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Mr. Sunil Kr. Rajak

Age - 51

BP - 140/90

P - 102 bpm

H - 152 c.m

Wt - 55 kg

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EXAMINATION OF EYES :-(BY OPHTALMOLOGIST)

Patient Name Mr. Sunil Kumar Bajde Date 4/11/23

Sex/Age 51/M MR No ..... Employee Id .....

EXTERNAL EXAMINATION			
SQUINT	- NO		
NYSTAGMUS	- NO		
COLOUR VISION	- normal		
FUNDUS:(RE):-	Weal	(LE):-	Weal
INDIVIDUAL COLOUR IDENTIFICATION			
DISTANT VISION:(RE):-	6/6	(LE):-	6/6
NEAR VISION:(RE):-	EPG - N/6	(LE):-	EPG N/6
NIGHT BLINDNESS			

	SPH	CYL	AXIS	ADD
RIGHT	-	-	-	-
LEFT ADD	+2.0		+2.6	

REMARKS :- Vn (6/6 6/6)
EPG near - N/6 (BE)

Dr. Vikas Mishra
MBBS,MS(Ophthalmologist)
Reg. No. CGMC 621/2006

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ID: 997
MR SUNIL KUMAR BAGDE
Male 51Years

04-11-2023 07:05:00 PM

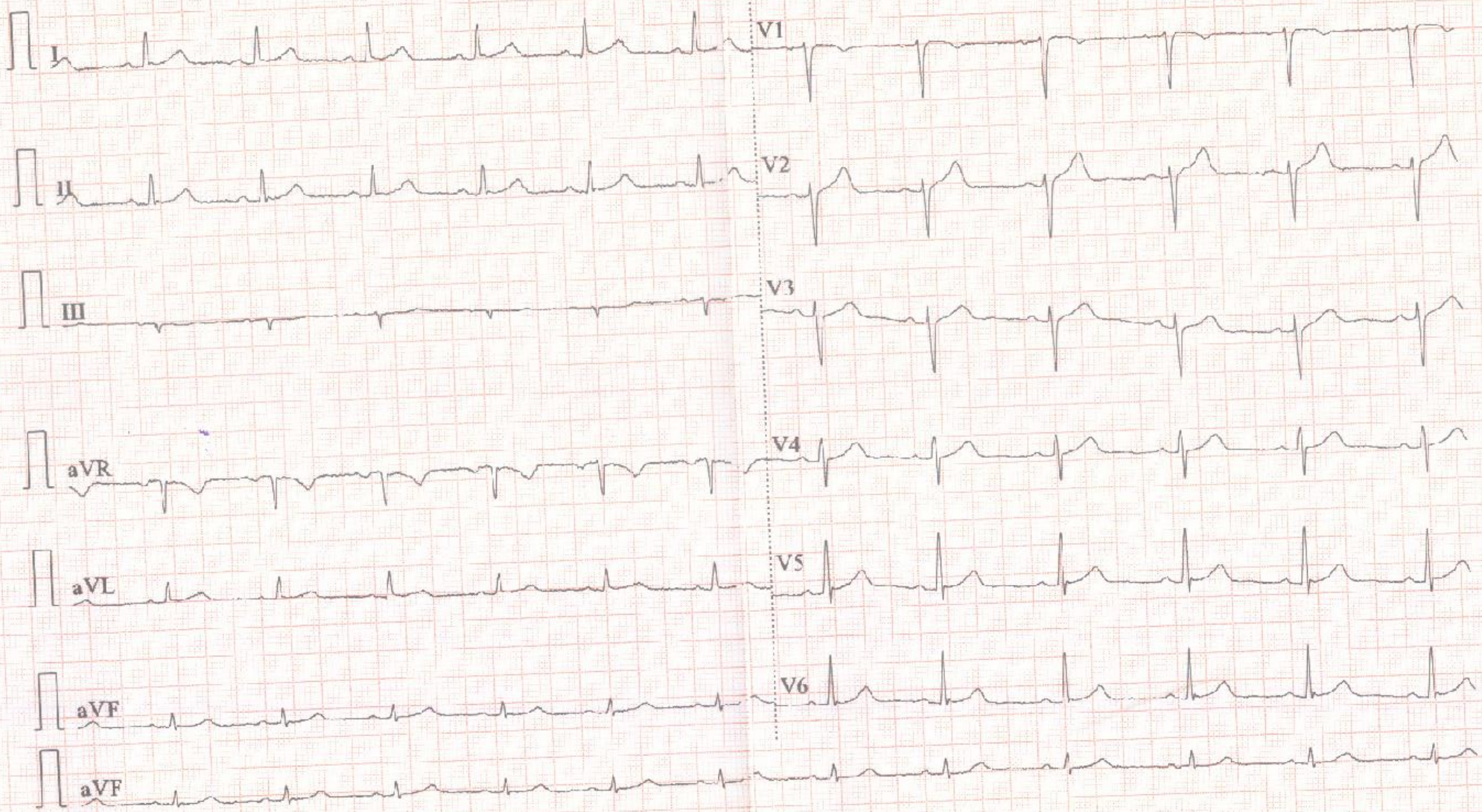
HR	: 73	bpm
P	: 90	ms
PR	: 154	ms
QRS	: 72	ms
QT/QTc	: 370/408	ms
P/QRS/T	: 29/17/34	°
RV5/SV1	: 0.969/0.958	mV

