

**Dr. Animesh Choudhary**

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

7389971164

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

MR. - Haripad Das  
Age - 57Y/M

23/03/22

BP - 130/80  
P - 72/m  
BC - 10.1/4.26/150/30  
BS - 87,  
bA1c - 5.6  
ret. - 0.88  
lipid - 141/89/43/80.2  
ft - 40/39  
SH - 1.91, PSA - 0.677

3 EBS

- Review to report

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

Ads  
Sr Loan keep  
Sr Bz keep  
Sr nt D keep

### OP CASE SHEET

MRNO : FRAI.0000022146  
 Patient Name : Mr. HARIPAD DAS  
 Sex / Age : Male / 57 Y  
 Address : RAIPUR

Date : 22-03-2022  
 Department : ~~General~~ ENT  
 Consultant : Dr. Kunica Somani  
 Mobile No : +919100000000

Pulse : 72/mt	B.P : 130/80	Resp :	Temp :
Weight : 47	Height : 161	BMI :	Waist Circum :
SpO2 - 99.1			

Chief Complaints : Routine ENT checkup.

Past History :

General and Systemic Examination : Exam  
 NOS  
 Throat } NAD

Diagnosis and Final Impression :

Treatment, Recommendation and Investigations :

Follow Up :

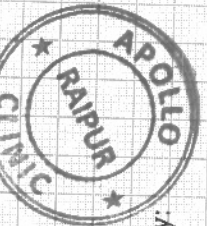
Doctor Signature With Date : *Kunica*  
**Dr. Kunica Somani**  
 M.B.B.S., DNB-ENT  
 C.G.M.C. 8798/2019



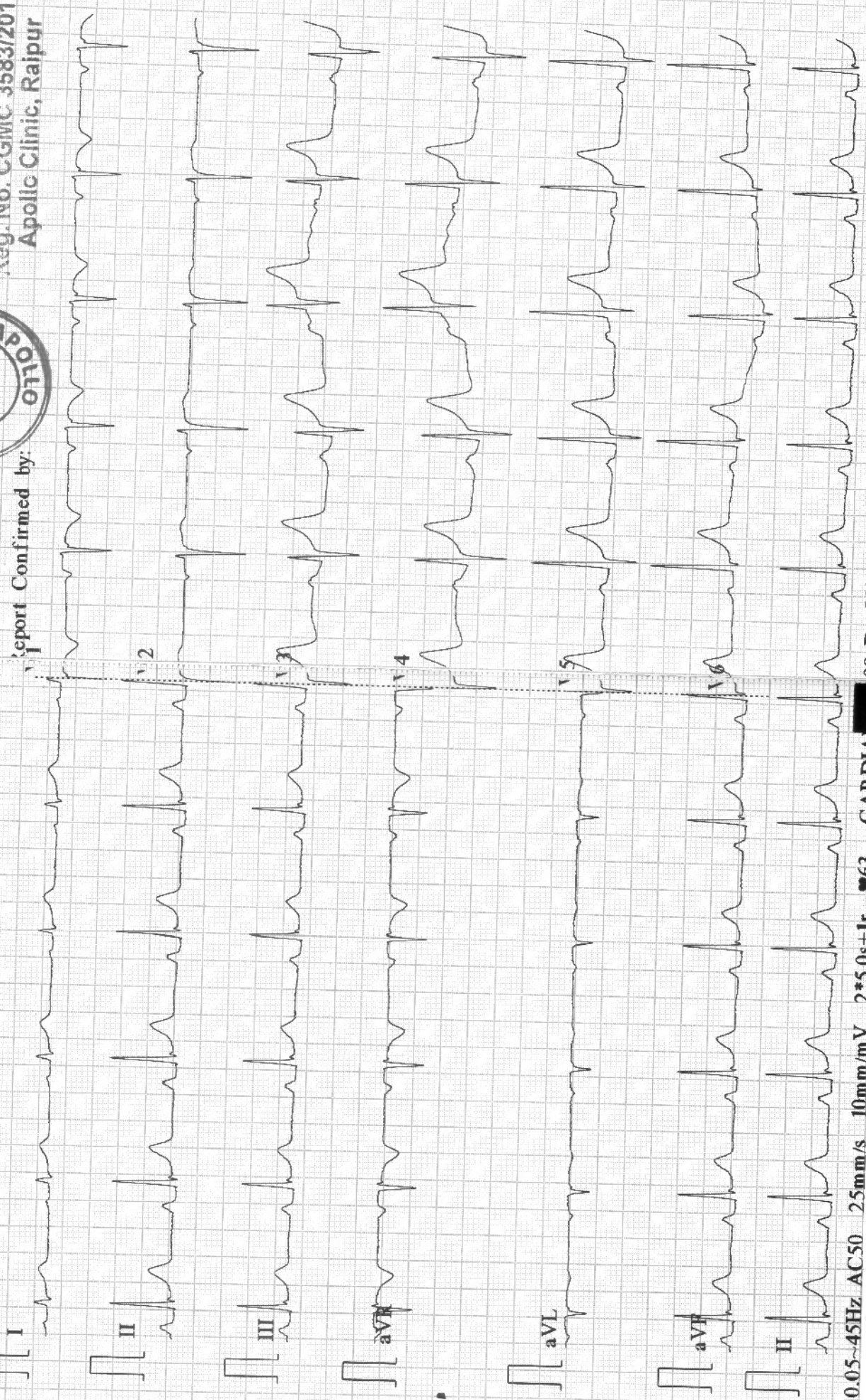
MR HARIPAD DAS  
Male 57 Years

HR : 63 bpm  
P : 98 ms  
PR : 190 ms  
QRS : 94 ms  
QT/QTc : 392/402 ms  
P/QRS/T : 78/80/68 °  
RV5/SV1 : 1.455/0.846 mV

Diagnosis Information:  
Sinus rhythm  
Possible left atrial abnormality  
Borderline ECG



Dr. Animesh Choudhary  
MD Medicine  
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Apollo Clinic, Raipur



0.05-45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r ♡63 CARDIA

08 D V1.43 Glasgow V28.60 APOLLO CLINIC RAIPUR

**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**

Patient Name Ms. Dal Haripad

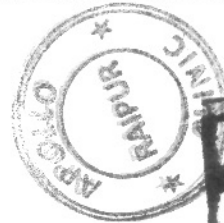
Date 22/3/22

Sex/Age 57/11M

MR No .....

Employee Id .....

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
NORMAL				
FUNDUS:(RE):-		(LE):-		
WNL		WNL		
INDIVIDUAL COLOUR IDENTIFICATION				
NORMAL				
DISTANT VISION:(RE):-		(LE):-		
6/24 EPH 6/18		6/18 EPH 6/12		
NEAR VISION:(RE):-		(LE):-		
M36 E6 N6		M36 E6 N6		
NIGHT BLINDNESS				
NAD				
	SPH	CYL	AXIS	ADD
RIGHT				+2.25
LEFT				+2.25
REMARKS :- <u>DB NS</u>				



*Mf*  
**Dr. Vikas Mishra**  
MBBS, MS (Ophthalmologist)  
Reg. No. CGMC 624/2008

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

**Patient Name** : Mr. HARIPAD DAS  
**UHID/MR No.** : FRAI.0000022146  
**Visit Date** : 22-03-2022 13:57  
**Sample Collected on** : 22-03-2022 14:10  
**Ref Doctor** : Bank of Baroda

**Age / Gender** : 57Y/Male  
**OP Visit No** : FRAIOPV40081  
**Reported on** : 23-03-2022 09:34  
**Specimen** : Whole Blood ( Edta )  
**Pres Doctor:** :

**DEPARTMENT OF LABORATORY MEDICINE**

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>HAEMOGRAM</b>			
Hb(Haemoglobin) Method: CELL COUNTER	10.1*	13 - 17.2	gm%
RBC Count Method: CELL COUNTER	3.26*	3.5 - 5.5	million/ cumm
PCV / Haematocrit Method: CELL COUNTER	29.8*	37 - 50	%
MCV Method: CELL COUNTER	<u>91.4</u>	76 - 96	fl
MCH Method: CELL COUNTER	30.9	27 - 32	pg
MCHC Method: CELL COUNTER	33.8	31 - 35	gm/dl
RDW Method: CELL COUNTER	12.6	12 - 15.1	%
Total Leukocyte Count Method: CELL COUNTER	4.26	4 - 11	thous/ cumm
Neutrophil Method: CELL COUNTER	61	40 - 75	%
Lymphocyte Method: CELL COUNTER	20	20 - 40	%
Eosinophil Method: CELL COUNTER	12*	1 - 6	%
Monocyte Method: CELL COUNTER	07	2 - 8	%
Basophil Method: CELL COUNTER	00	0 - 1	%
Platelet Count Method: CELL COUNTER	150	150 - 450	lacs/cumm
E S R Method: Westergren's Method	30*	00 - 20	mm/hr

**End of the report**

*Results are to be correlated clinically*

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Apollo Clinic


LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.

Lab Technician / Technologist

RITU\_JANGDE Apollo Clinic, Ashoka Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

  
**Dr. PRIYANKA RISHIA**  
 M.B.B.S, MD  
 0771 4033341/42

Patient Name : Mr. HARIPAD DAS  
UHID/MR No. : FRAI.0000022146  
Visit Date : 22-03-2022 13:57  
Sample Collected on : 22-03-2022 14:10  
Ref Doctor : Bank of Baroda

Age / Gender : 57Y/Male  
OP Visit No : FRAIOPV40081  
Reported on : 23-03-2022 09:34  
Specimen : EDTA Blood  
Pres Doctor: :


DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>BLOOD GROUP AND RH TYPE</b>			
BLOOD GROUP Method: Slide Test	O		
RH:	Positive		
<b>TEST NAME</b>	<b>RESULT</b>	<b>BIOLOGICAL REFERENCE INTERVALS</b>	<b>UNITS</b>
<b>GLUCOSE - ( FASTING )</b>			
GLUCOSE - ( FASTING ) Method: REAGENT GRADE WATER	87.0	60 - 120	mg/dl
<b>GLUCOSE - ( POST PRANDIAL )</b>			
GLUCOSE - ( POST PRANDIAL ) Method: REAGENT GRADE WATER	110.0	70 - 140	mg/dl
<b>KFT - RENAL PROFILE-SERUM</b>			
BUN : Method: Spectrophotometric	12	7 - 20	mg/dL
Creatinine . Method: Jaffe	0.88	0.6 - 1.2	mg/dL
Uric Acid Method: Enzymatic	5.23	2.6 - 7.2	mg/dL
<b>GLYCOSYLATED HEMOGLOBIN (HBA1C)</b>			
GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD.. Method: TURBIDOMETRY	5.6	Non-diabetic: <= 5.6 Pre-diabetic: 5.7 - 6.4 Diabetic: >= 6.5	%

End of the report

Results are to be correlated clinically

Lab Technician / Technologist  
RITU\_JANGDE



Dr. PRIYANKA R SAHAI  
M.B.B.S, MD  
PATHOLOGIST

**Patient Name** : Mr. HARIPAD DAS  
**UHID/MR No.** : FRAI.0000022146  
**Visit Date** : 22-03-2022 13:57  
**Sample Collected on** : 22-03-2022 14:10  
**Ref Doctor** : Bank of Baroda

**Age / Gender** : 57Y/Male  
**OP Visit No** : FRAIOPV40081  
**Reported on** : 23-03-2022 09:34  
**Specimen** : Serum  
**Pres Doctor:** :

**DEPARTMENT OF LABORATORY MEDICINE**

<b>TEST NAME</b>	<b>RESULT</b>	<b>BIOLOGICAL REFERENCE INTERVALS</b>	<b>UNITS</b>
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Total Cholesterol Method: Spectrophotometric	141.0	00 - 200	mg/dl
Triglyceride Method: Spectrophotometric	89.0	60 - 150	mg/dl
HDL Method: Spectrophotometric	43.0	35 - 60	mg/dl
LDL Method: Spectrophotometric	80.2	60 - 130	mg/dl
VLDL Method: Spectrophotometric	17.8	10 - 50	mg/dl
Cholesterol/HDL Method: Spectrophotometric	3.27		

**End of the report**

*Results are to be correlated clinically*

Lab Technician / Technologist  
RITU\_JANGDE



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M.B.B.S, MD  
PATHOLOGIST

Patient Name : Mr. HARIPAD DAS  
UHID/MR No. : FRAI.0000022146  
Visit Date : 22-03-2022 13:57  
Sample Collected on : 22-03-2022 14:10  
Ref Doctor : Bank of Baroda

Age / Gender : 57Y/Male  
OP Visit No : FRAIOPV40081  
Reported on : 23-03-2022 09:34  
Specimen : Serum  
Pres Doctor: :

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
<b>LIVER FUNCTION TEST (PACKAGE)</b>			
TOTAL BILIRUBIN (DPD) Method: Enzymatic	0.5	0.1 - 1.2	mg/dl
DIRECT BILIRUBIN (DPD) Method: Spectrophotometric	0.1	0.05 - 0.3	mg/dl
INDIRECT BILLIRUBIN Method: Spectrophotometric	0.4	0.1 - 1.0	mg/dl
SGPT/ALT (IFCC) Method: Enzymatic	40	6 - 40	U/L
SGOT/AST (IFCC) Method: Enzymatic	31	6 - 32	U/L
S.ALKALINE PHOSPHATASE Method: ENZYME DILUENT	66	25 - 147	U/L
TOTAL PROTEIN (BIURET) Method: Spectrophotometric	6.5	6 - 8	g/dl
ALBUMIN (BCG) Method: Spectrophotometric	4.0	3.5 - 5.0	g/dl
S.GLOBULIN Method: Spectrophotometric	2.5	1.5 - 3.6	g/dl
S.A/G RATIO Method: Spectrophotometric	1.6		

End of the report

Results are to be correlated clinically

Lab Technician / Technologist  
RITU\_JANGDE



Dr. PRIYANKA R SAHAI  
M.B.B.S, MD  
PATHOLOGIST



<b>Patient Name</b> : Mr. HARIPAD DAS	<b>Age / Gender</b> : 57Y/Male
<b>UHID/MR No.</b> : FRAI.0000022146	<b>OP Visit No</b> : FRAIOPV40081
<b>Visit Date</b> : 22-03-2022 13:57	<b>Reported on</b> : 23-03-2022 09:34
<b>Sample Collected on</b> : 22-03-2022 14:10	<b>Specimen</b> : Urine
<b>Ref Doctor</b> : Bank of Baroda	<b>Pres Doctor:</b> :

**DEPARTMENT OF LABORATORY MEDICINE**

**URINE ROUTINE EXAMINATION**

Test	Result	Bio. Ref. Interval
<b>PHYSICAL EXAMINATION:</b>		
Volume of urine	40 ml	
Colour	Color Less	
Specific Gravity	1.005	1.001 - 1.030
Deposit	Absent	Absent
Appearance	Clear	Clear
pH	7.0	5.0 - 7.5
<b>CHEMICAL EXAMINATION:</b>		
Protein	Absent	Absent
Sugar	Absent	Absent
Ketone Bodies	Absent	Absent
Blood	Absent	Absent
Leukocytes	Absent	Absent
Urobilinogen	Absent	Absent
Bili Pigments	Absent	Absent
<b>MICROSCOPIC EXAMINATION:</b>		
Pus Cell	2 - 4	0 - 5 / hpf
Red Blood Cells	Not Seen	0 - 2 / hpf
Epithelial Cells	Occasional	0 - 5 / hpf
Cast	Not Seen	Not seen
Crystals	Not Seen	Not seen

**End of the report**

*Results are to be correlated clinically*

Lab Technician / Technologist

**RITU\_JANGDE**

Apollo Clinic

LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



**Dr. PRIYANKA R SAHAI**  
M.B.B.S, MD  
PATHOLOGIST

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 **0771 4033341/42**

# Medical Laboratory Report



**HARIPAD DAS**

PID NO: P612100159087  
Age: 57.0 Year(s) Sex: Male

Reference: Dr.APOLLO CLINIC

Sample Collected At:  
Samriddhi Arogyam Pvt Ltd  
Apollo Clinic,tiara  
Complex,a.t.classic,near Ashoka  
Ratan,vip Estate ,shankarnagar-raipur  
(c.g) 492001  
492001

VID: 612101000132334

Registered On:  
22/03/2022 05:29 PM  
Collected On:  
22/03/2022 5:29PM  
Reported On:  
22/03/2022 06:49 PM

Investigation	Observed Value	Unit	Biological Reference Interval
<b>Thyroid panel-1 (T3/T4/TSH)</b> (Serum,ECLIA)			
T3 (Total)	87.00	ng/dL	70-204
T4 (Total)	5.88	ug/dl	3.2-12.6
TSH	1.91	μIU/mL	0.35-5.5

## INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

- References:** 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001  
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011,vol. 59

-- End of Report --

Dr. Firoz Shabbir Sheikh  
M.D (Pathology)



**HARIPAD DAS**

PID NO: P612100159087  
Age: 57.0 Year(s) Sex: Male



Reference: Dr.APOLLO CLINIC

Sample Collected At:  
Samriddhi Arogyam Pvt Ltd  
Apollo Clinic,tiara  
Complex,a.t.classic,near Ashoka  
Ratan,vip Estate ,shankarnagar-raipur  
(c.g) 492001  
492001

VID: 612101000132334

Registered On:  
22/03/2022 05:29 PM  
Collected On:  
22/03/2022 5:29PM  
Reported On:  
22/03/2022 06:49 PM

Investigation	Observed Value	Unit	Biological Reference Interval
<b>PSA- Prostate Specific Antigen</b> (Serum,CMA)	0.677	ng/mL	Conventional for all ages: 0 - 4 50 - 59 yrs: 0 - 3.5

**INTERPRETATION :**

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

**Dr. FIROZ SHABBIR SHEIKH**  
M.D (Pathology)



111 / MR HARIPAD DAS / 57 Yrs / M / 161 Cms / 47 Kg Date: 23-Mar-2022

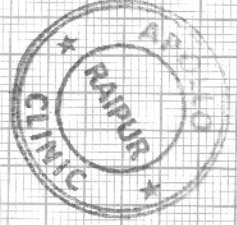
Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	00.0	00.0	01.0	083	51 %	120/80	099	00	
HV	00:25	0:14	00.0	00.0	01.0	083	51 %	120/80	099	00	
Standing	00:40	0:15	00.0	00.0	01.0	080	49 %	120/80	096	00	
ExStart	01:17	0:37	00.0	00.0	01.0	085	52 %	120/80	102	00	
BRUCE Stage 1	04:17	3:00	02.7	10.0	04.7	105	64 %	130/85	136	00	
BRUCE Stage 2	07:17	3:00	04.0	12.0	07.1	114	70 %	140/90	159	00	
PeakEx	10:08	2:51	05.5	14.0	10.1	140	86 %	150/90	210	00	
Recovery	10:38	0:30	00.8	00.0	04.2	130	80 %	150/90	195	00	
Recovery	11:08	1:00	00.8	00.0	01.2	120	74 %	140/90	168	00	
Recovery	12:08	2:00	00.8	00.0	01.0	095	58 %	130/85	123	00	
Recovery	13:08	3:00	00.8	00.0	01.0	088	54 %	120/80	105	00	
Recovery	13:46	3:38	00.8	00.0	01.0	080	49 %	120/80	096	00	

**FINDINGS :**

Exercise Time : 08:51  
 Max HR Attained : 140 bpm 86% of Target 163  
 Max BP Attained : 150/90  
 Max WorkLoad Attained : 10.1 Good response to induced stress  
 Test End Reasons : Test Complete

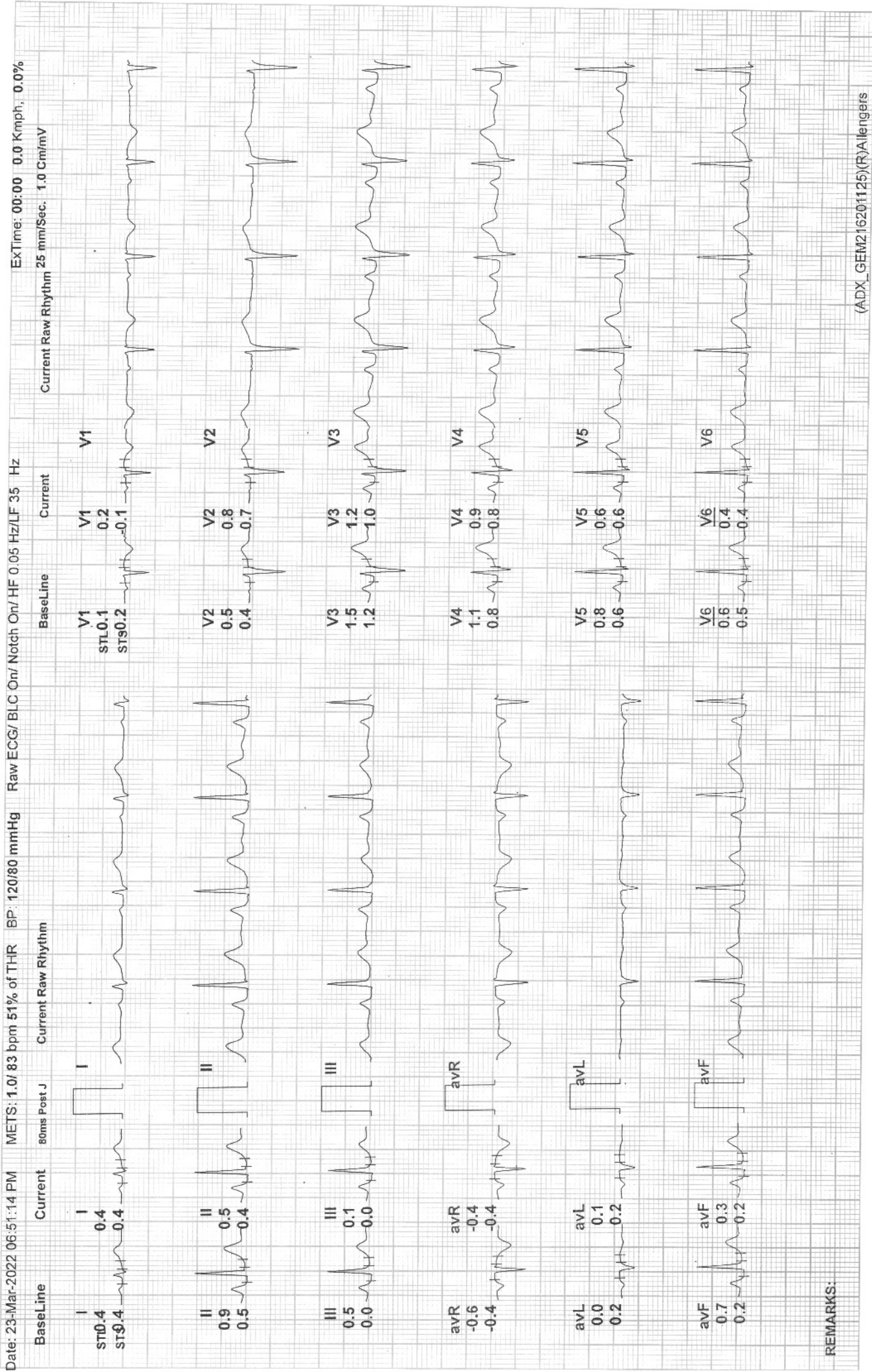
**REPORT**

Report: Stress test is negative for Reversible Myocardial ischemia with good function capacity.

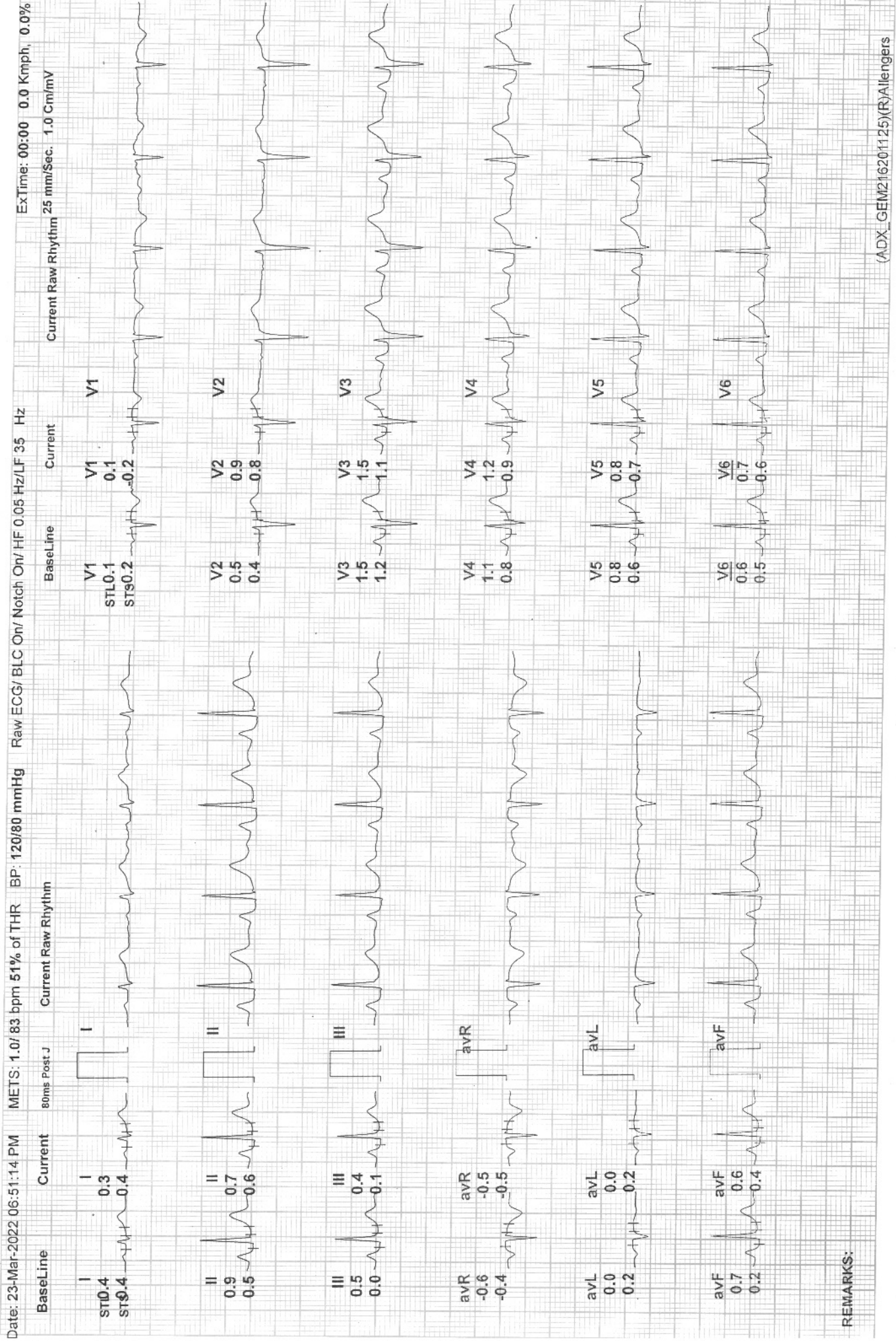


*[Signature]*

Doctor : DR DEEPAN DAS MBBS DIP.CARDIO



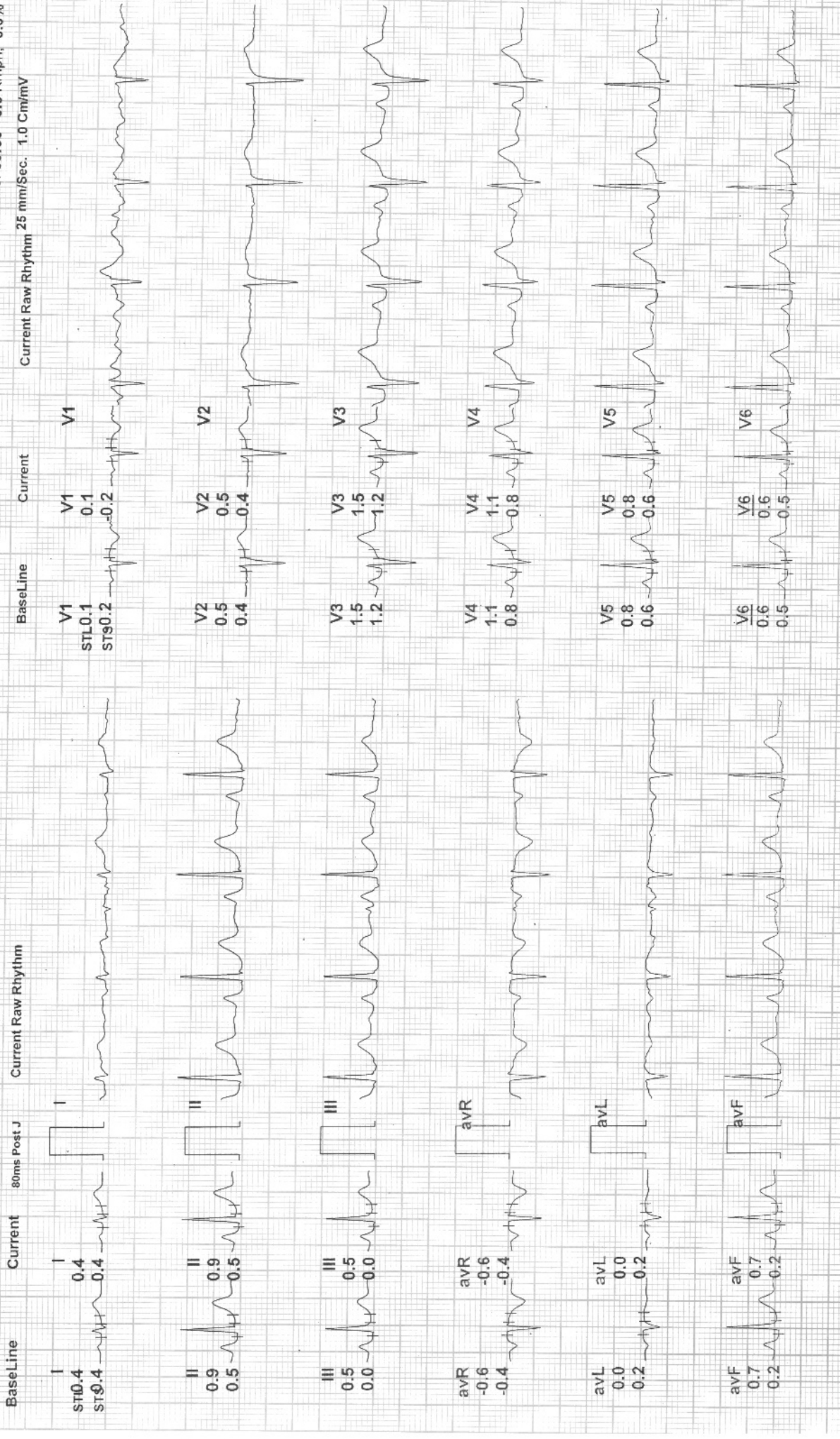
REMARKS:



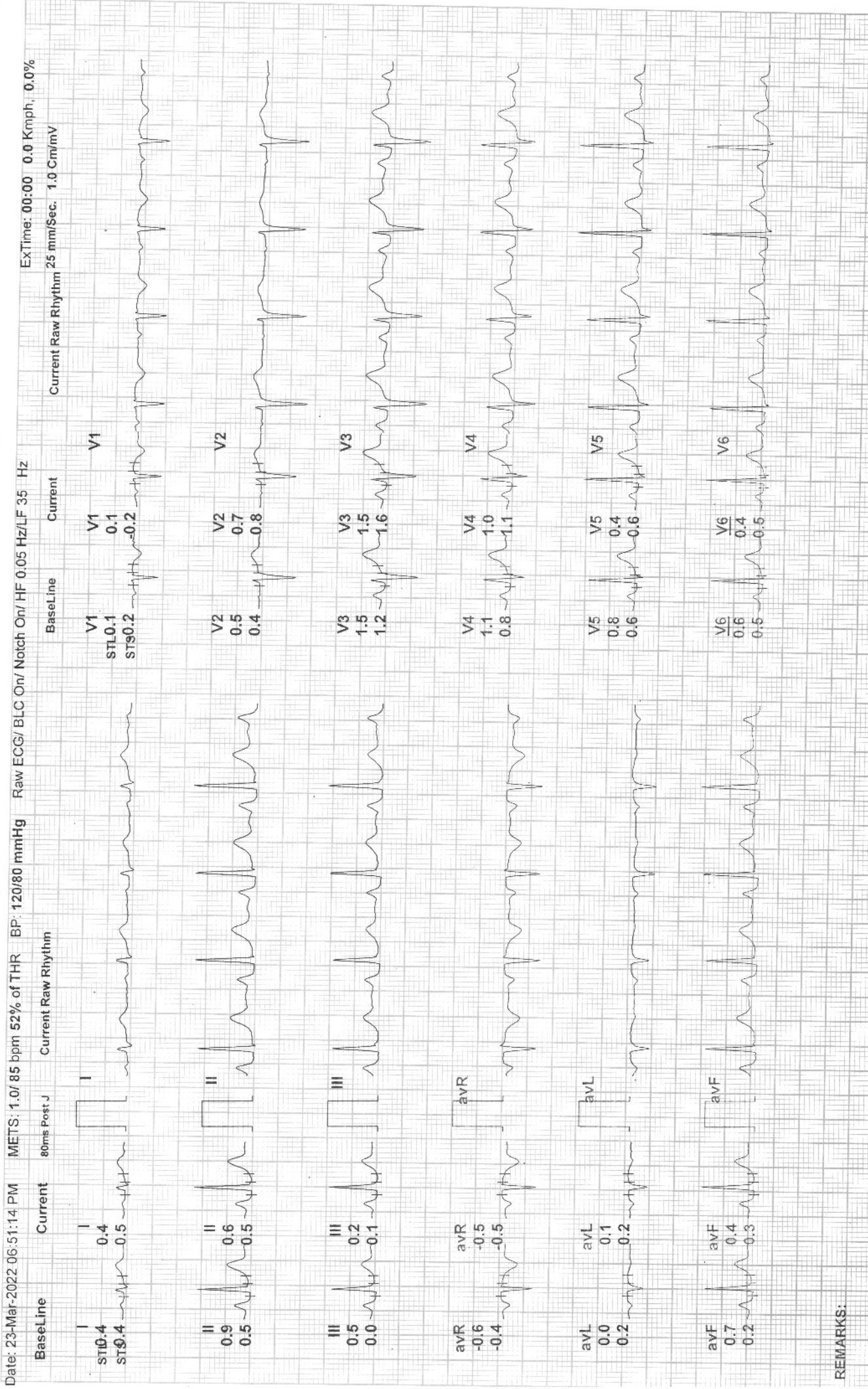
REMARKS:



Date: 23-Mar-2022 06:51:14 PM METS: 1.0/ 80 bpm 49% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz ExTime: 00:00 0.0 Kmph, 0.0%

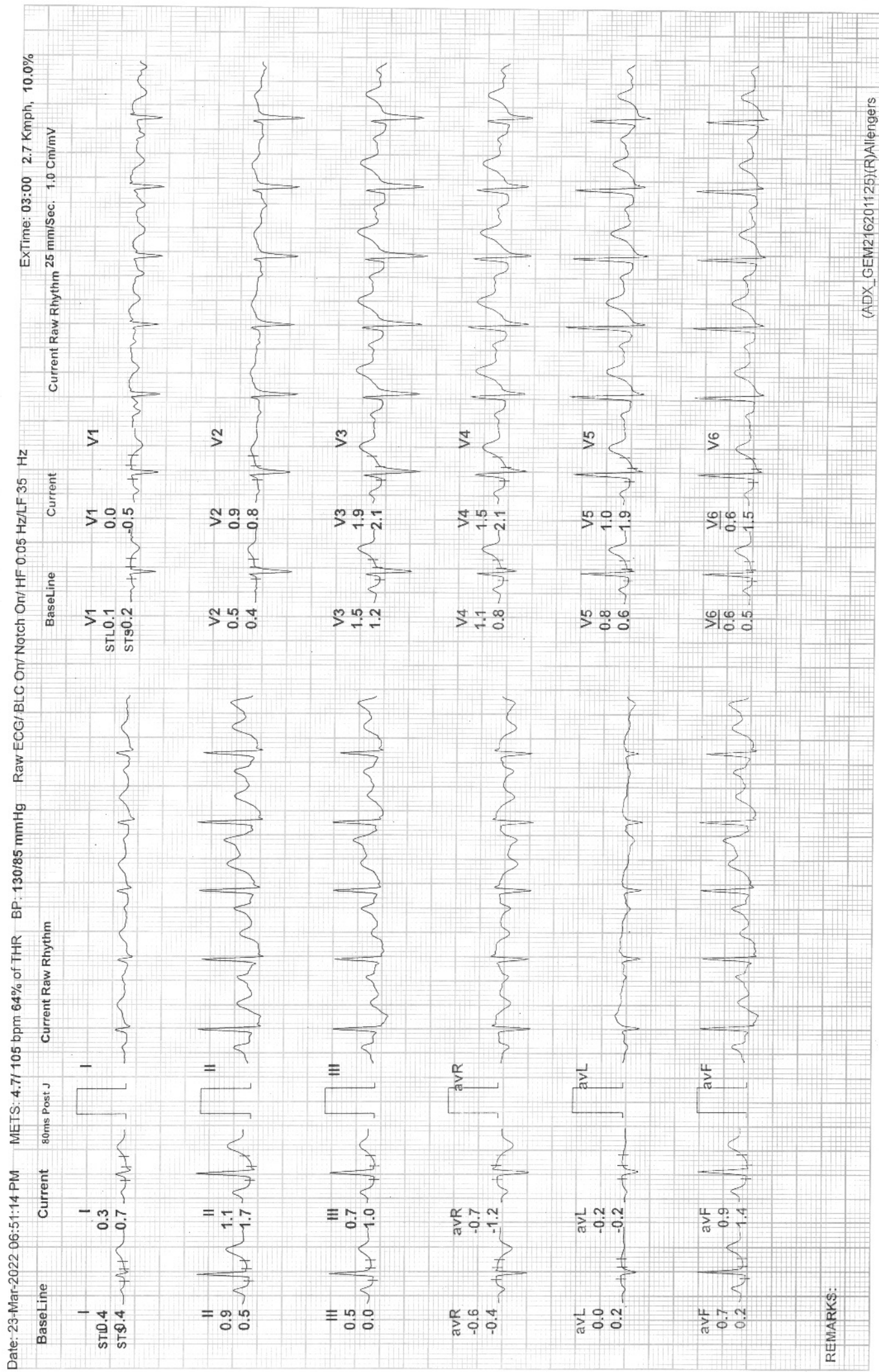


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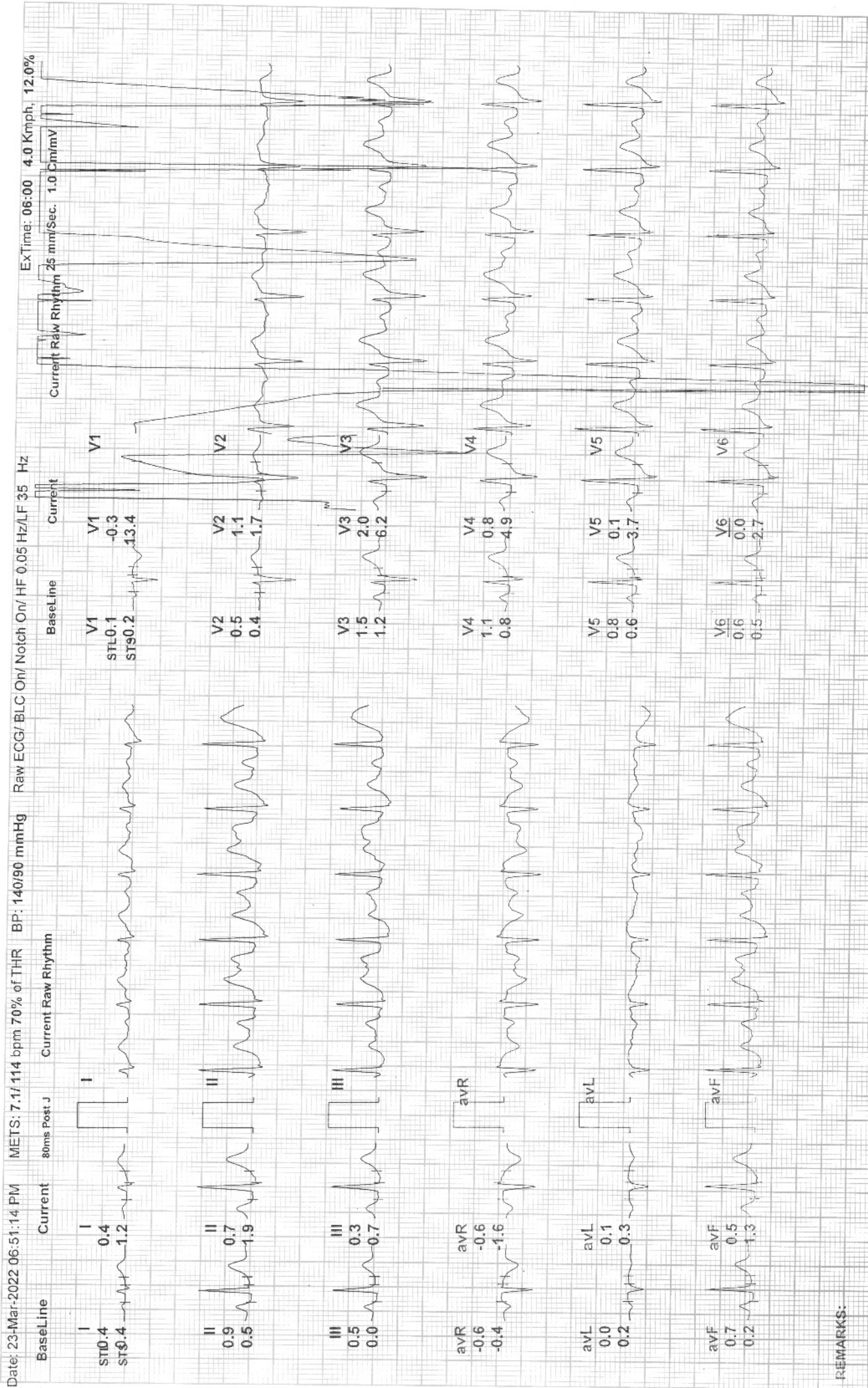


REMARKS:





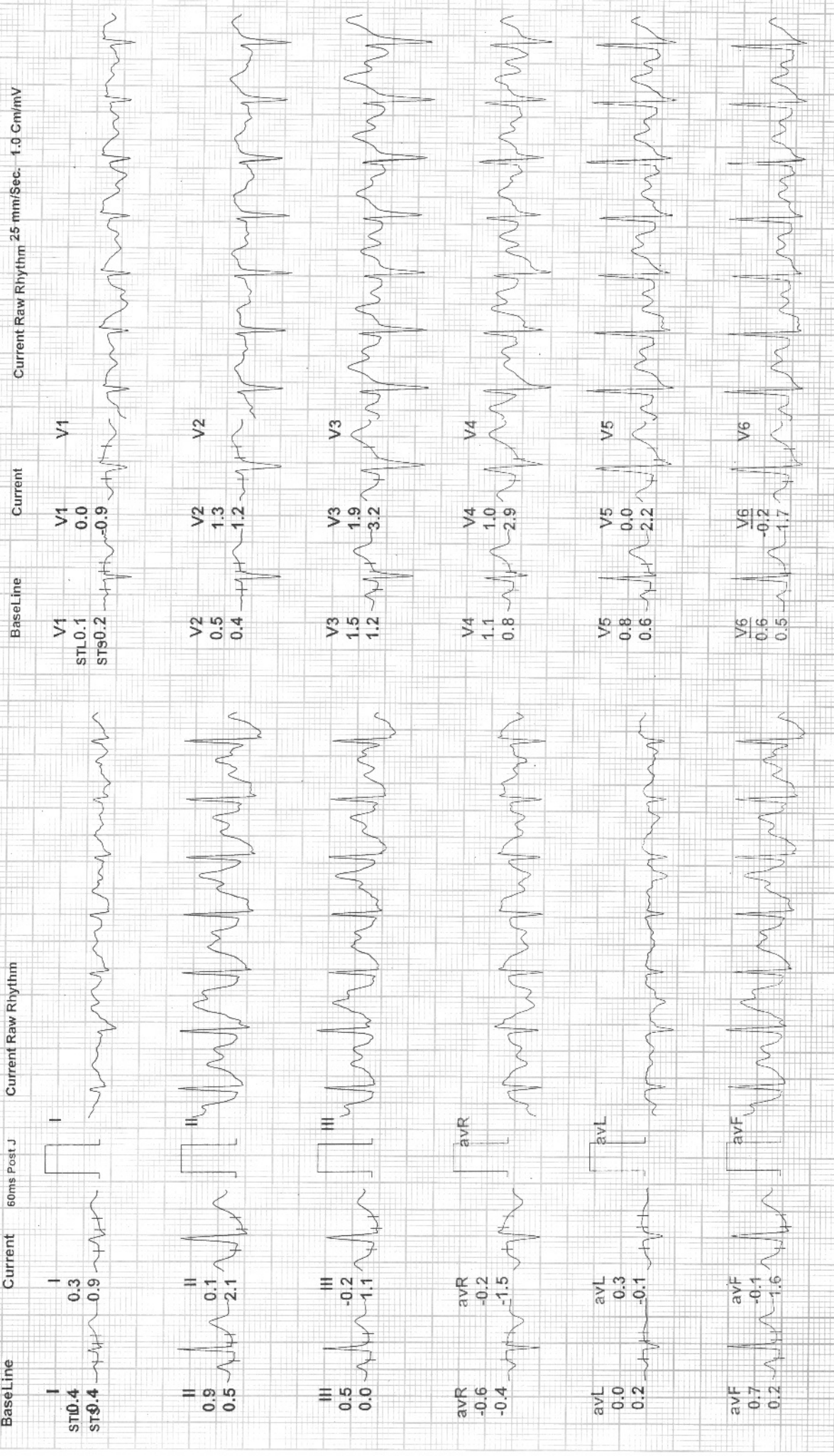
REMARKS:



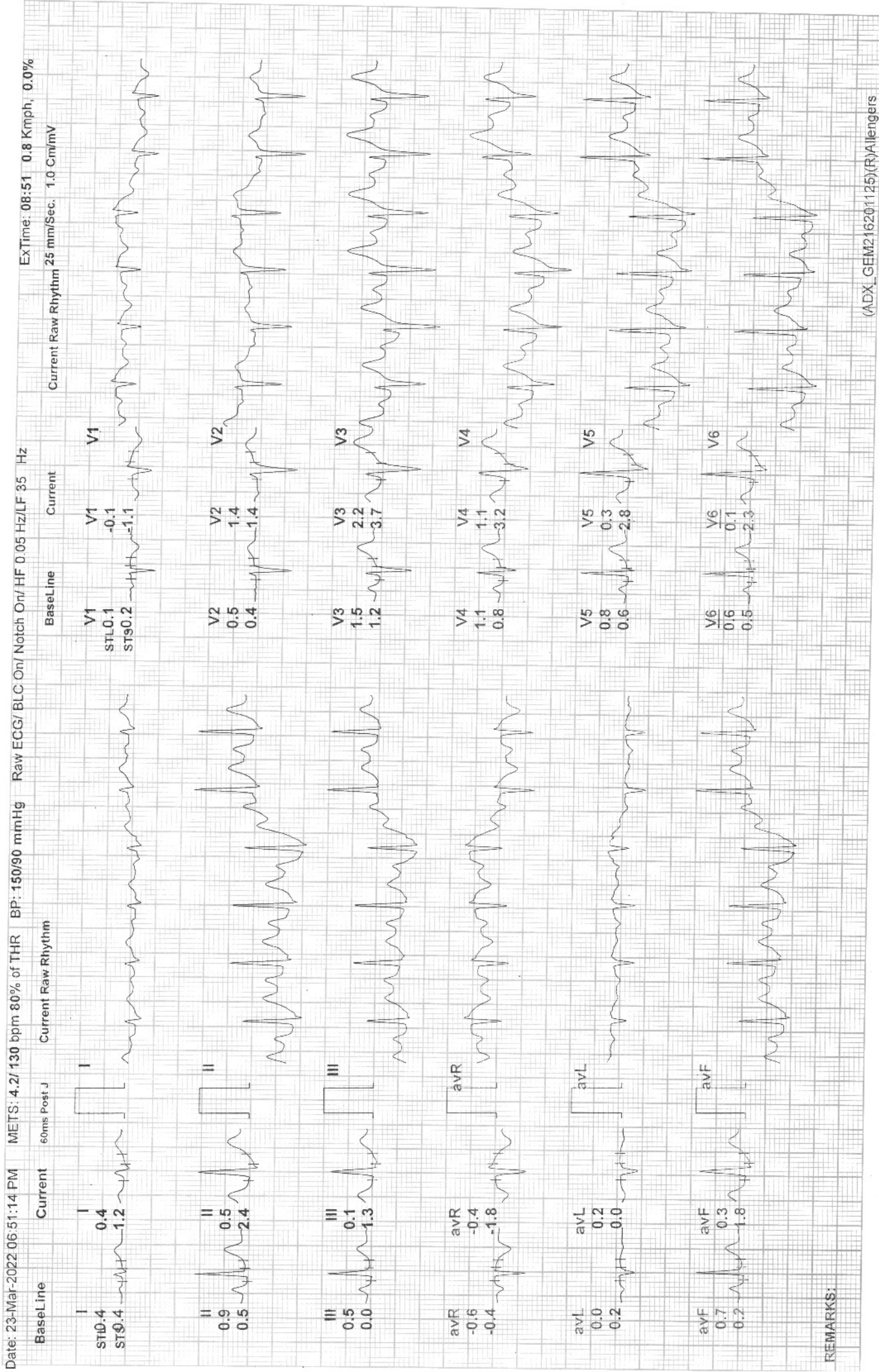
REMARKS:



Date: 23-Mar-2022 06:51:14 PM MEIS: 10.11/140 bpm 86% of THR BP: 150/90 mmHg Raw ECG/BLG On/ HF 0.05 Hz/LF 35 Hz ExTime: 08:51 - 5.5 Kmph, 14.0%



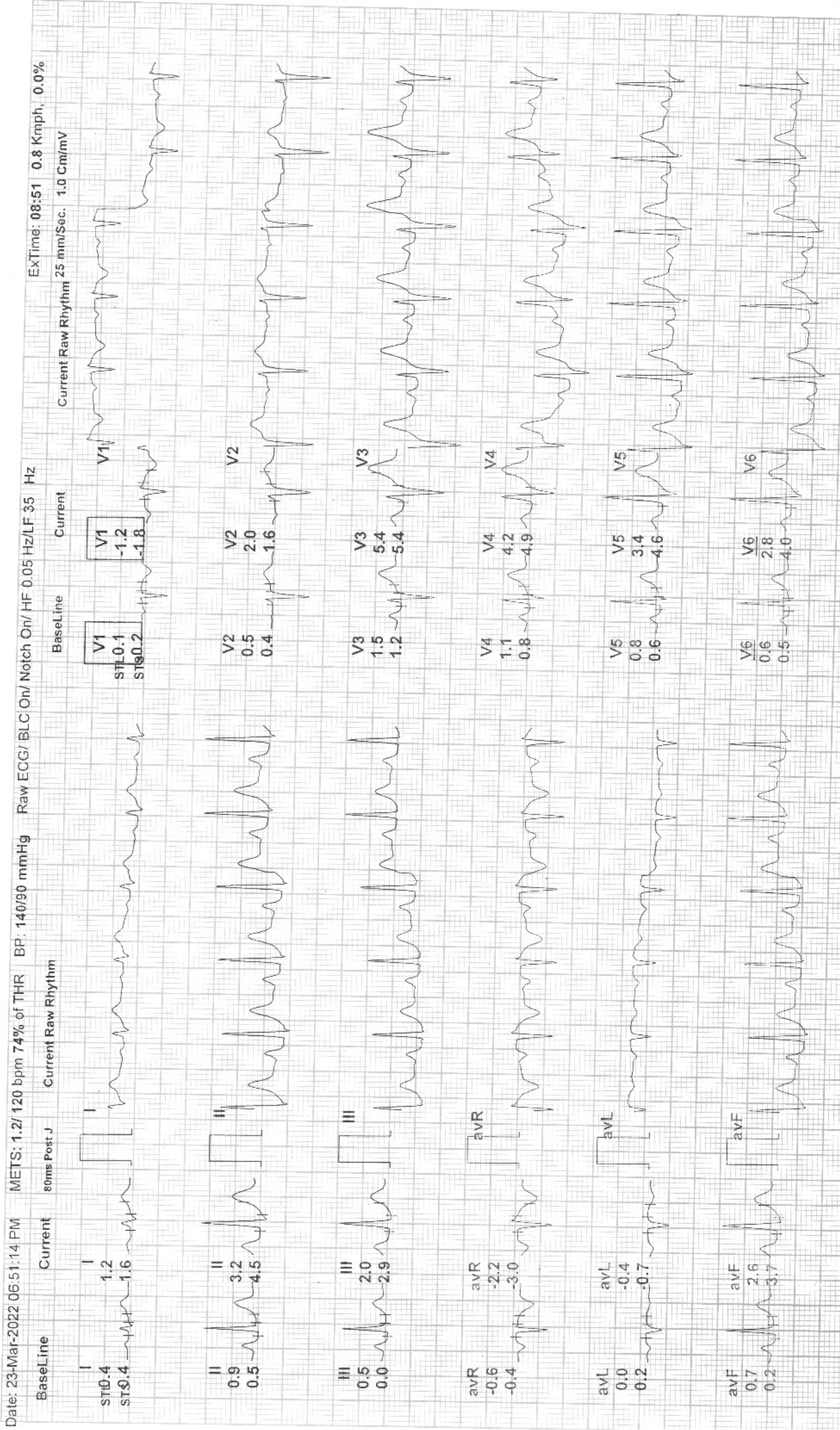
REMARKS:



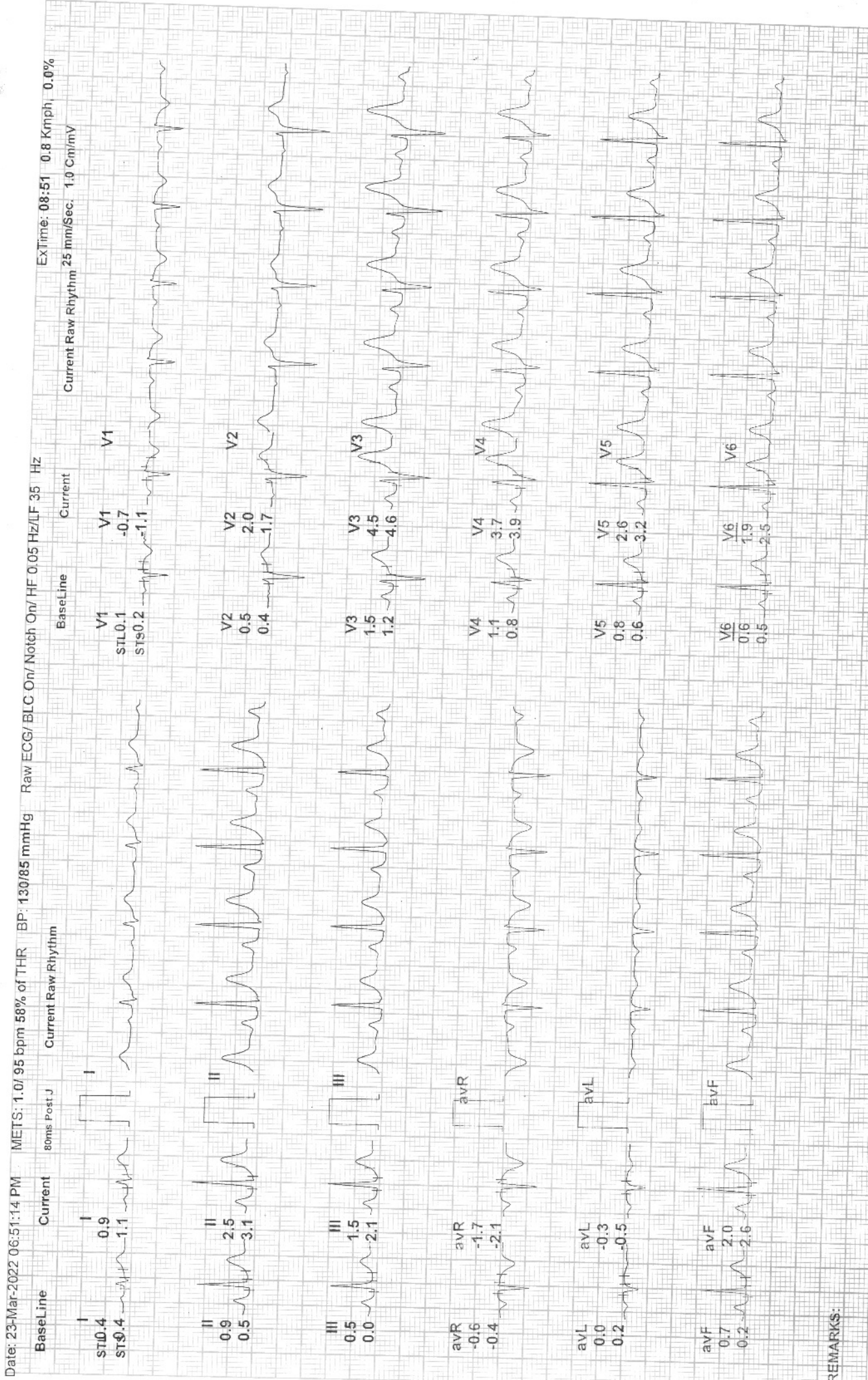
REMARKS:



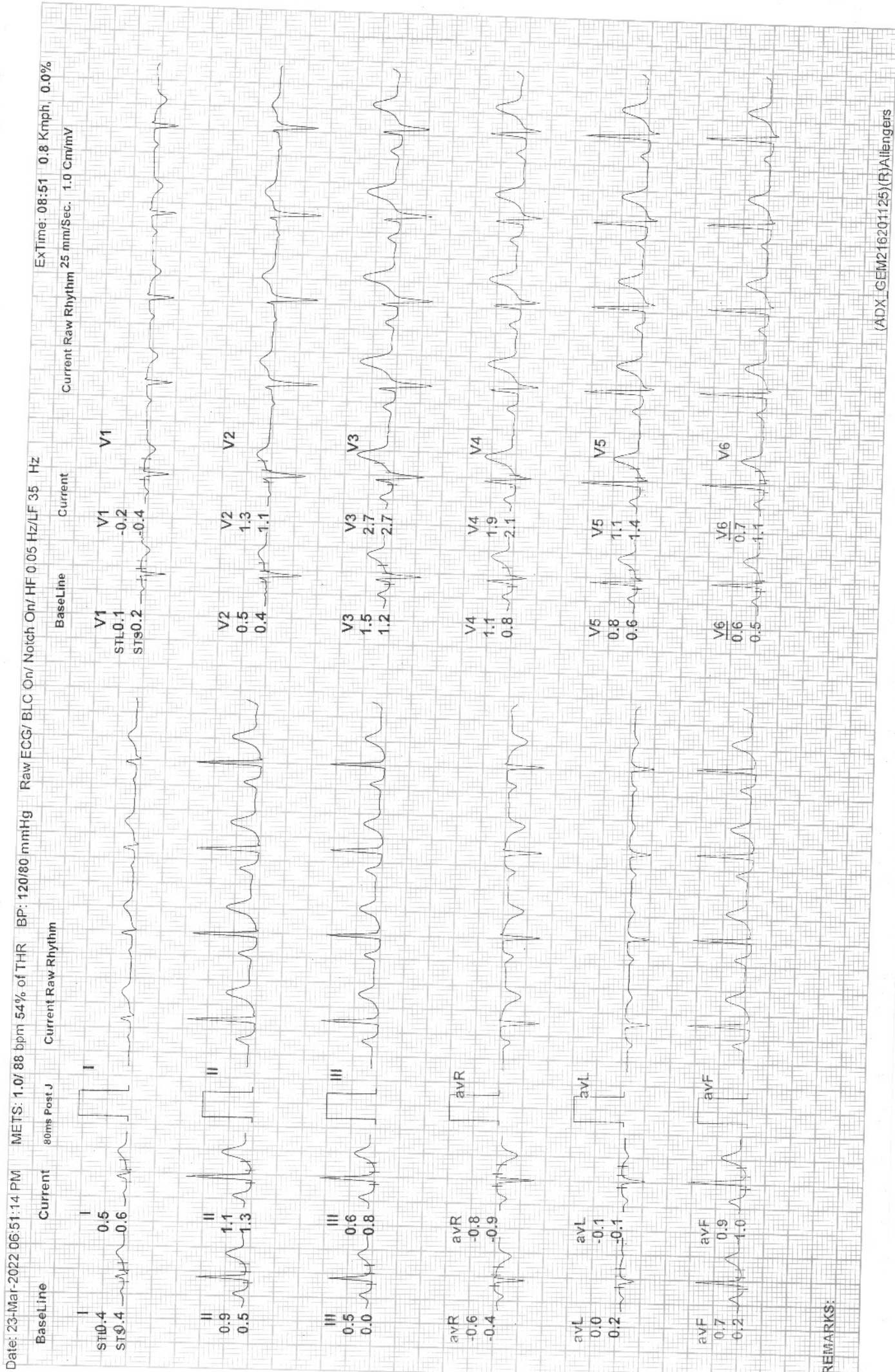
111 / MR HARIPAD DAS / 57 Yrs / M / 161 Cms / 47 Kg / HR : 120



REMARKS:



REMARKS:



REMARKS:



Date: 23-Mar-2022 06:51:14 PM

METS: 1.0/ 80 bpm 49% of THR BP: 120/80 mmHg

Raw ECG/BLG-On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExtTime: 08:51 0.8 Kmph, 0.0%  
Current Raw Rhythm 25 mm/Sec. 1.0 Cm/mV

Current Raw Rhythm

BaseLine

80ms Post J

Current Raw Rhythm

BaseLine

Current

Current Raw Rhythm

I	ST0.4
I	ST0.4
I	0.4
I	0.5



II	0.9
II	1.0
II	0.9
II	0.5



III	0.5
III	0.6
III	0.4
III	0.0



avR	-0.6
avR	-0.7
avR	-0.7
avR	-0.4



avL	0.0
avL	-0.1
avL	0.0
avL	0.2



avF	0.7
avF	0.8
avF	0.7
avF	0.2



V1	STL0.1
V1	STs0.2
V1	-0.2
V1	-0.4



V2	0.5
V2	0.4
V2	1.0
V2	0.8



V3	1.5
V3	1.2
V3	2.1
V3	2.0



V4	1.1
V4	0.8
V4	1.7
V4	1.6



V5	0.8
V5	0.6
V5	1.1
V5	1.2



V6	0.6
V6	0.5
V6	0.7
V6	0.9



REMARKS:



**PATIENT NAME:- MR.DAS HARIPAD**  
**REF BY :- SELF**

**AGE/SEX:-57 YRS/M**  
**DATE:-22.03.2022**

**USG ABDOMEN**

**Liver:** Liver is normal in size, smooth in outline with normal 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 in size and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.60X4.30cm	10.30X4.40cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	NIL	4.94X4.51 cm size cortical cyst at midpole

**Urinary bladder.-** Distended & normal. Shows normal uniform wall thickness with smooth inner margin.

**Prostate:** is normal in size measures weight 18.70 gm shape & echotexture.

**Minimal free fluid in pelvis.**

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

**IMPRESSION:**

- **BOSNIAK CLASS-II LEFT RENAL CORTICAL CYST .**

**Advised clinical correlation/further evaluation if clinically indicated.**

