

PATIENT NAME:- MR. DEWLOO SAHU
REF BY :- BOB

AGE/SEX:- 48YRS/M
DATE:-22.07.2023

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	8.78X4.45cm	10.84X4.87cm
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. shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

USG abdomen within normal limits.

Advised clinical correlation/further evaluation if clinically indicated.



(Handwritten signature)

DR. ANIL WASTI
SONOLOGIST REG.NO. CGMC-1471

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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22/07/23

Dew 100 Sahy

487rM

c/o

Tremmuru

↓
Pramipex ER (0.75) x ODHS x 1 mth
Colosthain ta x ADPC x 1 mth
Vitacia 4g x ODPC x 1 mth
Neuralto OD x ODHS x 1 mth



DR. B.B. KUMAR
MBBS, MD (Medicine) FIPM,
Fellowship in Rheumatology
(John Hopkins USA)
Consultant dept. of Rheumatology



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Dr. Sweety Lath

BDS (Cosmetic Dental Surgeon)



Dr. Vivek Lath

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

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Mr. Dewloo Sahu
48/M

22/7/23

Pt has come for routine dental checkup.

O/E → Stains +++
Calculus +
Generalised Attention

Adv → Complete Oral Prophylaxis



1
2

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AGE: 48YRS/MALE

REFERRED: BOB

DATE: 22/07/2023

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-2324/2009
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

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EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Dewlooo sahu

Date 22/08/23

Sex/Age 48 Y / M

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		No		
NYSTAGMUS		H. Nystagmus		
COLOUR VISION		NORMAL		
FUNDUS:(RE):-		<u>WNL</u>	(LE):-	<u>WNL</u>
INDIVIDUAL COLOUR IDENTIFICATION		<u>Good</u>		
DISTANT VISION:(RE):-		<u>6/6</u>	(LE):-	<u>6/6</u>
NEAR VISION:(RE):-		<u>N6</u>	(LE):-	<u>N6</u>
NIGHT BLINDNESS		<u>NAD</u>		
	SPH	CYL	AXIS	ADD
RIGHT	<hr/>			
LEFT				
REMARKS :-				



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

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PATIENT DETAILS

NAME:	DEWLOO SAHU	REFERENCE NO:	RWUDTPSH0410438
D / S / W O:		Age:	48 Yr
Address:	RAIPUR	Contact No:	
Sample received on:	22/07/2023 @ 14:00	Reported on:	22/07/2023 @ 17:20
Repeat Sample, if any:	NA	Reported on:	NA
Referred by:	APOLLO CLINIC	Hospital / Lab ID:	APOLLO CLINIC
		STATUS:	FINAL
		STATUS:	FINAL

HORMONAL ASSAY

Test	Specimen	Result	Units	Reference Range
#Thyroid Panel, TFT, TOTAL:				
• Triiodothyronine, T3	Blood, Serum	1.27	ng / ml	0.87 – 1.78
• Thyroxine, T4	"	8.06	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, TSH	"	3.80	µU / ml	0.4 – 5.0

Indicative Interpretation:

TSH	Free T4	Free or total T3	Probable Inference
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or Normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Non-thyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome

Apollo Clinic
Lab Incharge

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Dr Mritunjai Saraf
MD Pathology, Consultant Pathologist

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(end of report)

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Repeat Sample, if any:	NA	Reported on:	NA
Referred by:	APOLLO CLINIC	Hospital / Lab ID:	APOLLO CLINIC
		STATUS:	FINAL
		STATUS:	FINAL

BIOCHEMISTRY

Test	Specimen	Result	Units	Reference Range
# Prostate Specific Antigen (PSA), Total, TPSA	Blood, Serum	0.88	ng / ml	< 4.00

COMMENTS:

Prostate specific antigen (PSA) is a protein produced primarily by cells in the prostate, a small gland in males that encircles the urethra and produces a fluid that makes up part of semen. Most of the PSA that the prostate produces is released into this fluid, but small amounts of it are also released into the blood. PSA exists in two main forms in the blood: complexed (cPSA, bound to other proteins) and free (fPSA, not bound). The most frequently used PSA test is the total PSA, which measures the sum of cPSA and fPSA in the blood.

The PSA test may be used as a tumor marker to screen for and to monitor prostate cancer. The goal of screening is to detect prostate cancer while it is still confined to the prostate. However, most experts agree that screening should be done on asymptomatic men only after thorough discussions with their healthcare practitioners on the benefits and risks and after informed decisions are made to undergo screening. Elevated blood levels of PSA are associated with prostate cancer, but they may also be seen with inflammation of the prostate (prostatitis) and benign prostatic hyperplasia (BPH). PSA levels tend to increase in all men as they age, and men of African American heritage may have levels that are higher than other men, even at earlier ages.