Diagnosis Information:
Sinus rhythm
Poor R wave progression
Borderline ECG

Report Confirmed by:

APOLLO RAIPUR CLINIC

Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2011
Apollo Clinic, Raipur



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥73 CAR [redacted] T 9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

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NAME OF PATIENT: MR. SUNIL KUMAR BAGDE **AGE 51YRS /MALE**

REFERRED BY: BOB **DATE:04/11/2023.**

CHEST X – RAY PA VIEW

FINDINGS:

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.

APOLLO CLINIC RAIPUR

Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant
Reg. No. CGMC-23[illegible]

DR. ZEESHAN ATEEB DANI (MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

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ECHOCARDIOGRAPHY REPORT

NAME : MR. SUNIL KUMAR BAGDE	Age/Sex: 51Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 04/11/2023	REGN. NO. : FRAI.0000
Ref.By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.8	2.0 – 3.7	IVS Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
AorticValve Opening	2.8	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
LA Dimension	1.9	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.1	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.7	2.2 – 4.0	TAPSE	----	1.6 – 2.6
LV EJECTION FRACTION		> 60%	(NORMAL VALUE: 55 – 60%)		

2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

Left Ventricle	: LV Size & contractility is Normal, NO RWMA, Calculated EF IS > 60%
Left Atrium	: LA Size Is Normal
Right Ventricle	: Normal
Right Atrium	: Normal
IAS/IVS	: Intact
Pericardium	: Normal, there is no Pericardial Effusion.
Mitral Valve	: E>A , TRACE MR
Tricuspid Valve	: TRACE TR
Aortic Valve	: Normal
Pulmonary Valve	: Pulmonary valve appears normal in morphology.
Systemic venous	: IVC normal in size with normal Inspiratory collapse.
Diastolic Function	: Normal.

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
TARCE MR & TRACE TR.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.

APOLLO CLINIC RAIPUR

DR.DEEPAN DAS
MBBS, DIP. CARDIOLOGY
CONSULTANT DEPT.OF NIC

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

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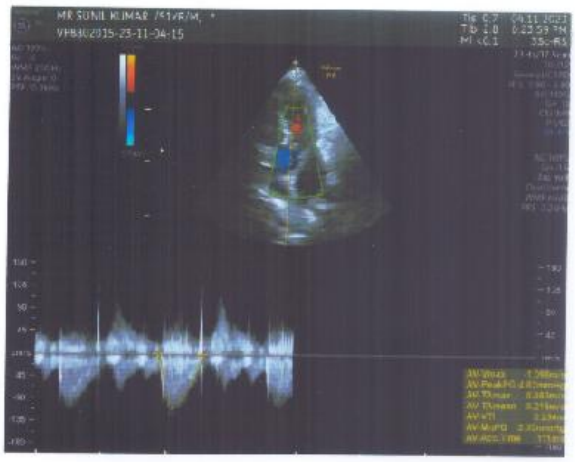

