

प्रेषक,

ज्ञान प्रकाश-III

विशेष सचिव एवं अपर विधि परामर्शी,

संसदीय कार्य विभाग,

उत्तर प्रदेश शासन

सेवा में,

मा0 महानिबंधक,

माननीय उच्च न्यायालय,

इलाहाबाद

द्वारा - उचित माध्यम

विषय- स्थानान्तरण न किये जाने के सम्बंध में

महोदय,

सादर विनम्रता पूर्वक निवेदन करना है कि प्रार्थी वर्तमान में विशेष सचिव एवं अपर विधि परामर्शी संसदीय कार्य विभाग उ0 प्र0 शासन, के पद पर कार्यरत है। प्रार्थी वर्ष 2009 से डायबिटिक पेशेंट है। दिनांक 03.01.2021 को प्रार्थी को हार्ट अटैक होने के फलस्वरूप मेदान्ता हास्पिटल लखनऊ में भर्ती होना पड़ा। जहाँ प्रार्थी का इलाज हुआ तथा एक स्टन्ट डाला गया है। दिनांक 03.01.2022 को प्रार्थी को पैरालाइसिस अटैक हुआ। जिससे प्रार्थी के शरीर का दाहिना भाग प्रभावित हुआ। प्रार्थी द्वारा आइकॉन हॉस्पिटल लखनऊ में भर्ती होकर अपना इलाज कराया गया। प्रार्थी का उपरोक्त बीमारियों से सम्बन्धित इलाज अभी भी लखनऊ के मेदान्ता हास्पिटल, डा0 राममनोहर लोहिया आयुर्विज्ञान संस्थान गोमती नगर लखनऊ से चल रहा है। समय-समय पर प्रार्थी को चिकित्सीय परामर्श, जाँच कराने एवं दवा हेतु उपरोक्त हॉस्पिटल में जाना पड़ता है। उपरोक्त चिकित्सा से सम्बन्धित प्रपत्र संलग्न हैं।

प्रार्थी वर्तमान पद पर जनपद लखनऊ में कार्यरत है एवं वर्ष 2024 में प्रार्थी का वार्षिक स्थानान्तरण सम्भावित है। जनपद लखनऊ से किसी अन्य जनपद में स्थानान्तरित होने पर प्रार्थी को अपनी चिकित्सा कराने में अत्यधिक असुविधा होगी। स्वास्थ्य सम्बन्धी किसी आपात स्थिति (इमरजेन्सी) होने पर प्रार्थी को तत्काल चिकित्सा मिल पाने में भी असुविधा होगी।

उपरोक्त कारणों से प्रार्थी का वर्तमान पद पर जनपद लखनऊ में रहना आवश्यक व सुविधाजनक है।

अतः माननीय महोदय से निवेदन है कि प्रार्थी का वर्ष 2024 में स्थानान्तरण न किये जाने एवं जनपद लखनऊ में वर्तमान पद पर कार्य करने की अनुमति दिये जाने हेतु मेरा प्रत्यावेदन माननीय न्यायालय के समक्ष प्रस्तुत करने की महती कृपा करें।

सादर

भवदीय,

जु प्रकाश
28.12.2023

दिनांक:- 28-12-2023

(ज्ञान प्रकाश-III)

विशेष सचिव एवं अपर विधि परामर्शी,

संसदीय कार्य विभाग,

उ0प्र0 शासन, लखनऊ

(ज्ञान प्रकाश III)

विशेष सचिव एवं अपर विधि परामर्शी

संसदीय कार्य विभाग,

उत्तर प्रदेश शासन।



Mr. Gyan Prakash



ML10038297 Sex : M Age : 52Y

Location : Cardiology Clin

Practitioner : Dr Avinash S



Medanta Heart Institute

28/09/23

Dr. Avinash Kumar Singh

M.B.B.S., M.D., D.M. (Cardiology)
Consultant - Interventional Cardiology
Medanta Heart Institute - Lucknow
E-mail : avinash.singh@medanta.org
Reg No.:UPMC - 11549

Temp.	34.4 C
Pulse/min	90 bpm
SPO2	99%
BP	130/80
ht (cm)	164 cm
wt (kg)	57.4 kg

27-9-23

Cr. Ti - 0.74

Urea - 10

Urad - 4.90

Su07 - 86

Su17 - 60

Ma - 136

K - 3.57

TC - 250

TC - 155

HDL - 93

LDL - 126

HB - 14.30

WBC - 6.28

R. Cent 239

Hb01 - 6.51

Vita B12 - 227

B5F - 110

73 - 0.93

74 - 6.70

75H - 7.88

- R
- 1. TA Clovis 15 (7/15) M.
- 2. TA Slovias 80 M.
- 3. TA Telvan-AM (405) 00
- 4. TA Capla LA 6. 1.80 M.
- 5. TA Anisat GTN 2.6 1.60
- 6. TA Pantocin 4. 1.00 M.
- 7. TA Nexito plus 1/2 M.
- 8. TA Ezedoc 10mg M.

