sufficient)



CENTRAL PATHOLOGY LABORATORY
DEPARTMENT OF PATHOLOGY
MOTILAL NEHRU MEDICAL COLLEGE, PRAYAGRAJ, U.P.



MC-3235

Date : 10-Aug-2023 Reg/Ref: OPD-UPENDRA / 1143961
Name : MRS. KUSUM LATA Age/Sex : 49 Yrs./Female
Ref.By. : Dr. - Phone : : OPD
Receipt : NA
Requested Test : FT3,FT4,TSH, FBS, HBA1C
Result(s) awaited : PP2
Coll Time : 10-Aug-2023 09:15 AM Validate : 11-Aug-2023 10:09 AM Prn. Time : 14-Aug-2023 08:50 AM

Investigation	Observed Values	Units	Biological Ref. Interval
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BIOCHEMISTRY

Plasma Glucose Fasting	107	mg/dL	74 - 110
Method- Enzymatic (GOD-PAP) Colorimetric, Sample Type: FO FBS			

Neha

Dr. Neha Sharma
(Pathologist)



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Page 1 of 2

Remark: Kindly correlate with clinical & other investigative findings. If results beyond expectation, please contact the lab for repeat test. *Card test are only for screening, if results are Reactive(Positive) or Equivocal advised for confirmatory test by advance technique. # Test not done due to lack of reagent kit. Q.N.S.(Quantity Not Sufficient)



CENTRAL PATHOLOGY LABORATORY

DEPARTMENT OF PATHOLOGY

MOTILAL NEHRU MEDICAL COLLEGE, PRAYAGRAJ, U.P.



MC-3235

Date : 10-Aug-2023 Reg/Ref: OPD-UPENDRA / 1143961
 Name : MRS. KUSUM LATA Age/Sex : 49 Yrs./Female
 Ref.By : Dr. - Phone : : OPD
 Receipt : NA
 Requested Test : FT3, FT4, TSH, FBS, HBA1C
 Result(s) awaited : PP2
 Coll Time : 10-Aug-2023 09:15 AM Validate : 11-Aug-2023 10:09 AM Prn. Time : 14-Aug-2023 08:50 AM

Investigation	Observed Values	Units	Biological Ref. Interval
THYROID PROFILE (Free T3, Free T4, TSH)			
Serum Free T3	3.08	pg/ml	1.71 - 3.71
Serum Free T4	0.94	ng/ml	0.70 - 1.48
Serum TSH	1.9925	uIU/ml	0.5 - 4.94

Interpretation :

Circulating TSH measurement has been used for screening for euthyroidism, screening & diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 uIU/ml) suggest a diagnosis of hyperthyroidism & elevated concentration (>7.0 uIU/ml) suggest hypothyroidism. TSH level may be affected by acute illness & several medications including dopamine & glucocorticoids. Decreased (low or undetectable) in Graves disease, Increased in TSH secreting pituitary adenoma (Secondary hyperthyroidism), PRTH & in hypothalamic disease thyrotropin tertiary hyperthyroidism) elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.

* Mild to modest elevations in patient with normal T3 & T4 level indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical - hypothyroidism).

* Mild to modest decreased with normal T3 & T4 indicates subclinical hyperthyroidism.

* Degree to TSH suppression does not reflect the severity of hyperthyroidism, therefore measurement of free thyroid hormone level is required in patient with a suppressed TSH level.

* If FT4 is normal, FT3 should be checked as it is the first hormone to increase in early hyperthyroidism. Though TSH level can also be used to effectively monitor patients being treated with thyroid hormones but it may be misleading. Therefore total on FT4 generally serve as front line assay during this period. The FT3 & FT4 measures concentrations of free hormones, which are not affected by changing in concentrations of binding proteins, therefore more reliable indicator of true thyroid status.

Neha

Dr. Neha Sharma
(Pathologist)

"श्रीं स्वास्थ्य लाभ की कामना"

End of report



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Page 2 of 2

Remark: Kindly correlate with clinical & other investigative findings. If results beyond expectation, please contact the lab for repeat test. *Card test are only for screening, if results are Reactive(Positive) or Equivocal advised for confirmatory test by advance technique. # Test not done due to lack of reagent kit. Q.N.S. (Quantity Not Sufficient)