% Probability of detecting Prostate cancer on a needle biopsy:

Free : total PSA ratio	50 – 59 years	60 – 69 years	70 years and older
< = 0.10	49%	58%	65%
0.11 – 0.18	27%	34%	41%
0.19 – 0.25	18%	24%	30%
> 0.25	9%	12%	16%

<https://neerlogistics.blogspot.in/2021/07/PSAFT>



Patient Name : MR DEWLOO SAHU
UHID/ MR No : 5544
Visit Date : 22/07/2023
Sample Collected On : 22/07/2023 01:09PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y, Male
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	16.2	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.21	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	48.60	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	93.3	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	31.1	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	13.5	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.74	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	57	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	34	%	15.0 - 45.0
Monocytes	06	%	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 correlated clinically

Lab Technician / Technologist
path



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UHID/ MR No : 5544
Visit Date : 22/07/2023
Sample Collected On : 22/07/2023 01:09PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y. Male
OP Visit No : OPD-UNIT-II-1
Reported On : 22/07/2023 03:32PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	249	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 correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Sample Collected On : 22/07/2023 01:09PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM

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) : B
RhD factor (Rh Typing) : POSITIVE

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

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Patient Name : MR DEWLOO SAHU
UHID/ MR No : 5544
Visit Date : 22/07/2023
Sample Collected On : 22/07/2023 01:09PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y. Male
OP Visit No : OPD-UNIT-II-4
Reported On : 22/07/2023 03:32PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	113.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	80.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	12	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.17	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.62	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



Patient Name : MR DEWLOO SAHU
UHID/ MR No : 5544
Visit Date : 22/07/2023
Sample Collected On : 22/07/2023 01:09PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.5	%	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 inflammation.
- 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: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 - 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

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Sponsor Name :

Age/Gender : 48 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM


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)	5.0		
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	2 - 4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	Not Seen

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
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Age/Gender : 48 Y. Male
OP Visit No : OPD-UNIT-II-1
Reported On : 22/07/2023 03:32PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	138.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	99.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	76.20	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High >=190
Method: Spectrophotometric			
VLDL Cholesterol	19.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.29		3.5-5
Method: Spectrophotometric			

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 path



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Sponsor Name :

Age/Gender : 48 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 22/07/2023 03:32PM

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	0.1	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.80	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	15	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	20	U/L	0 - 41
ALKALINE PHOSPHATASE	66	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.0	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.8	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.42	%	1.1 - 2.2

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



Mr. Devloo Sahu.

48/M

Came for Routine checkup

ear - B/L m intact

Nose - B/L TM

Throat - WNL.

- adv Steam Inhalation BD
- T. Montegress XL 14

Dr. Deepshikha
ENT

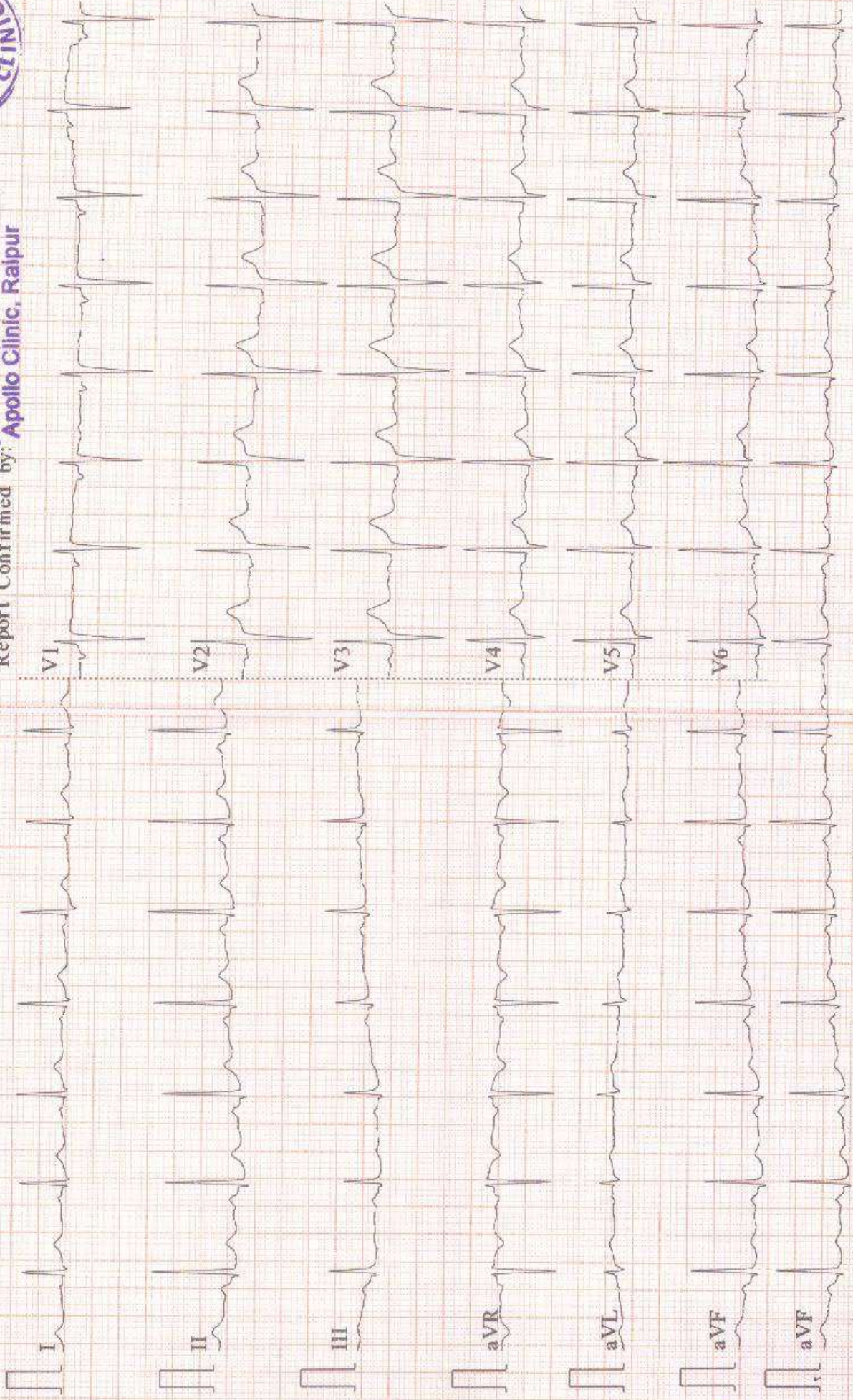


MR DEWLOO SAHU
Male 48Years

HR : 90 bpm
P : 96 ms
PR : 138 ms
QRS : 92 ms
QT/QTc : 338/414 ms
P/QRS/T : 65/58/34 °
RV5/SV1 : 1.189/1.232 mV

Diagnosis Information:
Sinus rhythm
ST junctional depression is nonspecific
Borderline ECG

Dr. Ankit Sharma
MD Medicine
Reg. No.-CGMC 7971/2018
Report Confirmed by: Apollo Clinic, Raipur





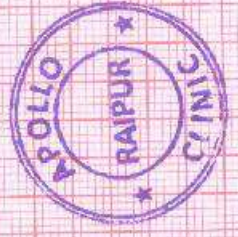
age	Time	Duration	Speed(Kmph)	Elevation	MEIs	Rate	% THR	BP	RPP	PVC	Comments
Start	00:33	0:33	00.0	00.0	01.0	092	53 %	130/80	119	00	
RUCS Stage 1	03:33	3:00	02.7	10.0	04.7	122	71 %	132/82	161	00	
RUCS Stage 2	06:33	3:00	04.0	12.0	07.1	137	80 %	134/84	183	00	
PeakEX	06:45	0:12	05.5	14.0	07.3	140	81 %	134/84	187	00	
recovery	07:45	1:00	00.8	00.0	01.2	122	71 %	138/88	168	00	
recovery	08:45	2:00	00.0	00.0	01.0	110	64 %	136/86	149	00	
recovery	08:55	2:10	00.0	00.0	01.0	101	59 %	136/86	137	00	

FINDINGS :

- Exercise Time : 06:12
- Max HR Attained : 140 bpm 81% of Target 172
- Max BP Attained : 138/88 (mm/Hg)
- Max WorkLoad Attained : 7.3 Fair response to induced stress
- Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

Report: Stress test is Negative for Reversible Myocardial Ischemia with fair function capacity.