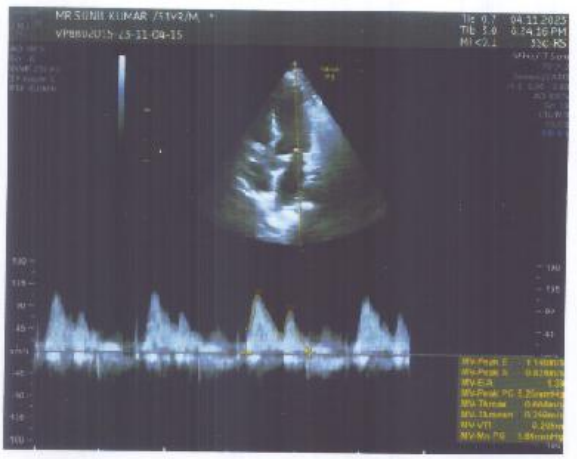

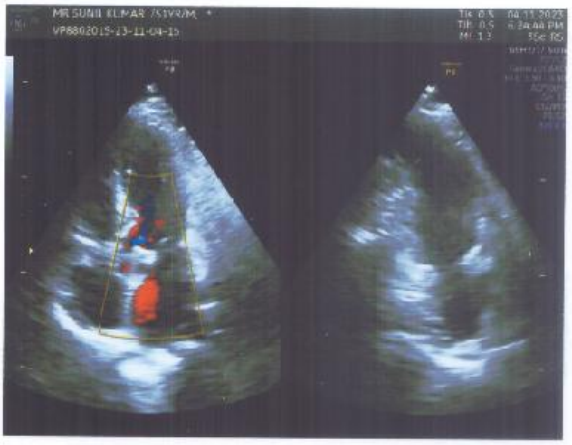

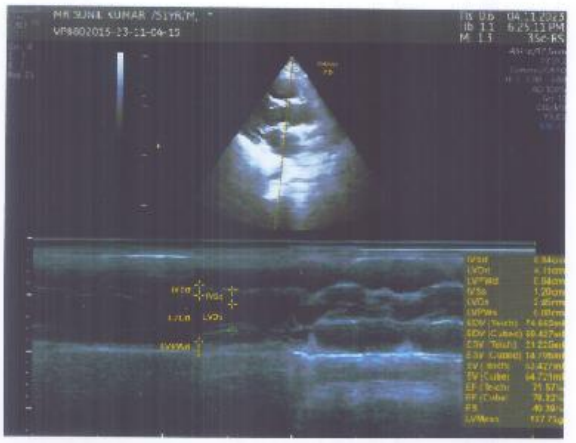

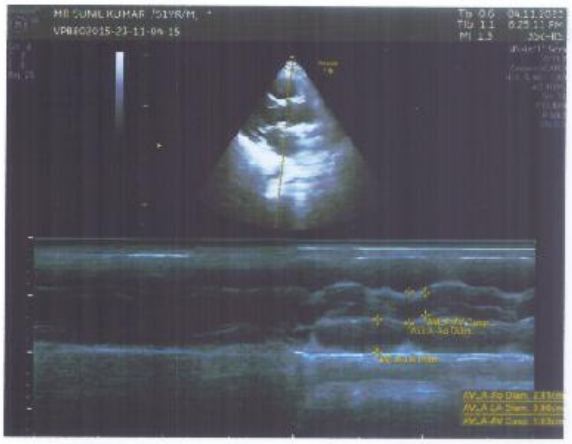

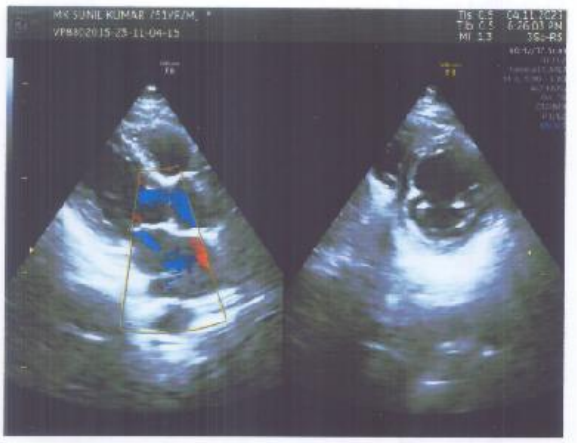

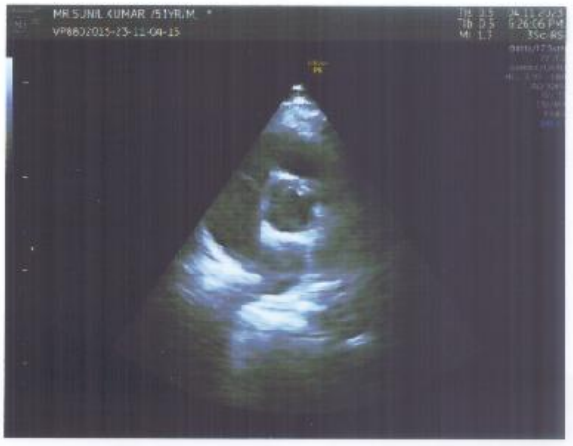

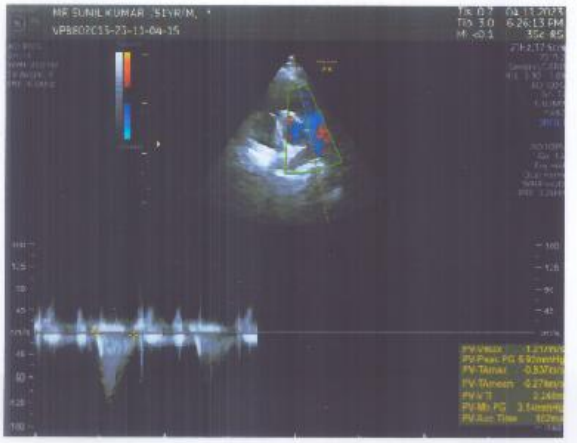

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Patient Name	: Mr. MR SUNIL KUMAR BAGDE	**Age/Gender**	: 51 Y. Male
UHID/ MR No	: 7470	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 04/11/2023	**Reported On**	: 05/11/2023 11:32AM
Sample Collected On	: 04/11/2023 03:04PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	15.2	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.61	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	45.60	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	81.3	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	27.1	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	12.9	%	11 - 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.21	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	74	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	19	%	15.0 - 45.0
Monocytes Method: CELL COUNTER	06	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	01	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Patient Name	: Mr. MR SUNIL KUMAR BAGDE	**Age/Gender**	: 51 Y Male
UHID/ MR No	: 7470	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 04/11/2023	**Reported On**	: 05/11/2023 11:32AM
Sample Collected On	: 04/11/2023 03:04PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	170	lacs/cu.mm	150-400

Method: CELL COUNTER

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 blood.
2. Test conducted on EDTA whole blood.

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

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Patient Name	: **Mr. MR SUNIL KUMAR BAGDE**	**Age/Gender**	: 51 Y, Male
UHID/ MR No	: 7470	**OP Visit No**	: OPD-UNIT-II-4
Visit Date	: 04/11/2023	**Reported On**	: 05/11/2023 11:32AM
Sample Collected On	: 04/11/2023 03:04PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate	10	mm /HR	0 - 10

Method: Westergren's Method

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

Blood Group (ABO Typing)

Blood Group (ABO Typing)	B
RhD factor (Rh Typing)	POSITIVE

End of Report

Results are to be corelated clinically

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Patient Name	: **Mr. MR SUNIL KUMAR BAGDE**	**Age/Gender**	: 51 Y . Male
UHID/ MR No	: 7470	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 04/11/2023	**Reported On**	: 05/11/2023 11:32AM
Sample Collected On	: 04/11/2023 03:04PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Random	91.0	mg/dl	70.0-140.0
Method: REAGENT GRADE WATER			
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen	09	mg/dl	7 - 20
METHOD: Spectrophotometric			
Creatinine	0.83	mg/dl	0.6-1.4
METHOD: Spectrophotometric			
Uric Acid	4.8	mg/dL	2.6 - 7.2
Method: Spectrophotometric			

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Patient Name	: **Mr. MR SUNIL KUMAR BAGDE**	**Age/Gender**	: 51 Y Male
UHID/ MR No	: 7470	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 04/11/2023	**Reported On**	: 05/11/2023 11:32AM
Sample Collected On	: 04/11/2023 03:04PM		
Ref. Doctor	: **SELF**		
Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	178.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	**217.0**	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotomatric HDL Cholesterol	39.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotomatric LDL Cholesterol	95.60	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotomatric VLDL Cholesterol	**43.40**	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.56		3.5-5
Methode: Spectrophotometric			

End of Report
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Lab Technician / Technologist
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Ref. Doctor	: SELF		
Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	1.2	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.3	mg/dl	0.05-0.3
Bilirubin (Indirect) Mathod: Calculated	0.90	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	22	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	27	U/L	0 - 41
ALKALINE PHOSPHATASE	96	U/L	
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Mathod: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Mathod: Calculated	1.95	%	1.1 - 2.2

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Visit Date	: 04/11/2023	**Reported On**	: 05/11/2023 11:32AM
Sample Collected On	: 04/11/2023 03:04PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)			
	5.7	%	Non- diabetic:<=5.6, Pre-Diabetic 5.7-6.4, Diabetic:>=6.5

1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam

1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation.
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
C. Heterozygous state dete

End of Report
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Patient Name	: Mr.SUNIL KUMAR BAGDE	Collected	: 05/Nov/2023 11:13AM
Age/Gender	: 51 Y 0 M 0 D /M	Received	: 05/Nov/2023 12:14PM
UHID/MR No	: DSUS.0000005434	Reported	: 05/Nov/2023 03:59PM
Visit ID	: DSUSOPV6275	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PJP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO	:	Patient location	: Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.43	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	12.30	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	4.750	µIU/mL	0.35-5.5	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroical causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma