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Dr. Animesh Choudhary
MD (Internal Medicine), FCC, FAGE, PGDC, PGCDM, PGDDR
Ex Physician - AIIMS, New Delhi, Fortis Escorts Raipur
Reg. No. CGMC 3583/2011

• मधुमेह • वातरोग • गठियारोग • हृदयरोग • थायराइड • श्वसन रोग • दमा • मोटापा

Mr. Deepak mandavi
Age- 47 y/m

9/12/13

BP - 140/80
P - 62/mt
H - 165 c.m
Wt. - 65kg

For Regular checkup
URTI

CBC - 14.1/5.96/5.04/184
ESR - 10
HBA1C - 5.6
FBS - 99, PP - 110.0
Creat - 1.20
Urea - 14
Lipid - 148/82/43/88.60
LFT - 18/22/71
T3 - 1.28
T4 - 8.40
TSH - 4.170
PSA - 0.790

R
- Tab ABPclear BD x5d
- Tab BILASTRA-M रात में x5d
- Cap mcardm नाश्ते के बाद
- Tab Asakmab रात में
duoptrelles

30dy

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

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

APOLLO CLINIC RAIPUR

Dr. Sweety Lath
BDS (Cosmetic Dental Surgeon)

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Dr. Vivek Lath
Chief Dental Consultant
BDS, MDS, Diplomate (WCOI, Japan)
Professor, MCDRC - Durg
Reg. No. CGDC/14/PG/45

Deepak Mandavi
47/M

9/12/23

Pt has come for routine dental checkup.

O/E → Stains +
Calculus +
Occlusal Caries ⊂ 8/8
8

Adv → Dual Prophylaxis
GIC filling ⊂ 8/8
8

Yehan

APOLLO RAIPUR CLINIC

ID: 240
MR DEEPAK MANDAVI
Male 47Years

09-12-2023 09:56:40 AM

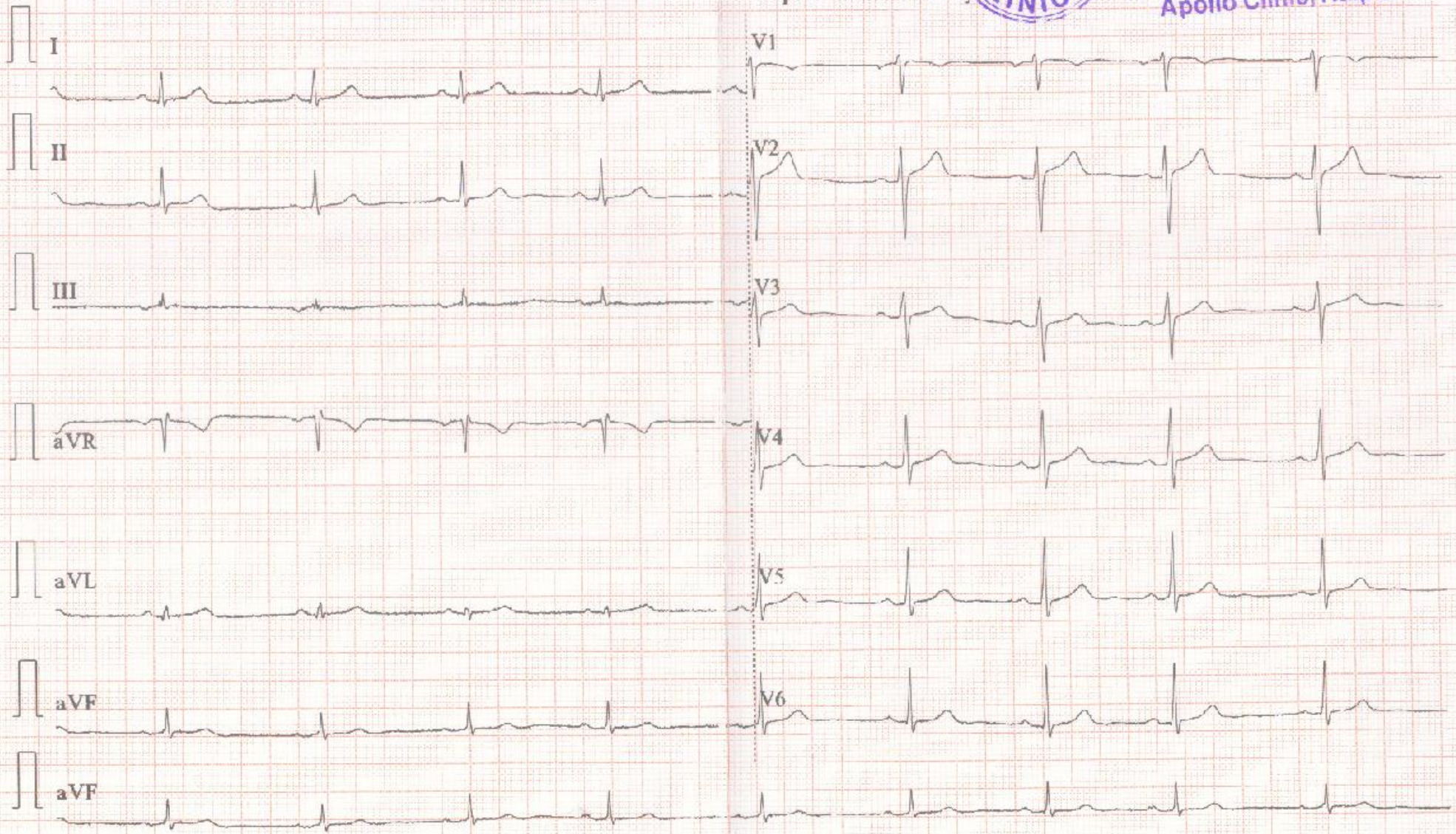
HR	: 57	bpm	
P	: 114	ms	
PR	: 170	ms	
QRS	: 80	ms	
QT/QTc	: 404/394	ms	
P/QRS/T	: 1/50/21	°	
RV5/SV1	: 1.025/0.550	mV	

Diagnosis Information:
Sinus bradycardia
Normal ECG except for rate

Report Confirmed by:

APOLLO RAIPUR CLINIC

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



0.05–45Hz AC 50 25mm/s 10mm/mV 2*5.0s+1r ♥57 CARDIART 9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

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ECHOCARDIOGRAPHY REPORT

NAME : MR. DEEPAK MANDAVI	Age/Sex: 47Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 09/12/2023	REGN. NO. : FRAI.0000020604
Ref.By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.9	2.0 – 3.7	IVS Thickness	ED = 1.1 ES = 1.5	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 1.1 ES = 1.5	0.6 – 1.1
LA Dimension	2.9	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.1	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.5	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 , Normal
Tricuspid Valve	: Normal
Aortic Valve	: Normal
Pulmonary Valve	: Pulmonary valve appears normal in morphology.
Systemic venous	: IVC normal in size with normal Inspiratory collapse.
Diastolic Function	: DRA-I

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
LV DIASTOLIC DYSFUNCTION GRADE I.
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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EXAMINATION OF EYES :-(BY OPHTALMOLOGIST)

Patient Name Mr. Deepak Mandavi Date 9/12/23

Sex/Age 47Y/M MR No ..... Employee Id .....

EXTERNAL EXAMINATION			
SQUINT	NO		
NYSTAGMUS			
COLOUR VISION	NORMAL		
FUNDUS:(RE):-	WNL	(LE):-	WNL
INDIVIDUAL COLOUR IDENTIFICATION	Normal		
DISTANT VISION:(RE):-	6/6	(LE):-	6/6
NEAR VISION:(RE):-	N8 @ 40 cm	(LE):-	N8 @ 40 cm
NIGHT BLINDNESS	NAD		

	SPH	CYL	AXIS	ADD
RIGHT	Plano			+1.75
LEFT				+1.75

REMARKS :-

APOLLO RAIPUR CLINIC

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

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PATIENT NAME:- MR.DEEPAK MANDANI	**AGE/SEX: 47 YRS/M**
REF BY :- BOB	**DATE:- 09.12.2023**

USG ABDOMEN

Liver : Liver is normal in size cm, smooth in outline with echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

Gall bladder : Distended & normal.

Pancreas & Paraaortic Region : Normal.

Spleen : Is normal size measures cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	8.84X3.60cm	8.82X4.94cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal

Prostate: is normal in size measures weight gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadernopathy seen.

IMPRESSION;

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.

APOLLO RAIPUR CLINIC

Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant
Reg. No. CGMC- 2324

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. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

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NAME OF PATIENT: MR. DEEPAK MANDAVI AGE 47YRS /MALE

REFERRED BY: BOB DATE:09/12/2023.

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 RAIPUR CLINIC

Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
Reg. No. CGMC- 2324/2006

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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Patient Name	: MR DEEPAK MANDAVI	**Age/Gender**	: 47 Y Male
UHID/ MR No	: 7869	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 09/12/2023	**Reported On**	: 09/12/2023 01:29PM
Sample Collected On	: 09/12/2023 11:38AM		
Ref. Doctor	: SELF		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	14.1	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.96	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	42.30	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	**71.0**	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	**23.7**	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	13.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.04	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	67	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	23	%	15.0 - 45.0
Monocytes	07	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

path

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	184	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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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren`s Method	10	mm /HR	0 - 10

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)	O
RhD factor (Rh Typing)	POSITIVE

End of Report
Results are to be corelated clinically

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)			
	5.6	%	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

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	110.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	99.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	14	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.20	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotomatric	4.69	mg/dL	2.6 - 7.2

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	148.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	82.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotomatric			
HDL Cholesterol	43.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotomatric			
LDL Cholesterol	88.60	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotomatric			
VLDL Cholesterol	16.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.44		3.5-5
Methode: Spectrophotometric			

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.9	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Mathod: Calculated	0.70	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	18	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	22	U/L	0 - 41
ALKALINE PHOSPHATASE	71	U/L	25-147
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

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

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M.D. PATHOLOGY

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Patient Name	: **MR DEEPAK MANDAVI**	**Age/Gender**	: 47 Y Male
UHID/ MR No	: 7869	**OP Visit No**	: **OPD-UNIT-II-2**
Visit Date	: 09/12/2023	**Reported On**	: 09/12/2023 01:29PM
Sample Collected On	: 09/12/2023 11:38AM		
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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Colourless		Colourless
Specific Gravity	1.000		1.001 - 1.030
Reaction (pH)	6.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	Occasional	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

End of Report

Results are to be corelated clinically

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Patient Name	: Mr.DEEPAK MANDAVI	Collected	: 09/Dec/2023 12:33PM
Age/Gender	: 47 Y 0 M 0 D /M	Received	: 09/Dec/2023 12:38PM
UHID/MR No	: DSUS.0000005774	Reported	: 09/Dec/2023 01:16PM
Visit ID	: DSUSOPV6706	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP 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)	1.28	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.40	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	4.170	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 thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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Patient Name	: Mr.DEEPAK MANDAVI	Collected	: 09/Dec/2023 12:33PM
Age/Gender	: 47 Y 0 M 0 D /M	Received	: 09/Dec/2023 12:38PM
UHID/MR No	: DSUS.0000005774	Reported	: 09/Dec/2023 01:15PM
Visit ID	: DSUSOPV6706	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO	:	Patient location	: Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	0.790	ng/mL	0-4	CLIA

***** End Of Report *****

Dr. SANDHYA VERMA
MBBS, MD,(Pathology)
Consultant Pathologist