Dr. Deepan Das

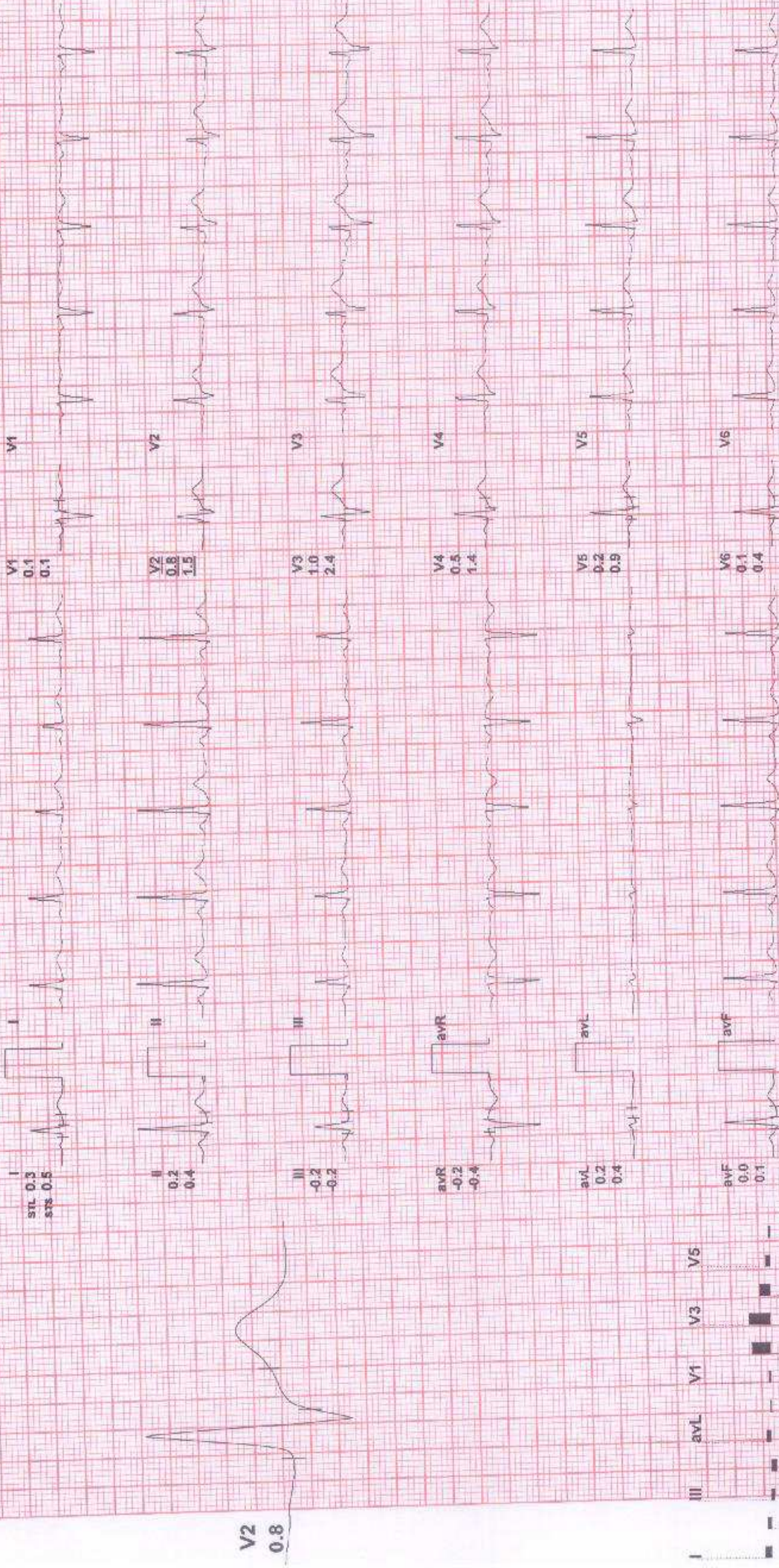
Doctor : DR DEEPAN DAS MBBS DIP.CARDIO



MR DEWLOO SAHU / 48 Yrs / M / 161 Cms / 66 Kg / HR : 92

ate: 22 - 07 - 2023 10:57:44 AM METS: 1.0/ 92 bpm 53% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz ExTime: 00:00 0.0 Kmph 0.0% 25 mm/Sec. 1.0 Cm/mV

IX 30 ms Post U



V2 0.8



REMARKS:



DR DEWLOO SAHU / 48 Yrs / M / 161 Cms / 66 Kg / HR : 122

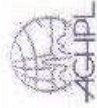
Date: 22-07-2023 10:57:44 AM METS: 4.71 122 bpm 71% of THR BP: 132/82 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz ExTime: 03:00 2.7 Kmph. 10.0%
25 mm/Sec. 1.0 Cm/mV

80 ms Post J



V2 0.6

REMARKS:

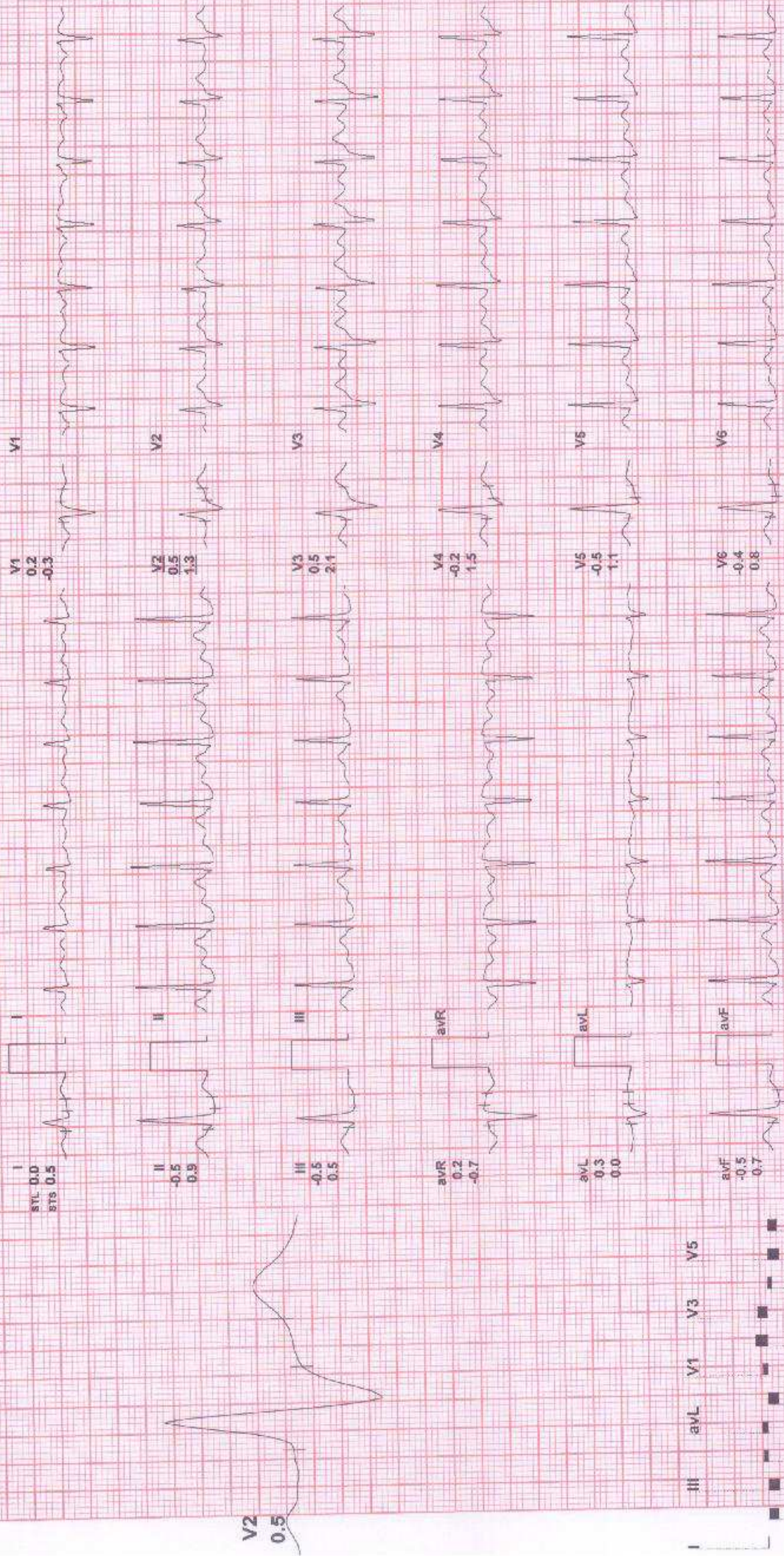


MR DEWLOO SAHU / 48 Yrs / M / 161 Cms / 66 Kg / HR : 137

Date: 22 - 07 - 2023 10:57:44 AM METS: 7.1/ 137 bpm 80% of THR BP: 134/84 mmHg Combined Medians/ ELC-On/ Notch On/ HF 0.05 Hz/ LF 20 Hz

ExTime: 06:00 - 4.0 Kmph, 12.0%
25 mm/Sec. 1.0 Cm/mV

IX 60 mS Post J



REMARKS:



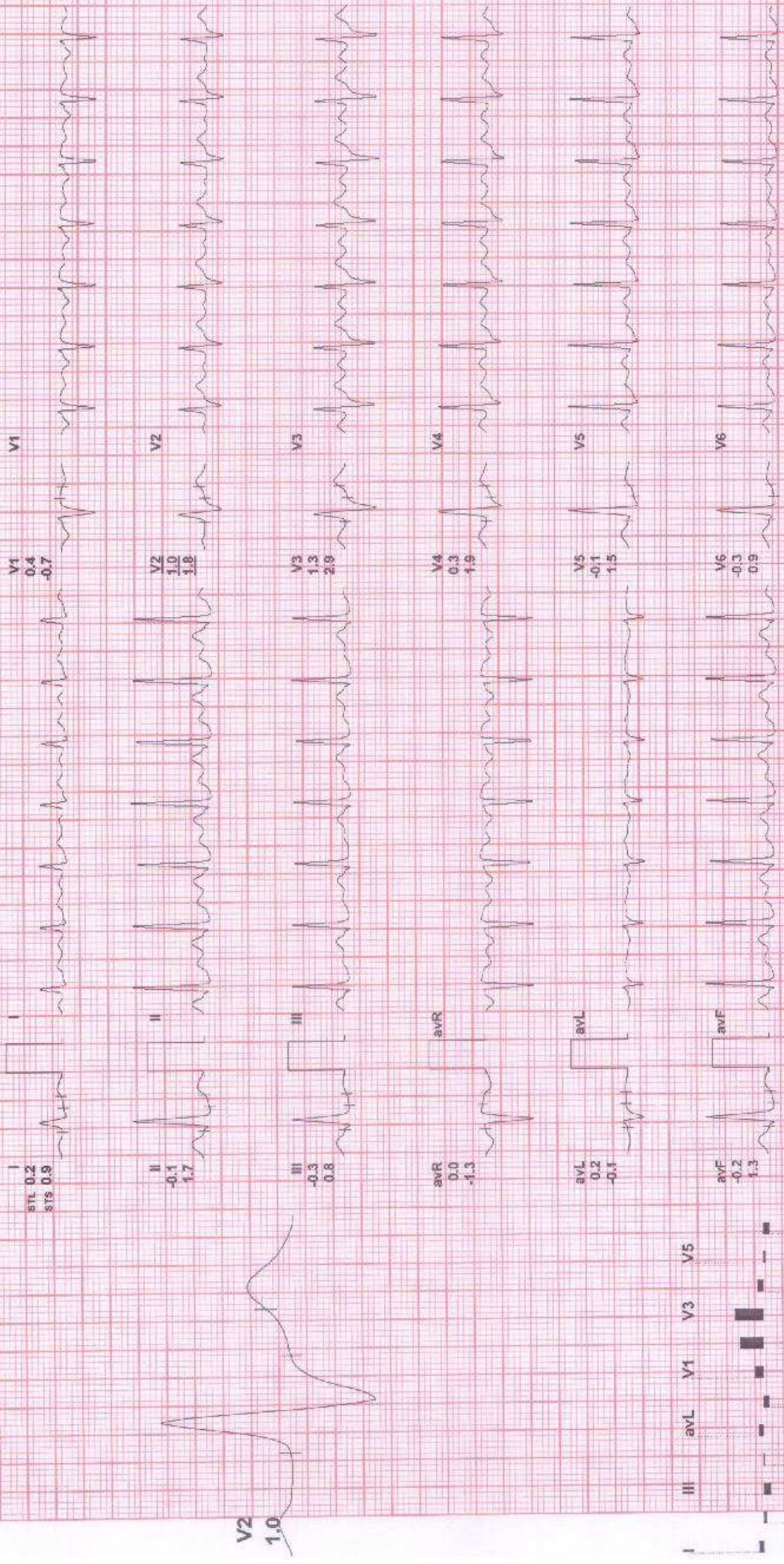
PeakEx

APOLLO CLINIC

MR DEWLOO SAHU / 48 Yrs / M / 161 Cms / 66 Kg / HR : 140

ate: 22 - 07 - 2023 10:57:44 AM METS: 7.3/ 140 bpm 81% of THR BP: 134/84 mmHg Combined Medians./BLC.On/ HF 0.05 Hz/ LF 20 Hz
ExTime: 06:12 5.5 Kmph, 14.0%
25 mm/Sec. 1.0 Cm/mV

60 mS Post-J



REMARKS:



MR DEWLOO SAHU / 48 Yrs / M / 161 Cms / 66 Kg / HR : 122

Date: 22 - 07 - 2023 10:57:44 AM METS: 1.2/ 122 bpm 71% of THR BP: 138/88 mmHg Combined Medians/ BLC-On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 06:12 - 0.6 Kmph. - 0.0%
25 mm/Sec. 1.0 Cm/mV

IX 70 mS Post J

I
STL 0.4
ST3 0.8

V1

V1
0.2
-0.5

II
0.5
1.7

V2

V2
1.2
1.7

III
0.1
0.9

V3

V3
1.8
3.1

avR
-0.4
-1.3

V4

V4
0.8
2.1

avL
0.4
0.1

V5

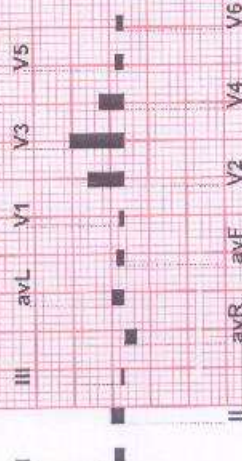
V5
0.3
1.5

avF
0.3
1.3

V6

V6
0.2
1.1

V2
1.2



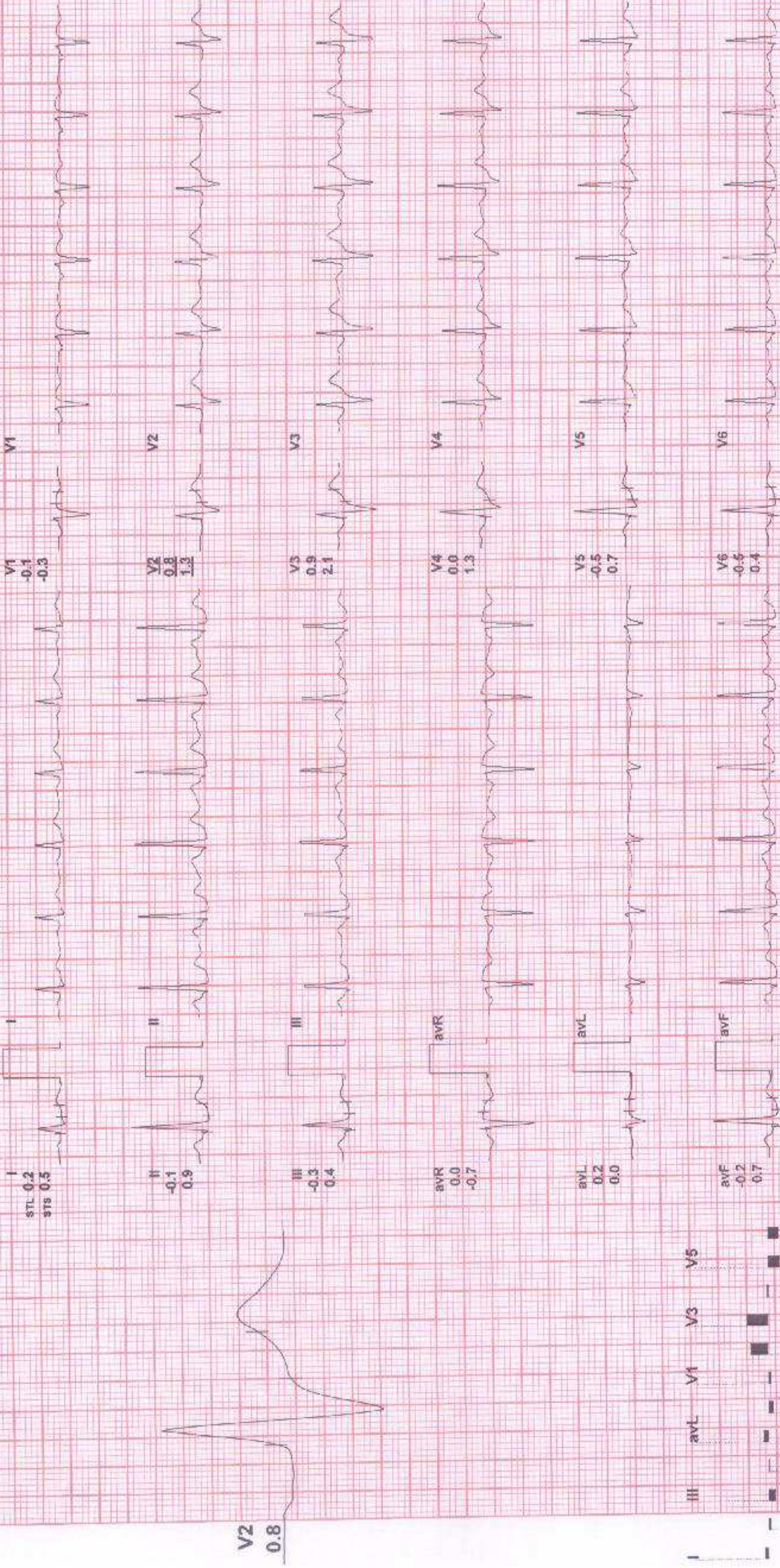
REMARKS:



ExTime: 06:12 0.0 KmPh, 0.0%

ate: 22-07-2023 10:57:44 AM METS: 1.0/110 bpm 64% of THR BP: 136/86 mmHg Combined Medians/ BLC Or/ Notch Or/ HF 0.05 Hz/LF 20 Hz

80 mS Post J



REMARKS:

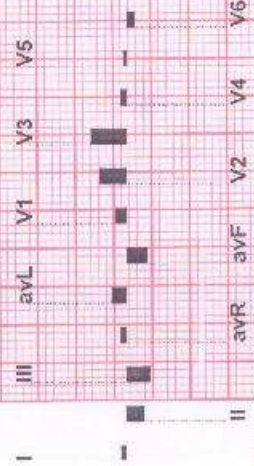
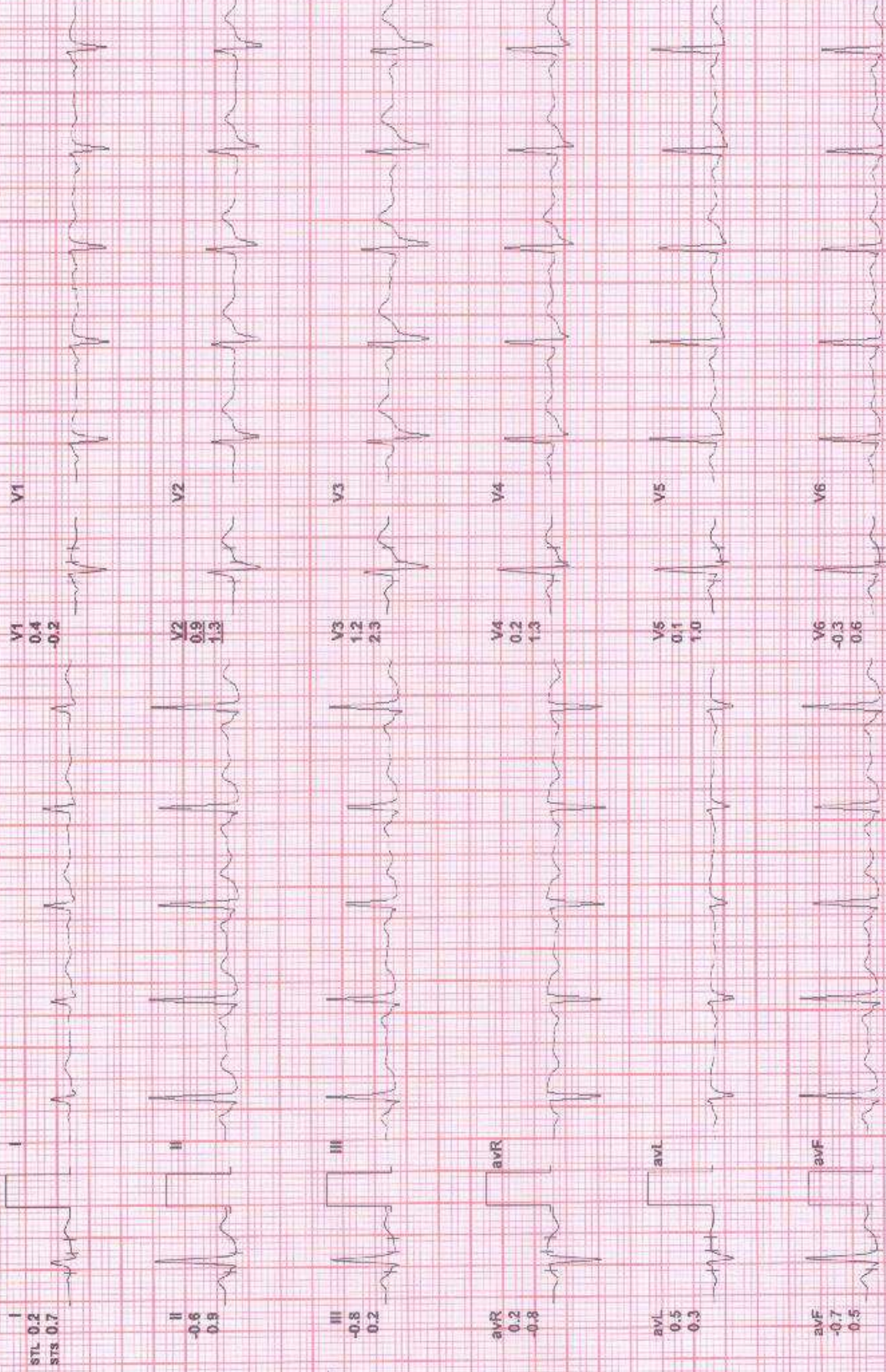


IR DEWLOO SAHU / 48 Yrs / M / 161 Cms / 66 Kg / HR : 101

ate: 22 - 07 - 2023 10:57:44 AM METS: 1.0/ 101 bpm 59% of THR BP: 136/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 06:12 0.0 Kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV

IX 80 mS Post J



REMARKS: