

NAME OF PATIENT: MR. IRFAN RAIIEES

AGE 32YRS / MALE

REFERRED BY: BOB

DATE: 17/11/2023.

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.



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

MR IRFAN RAIIEES
Male 32YRS
17-11-2023 09:48:31

ID: 129
MR IRFAN RAIBES
Male 32Ycars

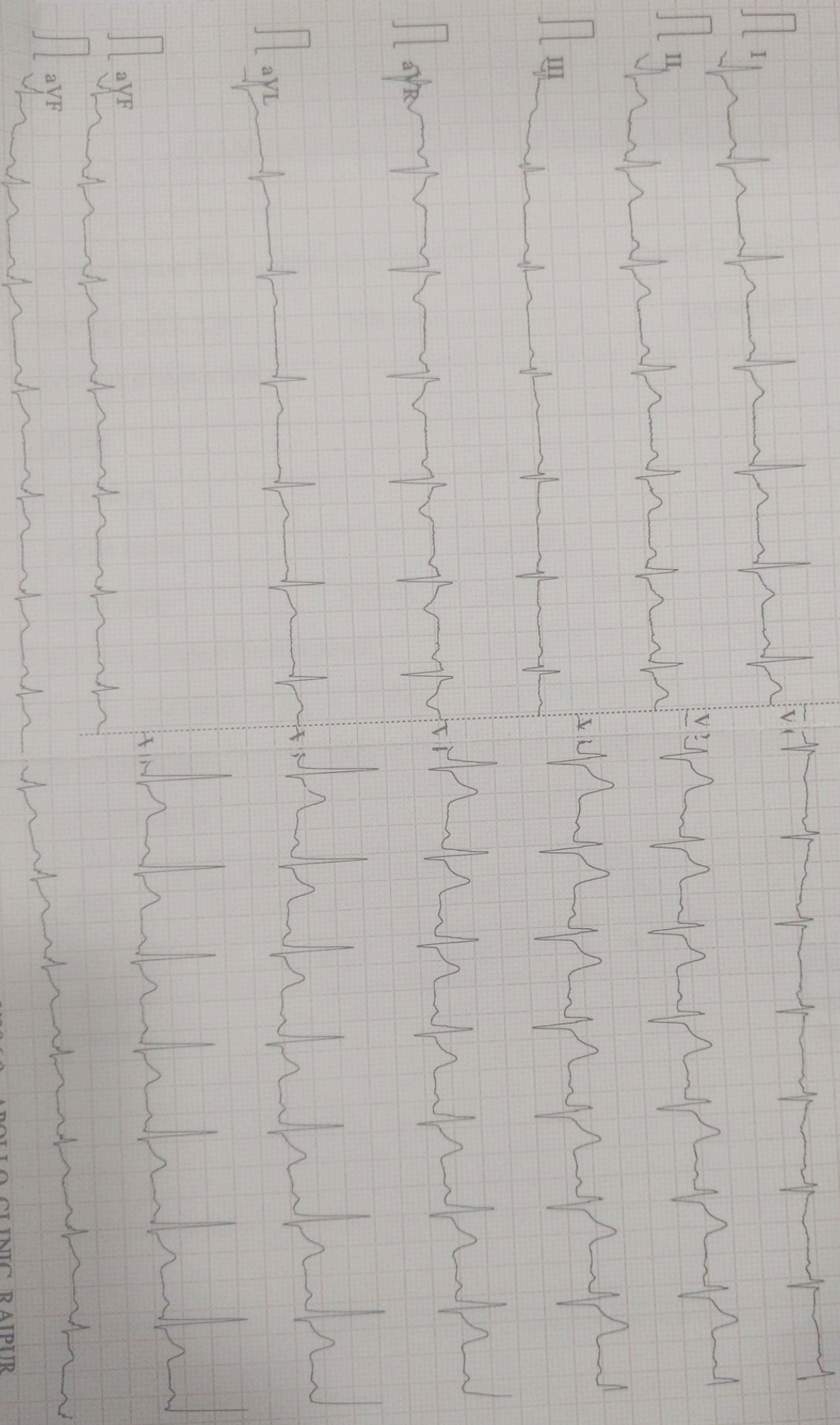
17-11-2023 09:48:21 AM
HR : 84 bpm
P : 108 ms
PR : 142 ms
QRS : 98 ms
QT/QTc : 354/419 ms
P/QRS/T : 51/42/41 °
RV5/SV1 : 1.301/0.459 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



Dr. Ankit Sharma
MD Medicine
Reg. No. - CGMC 7671/12018
Apollo Clinic, Raipur



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Jagan Raies

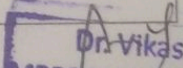
Date 17.11.23

Sex/Age 32.7/M

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>WNL</u> (LE):- <u>WNL</u>				
INDIVIDUAL COLOUR IDENTIFICATION <u>Good</u>				
DISTANT VISION:(RE):- <u>6/60 E G 6/6</u> (LE):- <u>6/60 E G 6/6</u>				
NEAR VISION:(RE):- <u>Ng</u> (LE):- <u>Ng</u>				
NIGHT BLINDNESS <u>NAD</u>				
	SPH	CYL	AXIS	ADD
RIGHT	<u>-2.25</u>	<u>-0.50</u>	<u>90'</u>	
LEFT	<u>-2.25</u>	<u>-0.50</u>	<u>90'</u>	
REMARKS :-				


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



Patient Name : MR IRFAN RAIEES
UHID/ MR No : 7586
Visit Date : 17/11/2023
Sample Collected On : 17/11/2023 01:16PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 17/11/2023 02:25PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	14.2	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.18	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	42.60	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	82.2	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	27.4	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	12.4	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.68	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	57	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	33	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	04	%	1-6%
Monocytes	06	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
path

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Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR IRFAN RAIEES
UHID/ MR No : 7586
Visit Date : 17/11/2023
Sample Collected On : 17/11/2023 01:16PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 17/11/2023 02:25PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	144	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren`s Method	10	mm /HR	0 - 10

Blood Group (ABO Typing)

Blood Group (ABO Typing) : O
RhD factor (Rh Typing) : POSITIVE

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Results are to be corelated clinically

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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0771 4033341/42

Patient Name : MR IRFAN RAIEES
UHID/ MR No : 7586
Visit Date : 17/11/2023
Sample Collected On : 17/11/2023 01:16PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Male
OP Visit No : OPD-UNIT-II-4
Reported On : 17/11/2023 02:25PM

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

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 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%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflam
- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 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%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - 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.
 - To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \cdot A1c - 46.7$
 - Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state dete

End of Report
Results are to be correlated clinically

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Patient Name : MR IRFAN RAIEES
UHID/ MR No : 7586
Visit Date : 17/11/2023
Sample Collected On : 17/11/2023 01:16PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 17/11/2023 02:25PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	146.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	108.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.98	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.6	mg/dL	2.6 - 7.2

End of Report

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Patient Name : MR IRFAN RAIEES
UHID/ MR No : 7586
Visit Date : 17/11/2023
Sample Collected On : 17/11/2023 01:16PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 17/11/2023 02:25PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	156.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	140.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	45.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	83	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	28	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.47		3.5-5
Method: Spectrophotometric			

End of Report

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M.D. PATHOLOGY

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Patient Name : MR IRFAN RAIEES
UHID/ MR No : 7586
Visit Date : 17/11/2023
Sample Collected On : 17/11/2023 01:16PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 32 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 17/11/2023 02:25PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.7	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.50	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	35	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	44	U/L	0 - 41
ALKALINE PHOSPHATASE	105	U/L	25-147
Total Proteins Method: Spectrophotometric	6.9	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.6	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.0	%	1.1 - 2.2

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Mr. Irfan Raiees



Patient Name : Mr.IRFAN RAIEES	Collected : 17/Nov/2023 01:31PM
Age/Gender : 32 Y 0 M 0 D /M	Received : 17/Nov/2023 01:51PM
UHID/MR No : DSUS.0000005561	Reported : 17/Nov/2023 03:32PM
Visit ID : DSUSOPV6430	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)	1.4	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	9.80	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.620	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

*** End Of Report ***

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

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 Ref. Doctor : SELF
 Sponsor Name :
 Age/Gender : 32 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 17/11/2023 02:25PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		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	2-4	/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

Lab Technician / Technologist
path



115 / MR IRFAN / 32 Yrs / M / 174 Cms / 81 Kg Date: 17-Nov-2023

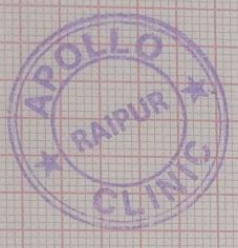
Stage	Time	Duration	Belt Speed (Kmph)	Elevation	METs	Rate	% THR Achieved	BP	PPp	PVC	Comments
Standing	00:16	0:01	00.0	00.0	01.0	106	56%	120/80	127	00	
ExStart	00:21	0:06	02.7	10.0	01.1	94	50%	120/80	112	00	
BRUCE Stage 1	03:21	3:00	02.7	10.0	04.7	140	74%	122/82	170	00	
PeakEx	05:12	1:51	04.0	12.0	06.2	163	87%	128/88	208	00	
Recovery	05:41	0:29	00.0	00.0	01.8	152	81%	128/88	194	00	
Recovery	06:11	1:00	00.0	00.0	01.0	138	73%	128/88	176	00	
Recovery	06:54	1:42	00.0	00.0	01.0	125	66%	124/84	155	00	

Findings :

- Exercise Time : 04:52
- Max HR Attained : 163 bpm 87% of Target 188
- Max BP Attained : (Sys) 128/88
- Max Workload Attained : 6.2 Fair response to induced stress
- Test End Reasons : Test Complete, Heart Rate Achieved

Report :

STRESS TEST IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY.



Doctor : DR DEEPAN DAS MBBS DIP.CARDIO

Allengers

115 / MR / RFAN / 32 YRS / M / 174 Cms / 81 Kg / HR : 106

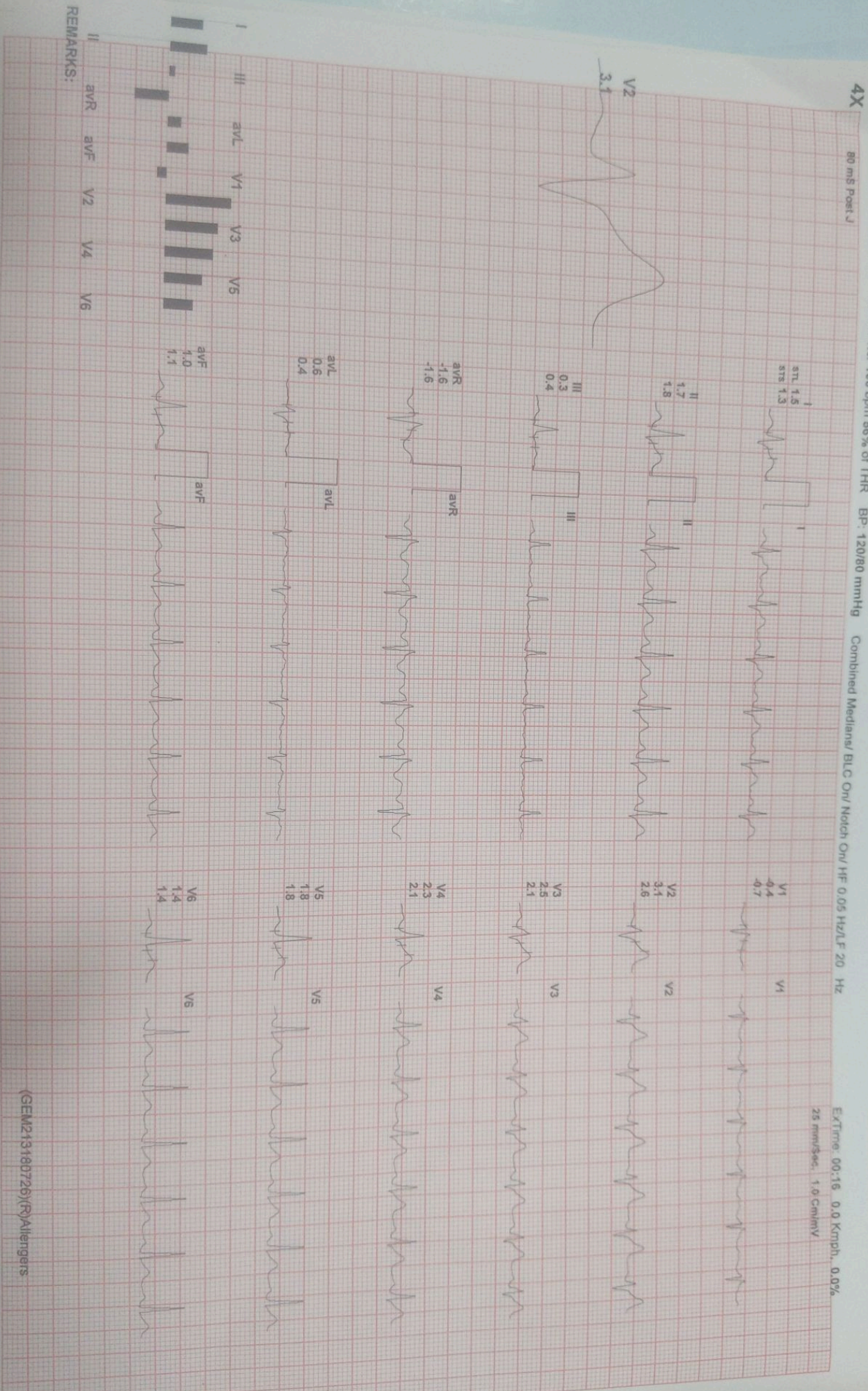
Date: 17-Nov-2023 10:13:40 AM METS: 1.0/ 106 bpm 56% of THR BP: 120/80 mmHg

80 mV Post J Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

Standing



EXTIME: 00:16 0.0 Km/h, 0.0%
25 mm/Sec, 1.0 Cm/mV



REMARKS:

(GEM213180726)(R)Allengers

Allengers

115 / MR IRFAN / 32 Yrs / M / 174 Cms / 81 Kg / HR : 94

Date: 17-Nov-2023 10:13:40 AM METS: 1.1/ 94 bpm 50% of THR BP: 120/80 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

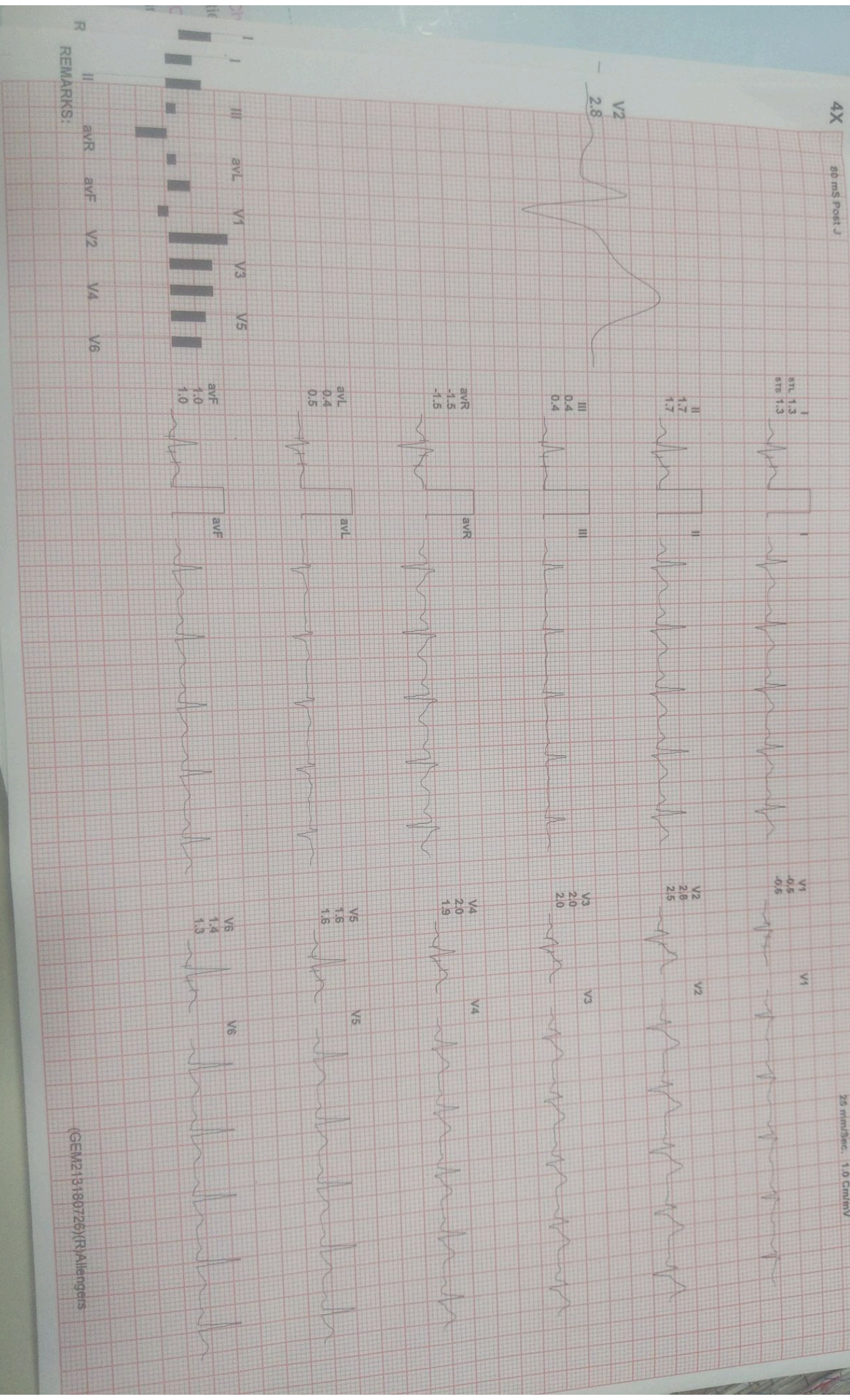
4X

80 ms Post J

EXStart



ExTime: 00:06 2.7 Km/h 10.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM213180725)(R)Allengers

-w/o Sonography test in

Allengers

115 / MR IRFAN / 32 Yrs / M / 174 Cms / 81 Kg / HR : 140

BRUCE: Stage 1(3:00)

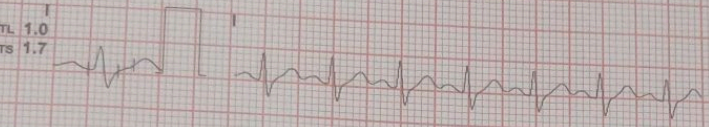


Date: 17-Nov-2023 10:13:40 AM METS: 4.7/ 140 bpm 74% of THR BP: 122/82 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

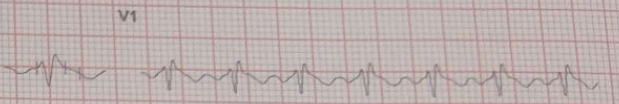
ExTime: 03:00 2.7 Kmph, 10.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J

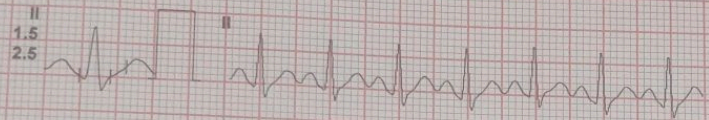
I
STL 1.0
STS 1.7



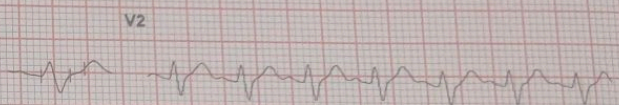
V1
-0.6
-1.4



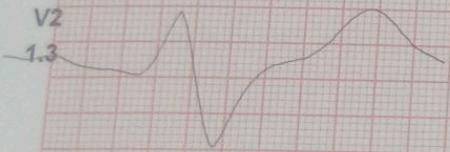
II
1.5
2.5



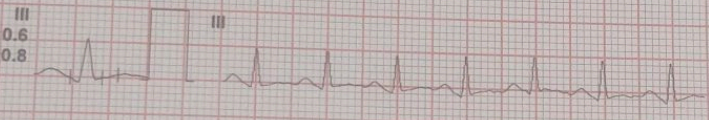
V2
1.3
1.8



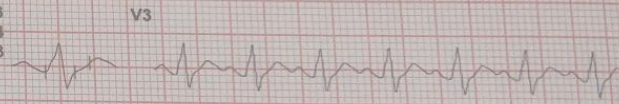
V2
1.3



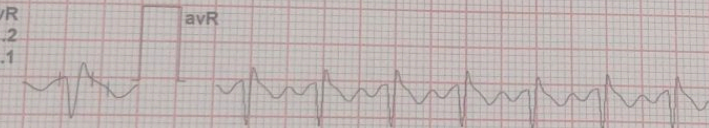
III
0.6
0.8



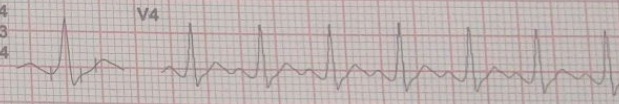
V3
1.4
2.3



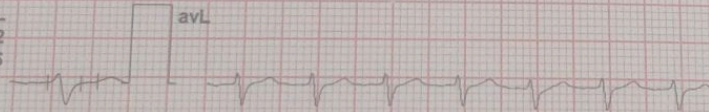
avR
-1.2
-2.1



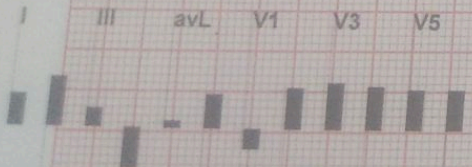
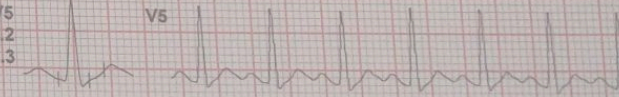
V4
1.3
2.4



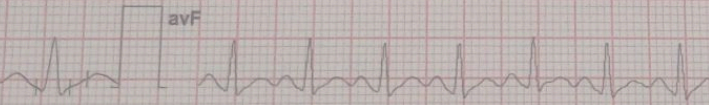
avL
0.2
0.5



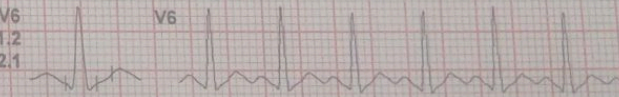
V5
1.2
2.3



avF
1.0
1.7



V6
1.2
2.1



II avR avF V2 V4 V6

REMARKS:

Allengers

115 / MR IRFAN / 32 Yrs / M / 174 Cms / 81 Kg / HR : 163

Date: 17-Nov-2023 10:13:40 AM

METS: 6.2/ 163 bpm 86% of THR BP: 128/88 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

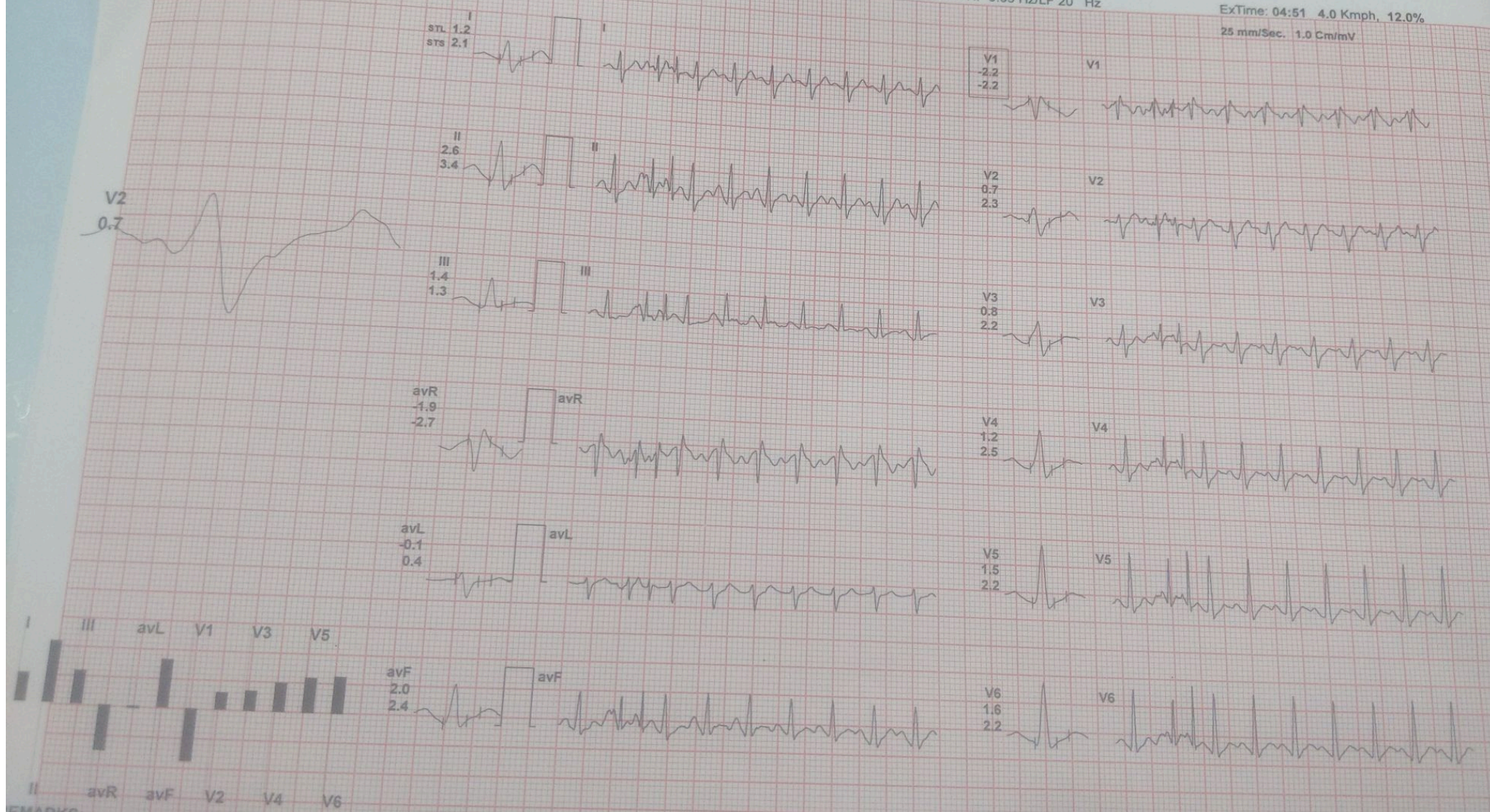
PeakEx



ExTime: 04:51 4.0 Kmph, 12.0%

25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:

(GEM213180726)(R)Allengers

skip Sonography
check-up

Allengers

115 / MR IRFAN / 32 Yrs / M / 174 Cms / 81 Kg / HR : 152

Recovery(0:29)

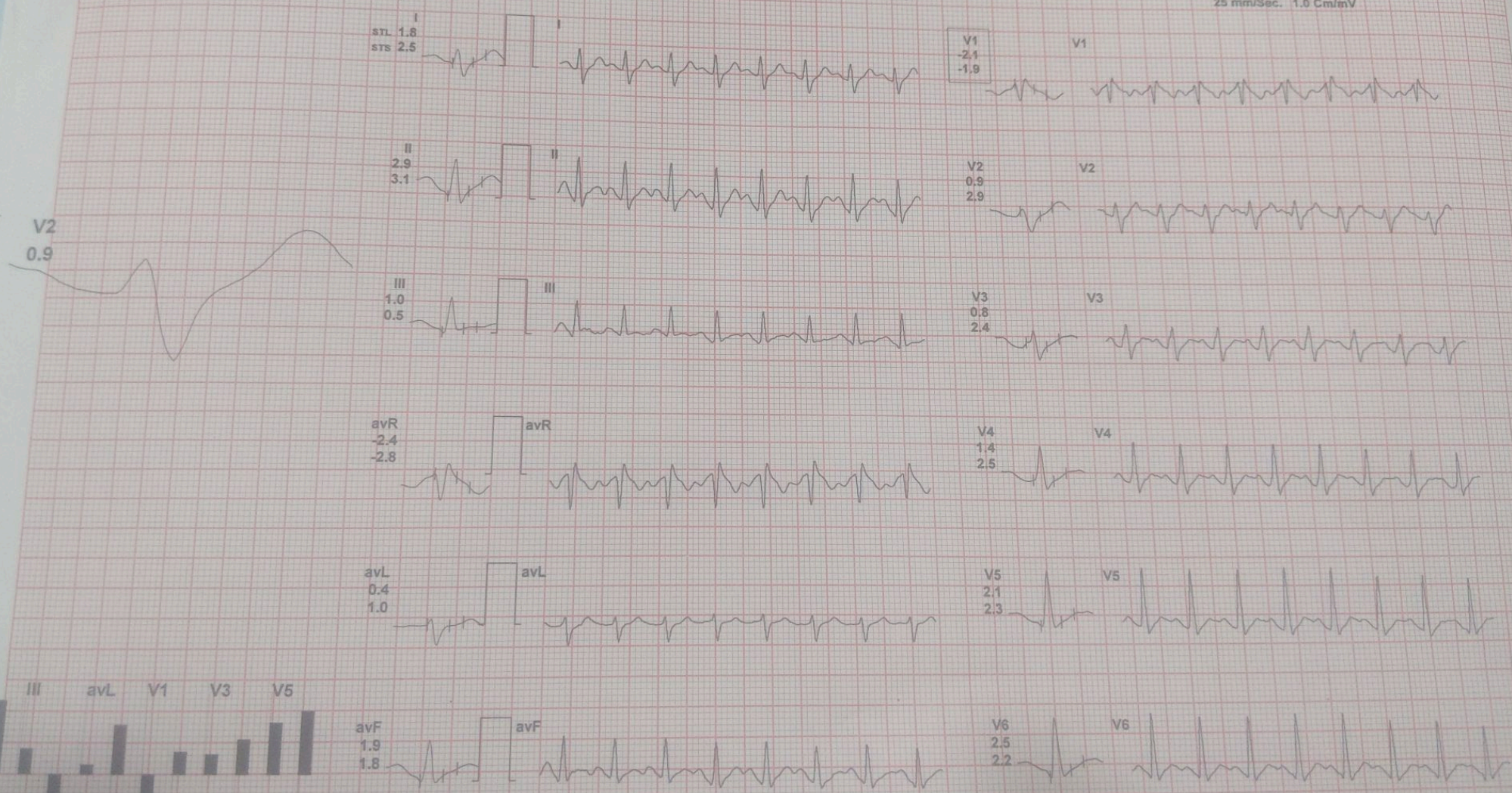


Date: 17-Nov-2023 10:13:40 AM METS: 1.8/ 152 bpm 80% of THR BP: 128/88 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 04:52 0.0 Kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X

60 mS Post J



REMARKS:

Allengers

115 / MR IRFAN / 32 Yrs / M / 174 Cms / 81 Kg / HR : 138

Recovery(1:00)



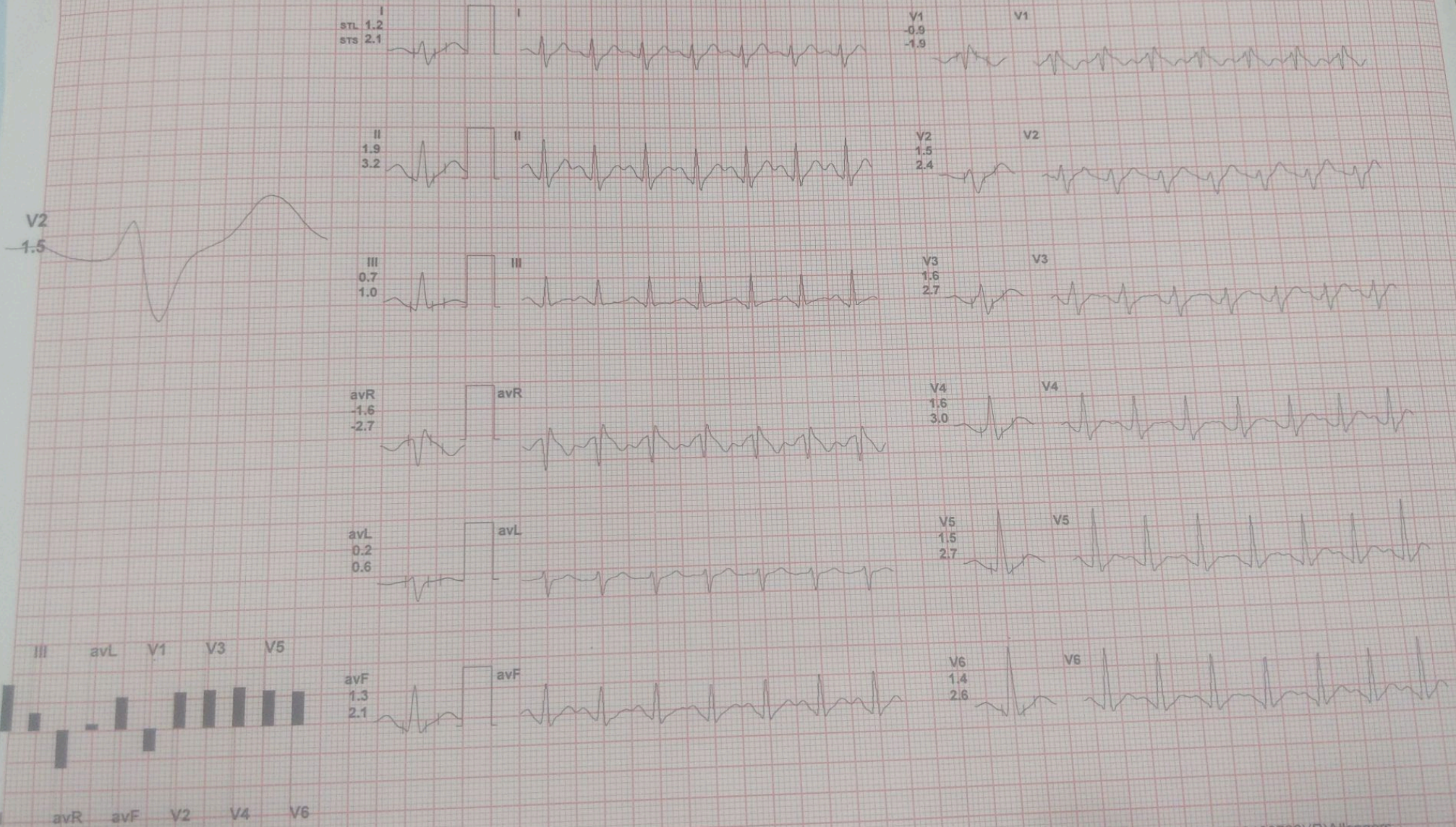
Date: 17-Nov-2023 10:13:40 AM METS: 1.0/ 138 bpm 73% of THR BP: 128/88 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 04:52 0.0 Kmph. 0.0%

4X

60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM213180726)(R)Allengers

Allengers

115 / MR IRFAN / 32 Yrs / M / 174 Cms / 81 Kg / HR : 125

Date: 17-Nov-2023 10:13:40 AM

METS: 1.0/ 125 bpm 66% of THR

BP: 124/84 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/AF 20 Hz

Recovery(1:42)



EXTime 04:52 0.0 Km/h 0.0%
25 min/Sec 1.0 Cm/Min

4X 70 ms Post J

STL 1.5
STR 2.0

II 3.0
3.5

III 1.5
1.5

aVR -2.3
-2.7

aVL 0.0
0.2

aVF 2.3
2.5

V1 -1.6
-2.0

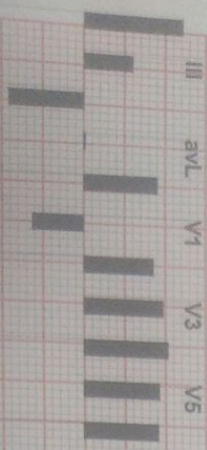
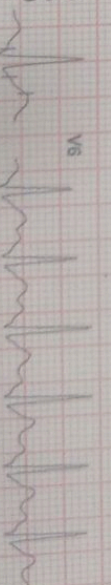
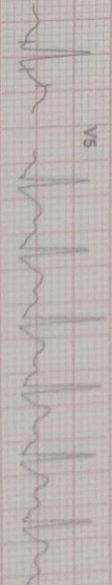
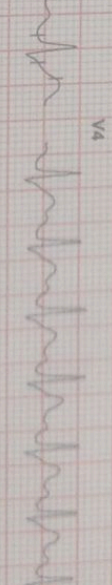
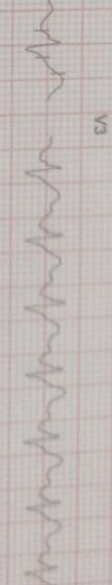
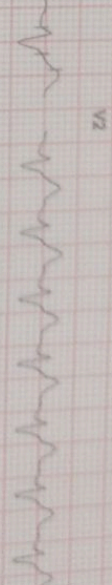
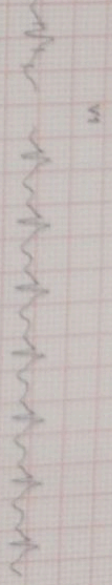
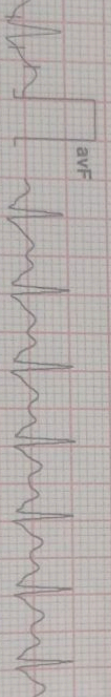
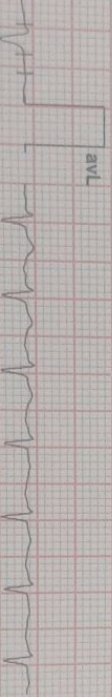
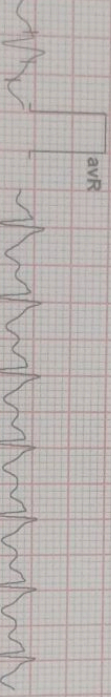
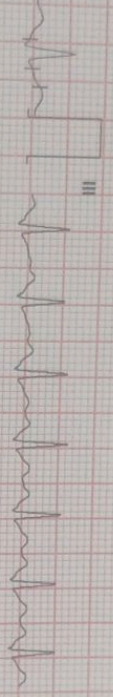
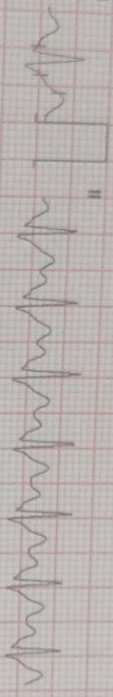
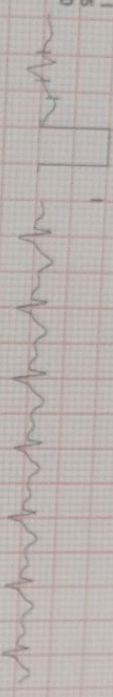
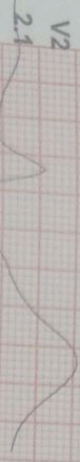
V2 2.1
2.7

V3 2.4
3.1

V4 2.6
3.3

V5 2.3
3.1

V6 2.3
2.9



II aVR aVL aVF V1 V2 V3 V4 V5 V6

(GEM213180726)(R)Allengers

Mr. Jagan. Raies.

To
Bank of Baroda

Subject - skip Sonography test in mandatory
health check-up.

Sir,
I, Jagan Raies, inform you have already
done test Sonography recently so that
this is not require for me again
in short duration.

Jagan Raies

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

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