Cap. Drosi 60u x 6 Cap

7. TA Zofresh 5mg M.

x 1 month

Accredited by



H-2022-0936

Apr 9, 2022 - Apr 8, 2026

For Emergency & Ambulance: Dial @ 1068

Medanta - Lucknow

✦ Sector - A, Pocket - 1, Shushant Golf City, Amar Shaheed Path, Lucknow

☎ 0522 4505 050

Medanta - Gurugram

✦ Sector - 38, Gurugram, Haryana, India

☎ 0124 4141 414

Regd. Office: Medanta Holdings Private Limited, E-18, Defence Colony, New Delhi -110024, India Tel: 011 4411 4411

✉ info@medanta.org

www.medanta.org

Corporate Identity Number - U74140DL2013PTC250579

Medanta Network: Gurugram | Delhi | Lucknow | Patna | Indore | Ranchi | Noida*

Dr. Avinash Kumar Singh

M.B.B.S., M.D., D.M. (Cardiology)
 Consultant - Interventional Cardiology
 Medanta Heart Institute - Lucknow
 E-mail : avinash.singh@medanta.org
 Reg No.:UPMC - 11549

Mr. Gyan Prakash
 ML10038297 Sex : M Age : 51Y
 Location : Cardiology Clinic
 Practitioner : Dr Avinash S



Medanta Heart Institute

10/05/23

FUC - CAD / NSTEMI / TVD / WET - GUST
 PTCA + SLR LA (5/1/21)

T2DM, Dyslipidemia
 CVA - (3/1/22) unknown

Temp.	35.8°C
Pulse/min	96.8/min
SPO2	98.1
BP	110/80 mmHg
Ht (cm)	—
Wt (kg)	58.7 kg

Asymptomatic

Essential hypertension -

- R
- 1. Tab Clovis AS (7/1/20) 1-12
 - 2. Tab Sloivas 80 1-12
 - 3. Tab Telvas AM - 50 (4/1/2) 1-00
 - 4. Tab Ciplax LA 40 1-80 (AM)
 - 5. Tab ~~Isosorb~~ Monit G TN 2-6 1-80
 - 6. Tab Parlicid 40 1-00 AM

10/05/23

AS

Accredited by



H-2022-0938
 Apr 9, 2022 - Apr 8, 2026

For Emergency & Ambulance: Dial @ 1068

Medanta - Lucknow
 Medanta - Gurugram

+ Sector - A, Pocket - 1, Shushant Golf City, Amar Shaheed Path, Lucknow
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Mr. Gyan Prakash

 ML10038297 Sex : M Age : 51Y
 Location : Cardiology Clin
 Practitioner : Dr Avinash S



Medanta Heart Institute

Temp.	36.2°C
Pulse/min	118b/min
SPO2	96%
BP	130/80 mmHg
Ht (cm)	164cm
Wt (kg)	59.3kg

FUC - CAD/NSTEMI/TVD
 PTCA + S & RCA - 5/1/22
 LYEF - ST.
 T2DM. Dyslipidemia

Dengue (+ve) - NS, Ig (+)
 N- Fever for 4 days.

No HT, ADE/DOE

ECG - ~~NSR~~ Sinus Tachycardia

Adm
 { - CBC
 - RFT
 - LFT

Adm
 603

- R
- 1. Tal Clavix 75/100 1. HS ✓
 - 2. Tal Stervas 40 1. HS ✓
 - 3. Tal Embele XR 50mg 1. BD ✓
 - 4. Tal Telvas AM - (40/15) 1. 00
 - 5. Tal Monit GTN 2.6mg 1. BD (8 AM 4 PM)
 - 6. Tal Nextoplus 1/2 HS
 - 7. Tal Zolfran 10mg 1. HS
 - 8. Tal Pantop 40 1. ON AM
 - 9. Tal Bizfor XT 1. 00

Adm

Accredited by



H-2022-0936
 Apr 9, 2022 - Apr 8, 2026

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Medanta - Lucknow
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Corporate Identity Number - U74140DL2013PTC250579

Medanta Network: Gurugram | Delhi | Lucknow | Patna | Indore | Ranchi | Noida

Name: **MR. GYAN PRAKESH**
 Lab No: **175286760**
 Ref By: **SELF**
 Collected: **27/9/2023, 7:39:00AM**
 A/c, Status: **P**
 Collected at: **FPSC MANAS VIHAR**
 Reported: **27/9/2023, 1:04:51PM**
 Report Status: **Final**
 Processed at: **Dr. Lal Path Labs, Vikas Nagar, Lucknow-226022**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
SwasthFit Super 4			
LIVER & KIDNEY PANEL, SERUM (Reflectance Photometry, Direct ISE)			
Creatinine	0.74	mg/dL	0.70 - 1.30
GFR Estimated	109	mL/min/1.73m2	>59
GFR Category	G1		
Urea	10.00	mg/dL	13.00 - 43.00
Urea Nitrogen Blood	4.67	mg/dL	6.00 - 20.00
BUN/Creatinine Ratio	6		
Uric Acid	4.90	mg/dL	3.50 - 7.20
AST (SGOT)	86.0	U/L	15.00 - 40.00
ALT (SGPT)	60.0	U/L	10.00 - 49.00
GGTP	560.0	U/L	0 - 73
Alkaline Phosphatase (ALP)	108.00	U/L	30.00 - 120.00
Bilirubin Total	0.63	mg/dL	0.30 - 1.20
Bilirubin Direct	0.19	mg/dL	<0.3
Bilirubin Indirect	0.43	mg/dL	<1.10
Total Protein	8.20	g/dL	5.70 - 8.20
Albumin	4.60	g/dL	3.20 - 4.80
A : G Ratio	1.28		0.90 - 2.00
Globulin(Calculated)	3.60	gm/dL	2.0 - 3.5
Calcium, Total	9.50	mg/dL	8.70 - 10.40



Name: Mr. GYAN PRAKESH
 Lab No: 475286760
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 Vikas Nagar, Lucknow-226022

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Phosphorus	3.30	mg/dL	2.40 - 5.10
Sodium	136.00	mEq/L	136.00 - 145.00
Potassium	3.57	mEq/L	3.50 - 5.10
Chloride	96.70	mEq/L	98.00 - 107.00

Note

1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1

LIPID SCREEN, SERUM (Enzymatic)			
Cholesterol, Total	250.00	mg/dL	<200.00
Triglycerides	155.00	mg/dL	<150.00
HDL Cholesterol	93.00	mg/dL	>40.00
LDL Cholesterol, Calculated	126.00	mg/dL	<100.00
VLDL Cholesterol, Calculated	31.00	mg/dL	<30.00
Non-HDL Cholesterol	157	mg/dL	<130

Note

1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
3. Lipid Association of India (LAI) recommends screening of all adults above the age of 20 years for



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 Gender: **Male**
 Reported: **27/9/2023, 1:04:51PM**
 A/c. Status: **PI**
 Collected at: **FPSC MANAS VIHAR**
 Processed at: **Dr. Lal PathLabs, Vikas Nagar, Lucknow-226022**

Test Report

- | Test Name | Results | Units | Bio. Ref. Interval |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------|
| Atherosclerotic Cardiovascular Disease (ASCVD) risk factors especially lipid profile. This should be done earlier if there is family history of premature heart disease, dyslipidemia, obesity or other risk factors | 4. Indians tend to have higher triglyceride levels & Lower HDL cholesterol combined with small dense LDL particles, a pattern known as atherogenic dyslipidemia
5. Non HDL Cholesterol comprises the cholesterol carried by all atherogenic particles, including LDL, IDL, VLDL & VLDL remnants, Chylomicron remnants & Lp(a)
6. LAI recommends LDL cholesterol as primary target and Non HDL cholesterol as co-primary treatment target
7. Apolipoprotein B is an, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
8. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement | | |

Treatment Goals as per Lipid Association of India 2020

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHOLESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHOLESTEROL (NON HDL-C) (mg/dL)
Extreme Risk Group Category A	<50 (Optional goal ≤30)	<80 (Optional goal ≤60)	≥50	≥80
Extreme Risk Group Category A	≤30	≤60	>30	>60
Very High	<50	<80	≥50	≥80
High	<70	<100	≥70	≥100
Moderate	<100	<130	≥100	≥130
Low	<100	<130	≥130*	≥160*

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT; CBC (Electrical Impedence & Flow)			
Hemoglobin	14.30	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	45.30	%	40.00 - 50.00
RBC Count	4.88	mill/mm3	4.50 - 5.50
MCV	92.80	fL	83.00 - 101.00
MCH	29.30	pg	27.00 - 32.00
MCHC	31.60	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	15.80	%	11.60 - 14.00
Total Leukocyte Count (TLC)	6.28	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	59.80	%	40.00 - 80.00
Lymphocytes	30.30	%	20.00 - 40.00
Monocytes	4.60	%	2.00 - 10.00
Eosinophils	4.50	%	1.00 - 6.00
Basophils	0.80	%	<2.00
Absolute Leucocyte Count			
Neutrophils	3.76	thou/mm3	2.00 - 7.00
Lymphocytes	1.90	thou/mm3	1.00 - 3.00
Monocytes	0.29	thou/mm3	0.20 - 1.00
Eosinophils	0.28	thou/mm3	0.02 - 0.50
Basophils	0.05	thou/mm3	0.02 - 0.10
Platelet Count	239	thou/mm3	150.00 - 410.00
Mean Platelet Volume	11.4	fL	6.5 - 12.0

Note

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of



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 Ref By: SELF
 Age: 51 Years
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 Vikas Nagar, Lucknow-226022

Test Report

Test Name	Results	Units	Bio. Ref. Interval
blood			

2. Test conducted on EDTA whole blood



Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs
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Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC)			
HbA1c	6.5	%	4.00 - 5.60
Estimated average glucose (eAG)	140	mg/dL	

Interpretation

HbA1c result is suggestive of Diabetes/ well controlled Diabetes in a known Diabetic

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults >=18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	>= 6.5	<7.0

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HbA1C RESULTS
Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c



Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs
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 Collected at: **FPSC MANAS VIHAR**
 Processed at: **Dr. Lal PathLabs, Vikas Nagar, Lucknow-226022**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA (Hexokinase)	110.00	mg/dL	70 - 100
VITAMIN B12; CYANOCOBALAMIN, SERUM (CLIA)	227.00	pg/mL	211.00 - 911.00

Notes

1. Interpretation of the result should be considered in relation to clinical circumstances.
2. It is recommended to consider supplementary testing with plasma Methylmalonic acid (MMA) or plasma homocysteine levels to determine biochemical cobalamin deficiency in presence of clinical suspicion of deficiency but indeterminate levels. Homocysteine levels are more sensitive but MMA is more specific
3. False increase in Vitamin B12 levels may be observed in patients with intrinsic factor blocking antibodies, MMA measurement should be considered in such patients
4. The concentration of Vitamin B12 obtained with different assay methods cannot be used interchangeably due to differences in assay methods and reagent specificity

VITAMIN D, 25 - HYDROXY, SERUM (Chemiluminescence)	21.13	nmol/L	75.00 - 250.00
----------------------------------------------------	-------	--------	----------------

Interpretation

LEVEL	REFERENCE RANGE IN nmol/L	COMMENTS
Deficient	< 50	High risk for developing bone disease
Insufficient	50-74	Vitamin D concentration which normalizes Parathyroid hormone concentration
Sufficient	75-250	Optimal concentration for maximal health benefit
Potential intoxication	>250	High risk for toxic effects

Note

- The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D.



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Test Report

Test Name	Results	Units	Bio. Ref. Interval
<ul style="list-style-type: none"> 25 (OH)D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function. Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L. It shows seasonal variation, with values being 40-50% lower in winter than in summer. Levels vary with age and are increased in pregnancy. A new test Vitamin D, Ultrasensitive by LC-MS/MS is also available 			

Comments

Vitamin D promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs).

Decreased Levels

- Inadequate exposure to sunlight
- Dietary deficiency
- Vitamin D malabsorption
- Severe Hepatocellular disease
- Drugs like Anticonvulsants
- Nephrotic syndrome

Increased levels

Vitamin D intoxication



Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs Dr Lal PathLabs
 Name: Mr. GYAN PRAKESH
 Lab No.: 175286760
 Ref By: SELF
 Age: 51 Years
 Gender: Male
 Collected: 27/9/2023, 7:39:00AM
 Reported: 27/9/2023, 1:04:51PM
 A/c Status: IP
 Report Status: Final
 Collected at: FPSC, MANAS VIHAR
 Processed at: Dr. Lal Path labs, Vikas Nagar, Lucknow-226022

Test Report

Test Name	Results	Units	Bio. Ref. Interval
THYROID PROFILE, TOTAL, SERUM (CLIA)			
T3, Total	0.93	ng/mL	0.60 - 1.81
T4, Total	6.70	µg/dL	4.50 - 11.60
TSH	7.88 /	µIU/mL	0.550 - 4.780

Note

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals

Yugank Anand

Dr. Yugank Anand
 MBBS, MD(Pathology)
 Consultant Pathologist
 Dr Lal PathLabs Ltd

Jai Ram

Dr Jai Ram Prasad Kushwaha
 Ph.D, Biochemistry
 Consultant Biochemist
 Dr Lal PathLabs Ltd

Pragati Agnihotri

Dr Pragati Agnihotri
 MD, Pathology
 Chief of Laboratory
 Dr Lal PathLabs Ltd

End of report



Name: **Mr. GYAN PRAKESH**
 Lab No: **175286760**
 Ref By: **SELF**
 Age: **51 Years**
 Gender: **Male**
 Collected On: **27/9/2023, 7:39:00AM**
 A/c. Status: **P1**
 Collected at: **FPSC MANAS VIHAR**
 Reported: **27/9/2023, 1:04:51PM**
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Test Report

Test Name	Results	Units	Bio. Ref. Interval
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 Name: **Mr. GYAN PRAKESH**
 Lab No: **391615221**
 Ref By: **AVINASH KUMAR SINGH**
 Age: **51 Years**
 Gender: **Male**
 Collected: **5/5/2023, 8:45:00AM**
 Reported: **5/5/2023, 2:34:54PM**
 Report Status: **Final**
 Collected at: **FPSC MANAS VIHAR**
 Processed at: **Dr. Lal PathLabs**
 Dr. Vikas Nagari, Lucknow-226022

Test Report

Test Name	Results	Units	Bio. Ref. Interval
SwasthFit Super 2			
COMPLETE BLOOD COUNT; CBC (Electrical Impedence & Flow)			
Hemoglobin	14.30	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	44.30	%	40.00 - 50.00
RBC Count	4.82	mill/mm3	4.50 - 5.50
MCV	91.90	fL	83.00 - 101.00
MCH	29.70	pg	27.00 - 32.00
MCHC	32.30	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	15.00	%	11.60 - 14.00
Total Leukocyte Count (TLC)	7.14	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	44.00	%	40.00 - 80.00
Lymphocytes	45.10	%	20.00 - 40.00
Monocytes	3.60	%	2.00 - 10.00
Eosinophils	6.70	%	1.00 - 6.00
Basophils	0.60	%	<2.00
Absolute Leucocyte Count			
Neutrophils	3.14	thou/mm3	2.00 - 7.00
Lymphocytes	3.22	thou/mm3	1.00 - 3.00
Monocytes	0.26	thou/mm3	0.20 - 1.00
Eosinophils	0.48	thou/mm3	0.02 - 0.50
Basophils	0.04	thou/mm3	0.02 - 0.10
Platelet Count	235	thou/mm3	150.00 - 410.00
Mean Platelet Volume	10.9	fL	6.5 - 12.0

Note



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 Name: Mr. GYAN PRAKESH
 Lab.No: 391615224
 Age: 51 Years
 Ref By: AVINASH KUMAR SINGH
 Gender: Male
 Collected: 5/5/2023 8:45:00AM
 Reported: 5/5/2023 2:34:54PM
 A/c Status: P
 Report Status: Final
 Collected at: FPSC, MANAS, VIHAR
 Processed at: Dr Lal PathLabs
 Vikas Nagar, Lucknow-226022

Test Report

Test Name	Results	Units	Bio. Ref. Interval
LIVER & KIDNEY PANEL, SERUM (Reflectance Photometry, Direct ISE)			
Creatinine	0.77	mg/dL	0.70 - 1.30
GFR Estimated	108	mL/min/1.73m ²	>59
GFR Category	G1		
Urea	21.00	mg/dL	14.9 - 38.5
Urea Nitrogen Blood	9.81	mg/dL	6.00 - 20.00
BUN/Creatinine Ratio	13		
Uric Acid	3.90	mg/dL	3.50 - 7.20
AST (SGOT)	182.0	U/L	15.00 - 40.00
ALT (SGPT)	169.0	U/L	10.00 - 49.00
GGTP	413.0	U/L	0 - 73
Alkaline Phosphatase (ALP)	90.00	U/L	30.00 - 120.00
Bilirubin Total	0.49	mg/dL	<1.00
Bilirubin Direct	0.15	mg/dL	0.00 - 0.30
Bilirubin Indirect	0.34	mg/dL	<1.10
Total Protein	7.60	g/dL	5.70 - 8.20
Albumin	4.30	g/dL	3.20 - 4.80
A : G Ratio	1.30		0.90 - 2.00
Globulin(Calculated)	3.30	gm/dL	2.0 - 3.5
Calcium, Total	9.50	mg/dL	8.70 - 10.40



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 Name: **MR. GYAN PRAKESH**
 Lab No: **391615221**
 Ref. By: **AVINASH KUMAR SINGH**
 Age: **51 Years**
 Gender: **Male**
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 Processed at: **Dr. Lal Path Labs, Vikas Nagar, Lucknow-226022**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
Phosphorus	3.80	mg/dL	2.40 - 5.10
Sodium	137.00	mEq/L	136.00 - 145.00
Potassium	4.50	mEq/L	3.50 - 5.10
Chloride	100.00	mEq/L	98.00 - 107.00

Note

1. Estimated GFR (eGFR) calculated using the 2021 CKD-EPI creatinine equation and GFR Category reported as per KDIGO guideline 2012.
2. eGFR category G1 or G2 does not fulfil the criteria for CKD, in the absence of evidence of kidney damage
3. The BUN-to-creatinine ratio is used to differentiate prerenal and postrenal azotemia from renal azotemia. Because of considerable variability, it should be used only as a rough guide. Normally, the BUN/creatinine ratio is about 10:1

LIPID SCREEN, SERUM (Enzymatic)

Cholesterol, Total	217.00	mg/dL	<200.00
Triglycerides	208.00	mg/dL	<150.00
HDL Cholesterol	66.90	mg/dL	>40.00
LDL Cholesterol, Calculated	108.50 ✓	mg/dL	<100.00
VLDL Cholesterol, Calculated	41.60	mg/dL	<30.00
Non-HDL Cholesterol	150	mg/dL	<130

Interpretation

REMARKS	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189



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 Gender: **Male**
 Age: **51 Years**
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Test Report

Test Name	Results	Units	Bio. Ref. Interval
High	>=240	200-499	160-189
Very High	-	>=500	>=190
			190 - 219
			>=220

Note

- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- NLA-2014 recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL
- NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
- Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved
- Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement

Treatment Goals as per Lipid Association of India 2016

RISK CATEGORY	TREATMENT GOAL		CONSIDER THERAPY	
	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHOLESTEROL (NON HDL-C) (mg/dL)	LDL CHOLESTEROL (LDL-C) (mg/dL)	NON HDL CHOLESTEROL (NON HDL-C) (mg/dL)
Very High	<50	<80	>=50	>=80
High	<70	<100	>=70	>=100
Moderate	<100	<130	>=100	>=130
Low	<100	<130	>=130*	>=160*

*In low risk patient, consider therapy after an initial non-pharmacological intervention for at least 3 months



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 Name: **MR. GYAN PRAKESH**
 Lab No: **391615221**
 Ref. By: **AVINASH KUMAR SINGH**
 Age: **51** Years
 Gender: **Male**
 Collected On: **15/05/2023** at **8:45:00AM**
 Reported On: **15/05/2023** at **2:34:54PM**
 Report Status: **Final**
 Collected at: **FPSC MANAS VIHAR**
 Processed at: **Dr. Lal Path Labs**
 Address: **Vikas Nagar, Lucknow-226022**

Test Report

Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC)			
HbA1c	6.6	%	4.00 - 5.60
Estimated average glucose (eAG)	143	mg/dL	

Interpretation

HbA1c result is suggestive of Diabetes/ well controlled Diabetes in a known Diabetic

Interpretation as per American Diabetes Association (ADA) Guidelines

Reference Group	Non diabetic adults >=18 years	At risk (Prediabetes)	Diagnosing Diabetes	Therapeutic goals for glycemic control
HbA1c in %	4.0-5.6	5.7-6.4	>= 6.5	<7.0

Note: Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

FACTORS THAT INTERFERE WITH HbA1C MEASUREMENT	FACTORS THAT AFFECT INTERPRETATION OF HbA1C RESULTS
Hemoglobin variants, elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1c measurements	Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g., recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c



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Test Report

Test Name

Results

Units

Bio. Ref. Interval

End of report



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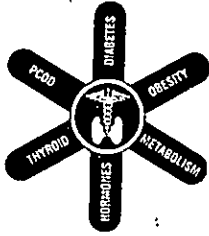
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NEWLIFE ENDOCRINE CENTER

DIABETES | THYROID | HORMONAL CARE

Dr. Saqib Ahmad Khan
ADULT AND PEDIATRIC ENDOCRINOLOGIST

MD, DM Endocrinology (Gold Medalist)
MRCP UK (SCE) Diabetes & Endocrinology
Trained - T1DM Fellow Endocrine Society, Chicago, USA
Director, Dptt. of Endocrinology, Chandan Hospital, Lucknow
Date: 14-Sep-2021 MCI Regd. No. : 57173

690 : MR.GYAN PRAKASH (50y, Male) - 6398410184

BP 139 / 82 mmHg Pulse 83 bpm Weight 57 kg

CHIEF COMPLAINTS: POLYURIA /POLYDIPSIA +/-
BURNING and pain in FEET +
PALPITATION AND DOE +/-
NO PND
PERIORBITAL EDEMA - AND PEDAL EDEMA +
NO H/O CVA/P KOCHS
NO H/O DKA
CONSTIPATION +/- (ACTIVE WALKING +/-)
BLURRED VISION -
WT LOSS +
INSOMNIA +
h/o severe hypo +

Diagnosis: DIABETES MELLITUS (67 KG @ DX) since since 2009, CAD (PTCA) since january 2021

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) DIAPRIDE M2 TABLET <i>Composition</i> : GLIMEPIRIDE 2 MG + METFORMIN 500 MG <i>Note</i> : before breakfast and dinner	1 - 0 - 1	
2) GLUXIT 10MG TAB <i>Composition</i> : DAPAGLIFLOZIN 10 MG <i>Note</i> : take plenty of water during daytime	1 - 0 - 0	नाश्ते के बाद
3) ZAVAMET 500 <i>Composition</i> : METFORMIN 500 MG + VILDAGLIPTIN 50 MG	1 - 0 - 1	खाने के बाद - रोज
4) GLUCOBAY 50MG TABLET <i>Composition</i> : ACARBOSE 50 MG	0 - 1 - 0	दोपहर के भोजन के साथ

Advice: DIET & LIFESTYLE MODIFICATION AS ADVISED
advised insulin, but refused

अगली तारीख: 2 months



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Super Specialist in :

Diabetes

Obesity

Disorders

Hypertension

Erectile Dysfunction

Short Stature

Infertility

Hypertension

PCOS

Hormonal Disorder

Metabolic Bone Diseases

Diabetes

Hypertension

Dr. Saqib Ahmad Khan

5) TB Grabsapin NT (100) 1m,
6) Calcium Sachet 600mg
once a month

Address

Medico Legal Invalid | Valid for 7 Days

3/78 A, Near Andhra Bank, Patrakarpuram, Vinay Khand-3, Gomti Nagar, Lucknow. | Time : 5 pm to 8 pm (Monday to Friday)

For Appointment Call : +91 9026367899

Chandan Hospital, Faizabad Road, Shankarpuri, Kamta, Lucknow. | Time : 9 am to 2 pm (Monday to Saturday)

Gyan prakash
ID: ml10038287

28.09.2023 11:14:05
MEDANTA HOLDING PVT LTD
SAHEEDPATH
LUCKNOW

51 Years

Male

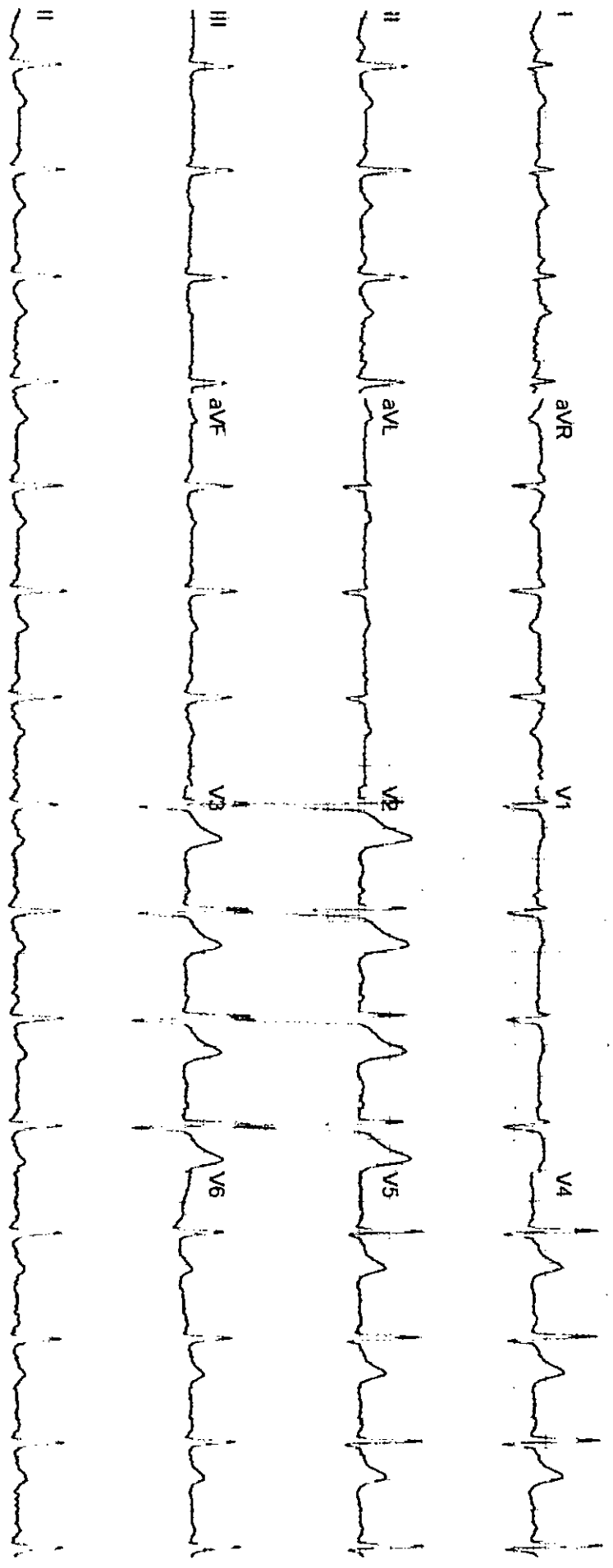
Location: Room
Order Number
Indication
Medication 1:
Medication 2:
Medication 3:

88 bpm
-- / -- mmHg

QRS : 82 ms
QT / QTcBaz : 356 / 430 ms
PR : 116 ms
P : 92 ms
RR / PP : 684 / 681 ms
P / QRS / T : 51 / 72 / 32 degrees

Normal sinus rhythm
Normal ECG

Technician
Ordering Ph:
Referring Ph:
Attending Ph:



GE MAC2000 1 1 12SI™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

4x2 5x3_25_R1

Unconfirmed

1.1



Medanta Holdings Pvt. Ltd.

Medanta-Lucknow

GSTIN : 09AAICM9846K1ZN / PAN No : AAICM9846K

BILL OF SUPPLY

Original Invoice

Bill No. : MLOPBL/24307198 Bill Date : 28/09/2023 11:02
Patient ID : ML10038297 OPD No. : 21161743/1
Age/Sex : Male / 52Y 2M 13D Visit Date : 28/09/2023 11:02
Patient Name : Mr. Gyan Prakash Consulting Doctor : Dr Avinash Kumar Singh
Patient Address : A/304,Rajya Sampatti Colony,Gomti Nagar,Lucknow Patient Phone : 08382849244
GST STATE CODE : 09 Legend Not Defined : SELF
Clinic : Cardiology Clin Cash/Credit/TPA : CASH PAYMENT
SAC CODE : 9993 Patient DOB : 07/15/1971

Admin Charges

Consult Visit Charges

ADVC000016-Follow up Consultation Charges

Heart Station

Heart Station

HSTN000006-ECG Heart Station(Dr Avinash Kumar Singh, Cardiology)

HSN/SAC Code	Qty	Total
999312	1.00	600.00
999312	1.00	200.00
Total		800.00
Payable By Others		0.00
Net Payable		800.00
Receipt		800.00
MLOPRC/24173920/28-SEP-23(By Cash)		800.00
Bill Outstanding		0.00

BILL AMOUNT:

INR Eight Hundred And Paise Zero Only

PREPARED BY:

Krishna Mani Shukla

Accredited by



H-2022-0536

Apr 9, 2022 - Apr 8, 2026

For Emergency & Ambulance: Dial @ 1068

Medanta - Lucknow

+ Sector - A, Pocket - 1, Shushant Golf City, Amar Shaheed Path, Lucknow

☎ 0522 4505 050

Medanta - Gurugram

+ Sector - 38, Gurugram, Haryana, India

☎ 0124 4141 414

28/09/2023 11:03

1 of 1

Regd. Office: Medanta Holdings Private Limited, E-18, Defence Colony, New Delhi -110024, India Tel: 011 4411 4411

✉ info@medanta.org

www.medanta.org

Corporate Identity Number - U74140DL2013PTC250579

Medanta Network: Gurugram | Delhi | Lucknow | Patna | Indore | Ranchi | Noida*

Gyan, Prakash
ID: m110038297

51 years

Male

10/05/2023 10:19:17 AM

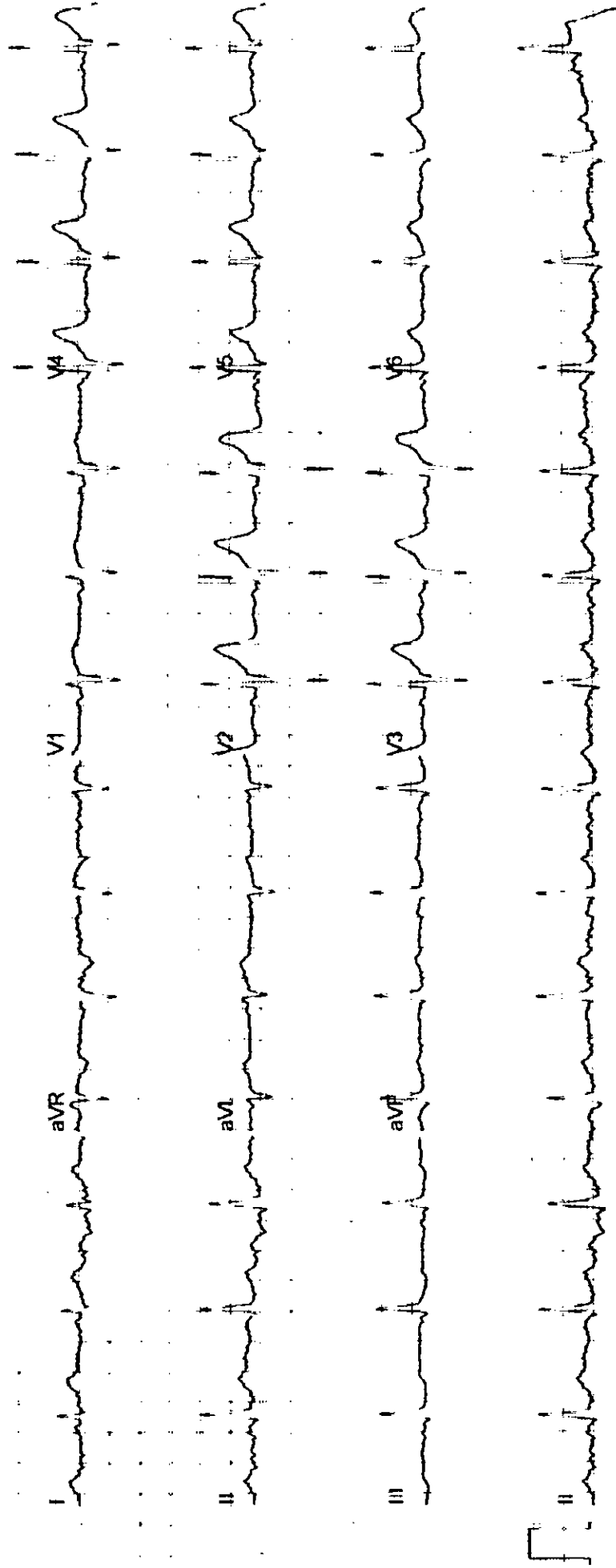
Location
Room
Order Number
Indication 1
Medication 2
Medication 3

86 bpm
/ - mmHg

Normal sinus rhythm
Normal ECG

QRS	84 ms
QT / QTcBaz	348 / 416 ms
PR	122 ms
P	64 ms
RR / PP	698 / 697 ms
P / QRS / T	50 / 71 / 39 degrees

Technician
Ordering Ph
Referring Ph
Attending Ph



डा० राम मनोहर लोहिया आयुर्विज्ञान संस्थान, गोमती नगर, लखनऊ
 Dr. Ram Manohar Lohia Institute of Medical Sciences
 Gomti Nagar, Lucknow - 226010

OPD Follow-up Visiting Card

Patient's Name: CR No. PP: 2023/020370
 Name: GYAN PRAKASH
 Age/Sex: 52 Y/M
 CR. No. ... Mobile No: 9844035280
 Diagnosis: Address: 6 MANAS CITY
 INDIRA NAGAR LUCKNOW

.....Age & Sex.....
 Consultant: डॉ. दिनकर कुलश्रेष्ठ
ओपमो (न्यूरोलॉजी)
मंगलवार, शुक्रवार

Date	Clinical Details & Advice
<p><u>17.2.23</u></p> <p>BP-130/71</p>	<p>DMT HITON</p> <p># CAD. Post PTCA - Jan 2022</p> <p>Stroke. Jan 2022 <u>ALS</u></p> <p>Rt <u>H/P</u></p> <p>go Tremors → 1yr</p> <p>↑ us on activity, absent at rest</p> <p>↑ us on stress</p> <p>started after CVA 1yr back</p> <p>for Rt side and now involve</p> <p>Left side</p> <p>at h/s s/p <u>Tremors of</u></p> <p><u>outstretched hand R>L</u></p> <p><u>̄ a jerky component.</u></p> <p><u>No rigidity bradykinesia.</u></p>

दवाओं द्वारा दुष्प्रभाव (Drug Reactions) होने पर तत्काल फोन नं. -7000951782 एवं टोल फ्री नं.-18001803024 पर सम्पर्क करें।

Date

Clinical Details & Advice

s/o ? ET c enhanced (physiol).
Component.

R.

1) Stop T. Nexito plus/Zoljesta

2) T. Clonafit 0.5 mg

x ————— 1.

3) To consult Cardiologist on
the need to start
propranolol in place of
metoprolol to improve
tremors

R.

4/2/13

Mild improvement after study Tab

C. ALY LA

& sleep

Adv

2) T. Clonafit ~~0.25 mg~~ (M)

✓ 4

1) T. Clonafit 0.5 mg — 1/2 tab (M)

✓ 1 tab every

Date

Clinical Details & Advice

- 2) continue 7-ciplex LA 40mg
- 3) continue other medicines advised by cardiologist
- 4) no of meals

h.

18/07/23

Sleep - ~~improved~~ to

Adv:

- Tab. Ciplex LA (40) x 14
- Tab. Clozapin (0.5) x 14
- No other med

M. S.