

Mr. Dharmendra Sabar 40 Y/M 9/12/22

BP - 130/80

P - 90b/m

Ht - 157cm

Wt - 62kg

CBC - 12.9 / 5.80 / 6.12 / 310 /

ESR - 10

HbA1c - 5.6

FBS - 94.0 / PP - 109.0

KFT - 10 / 0.87 / 4.26

Lipid - 154.0 / 189.0 / 39.0 / 77.20

LFT - 41 / 48 / 69

TSH - 1.330 / T3 - 1.19 , T4 - 11.60

for regular check up

Centre Healthy life style

DR
A

Ad
Dr. Animesh Choudhary



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

Patient Name : MR DHARMENDRA SABAR
UHID/ MR No : 7867
Visit Date : 09/12/2023
Sample Collected On : 09/12/2023 11:31AM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/12/2023 01:49PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	12.9	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.80	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	38.70	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	66.7	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	22.2	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- 15
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.12	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	59	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	32	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes	07	%	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

Dhananjay

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	310	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)	A		
RhD factor (Rh Typing)	POSITIVE		

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DR DHANANJAY RAMCHANDRA PRASAD
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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

- 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: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 - 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

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	109.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	94.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.87	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.26	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	154.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	189.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	39.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	77.20	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 150-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	37.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.95		3.5-5
Method: Spectrophotometric			

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	41	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	48	U/L	0 - 41
ALKALINE PHOSPHATASE	69	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.6	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.0	%	1.1 - 2.2

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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	Pale Yellow		Colourless
Specific Gravity	1.010		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	1 - 2	/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 correlated clinically

Lab Technician / Technologist
path



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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Mr.DHARMENDRA SABAR	Collected : 09/Dec/2023 12:34PM
Age/Gender : 40 Y 0 M 0 D /M	Received : 09/Dec/2023 12:38PM
UHID/MR No : DSUS.0000005775	Reported : 09/Dec/2023 01:15PM
Visit ID : DSUSOPV6707	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
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	1.19	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	11.60	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	1.330	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)

Consultant Pathologist

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Apollo Clinic
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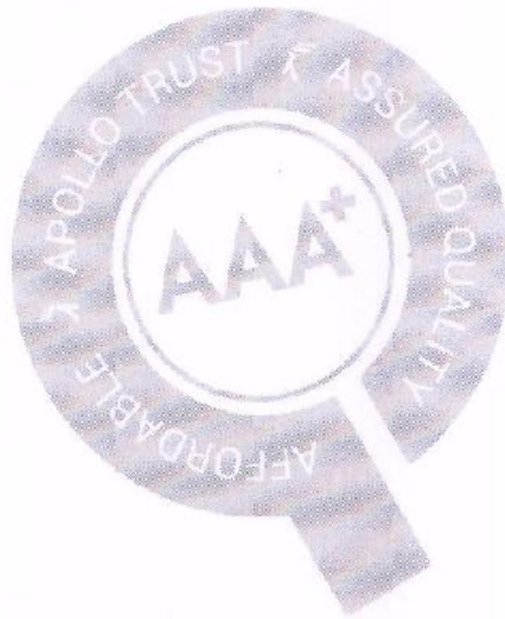
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Patient Name : Mr.DHARMENDRA SABAR	Collected : 09/Dec/2023 12:34PM
Age/Gender : 40 Y 0 M 0 D /M	Received : 09/Dec/2023 12:38PM
UHID/MR No : DSUS.0000006775	Reported : 09/Dec/2023 01:15PM
Visit ID : DSUSOPV6707	Status : Final Report
Ref Doctor : APOLLO 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
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ECHOCARDIOGRAPHY REPORT

NAME : MR. DHARMENDRA SABAR	Age/Sex: 40Yrs/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 = 1.0 ES = 1.4	0.6 – 1.1
AorticValve Opening	2.0	1.5 – 2.6	PW Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
LA Dimension	3.3	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	3.7	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.2	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 : Normal.

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
NORMAL CARDIAC CEMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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

ID: 243
MR DHARMENDRA SABAR
Male 40 Years

09-12-2023 10:38:01 AM

HR : 87 bpm
P : 106 ms
PR : 136 ms
QRS : 84 ms
QT/QTc : 358/431 ms
P/QRS/T : 31/-2/72 °
RV5/SV1 : 0.668/0.628 mV

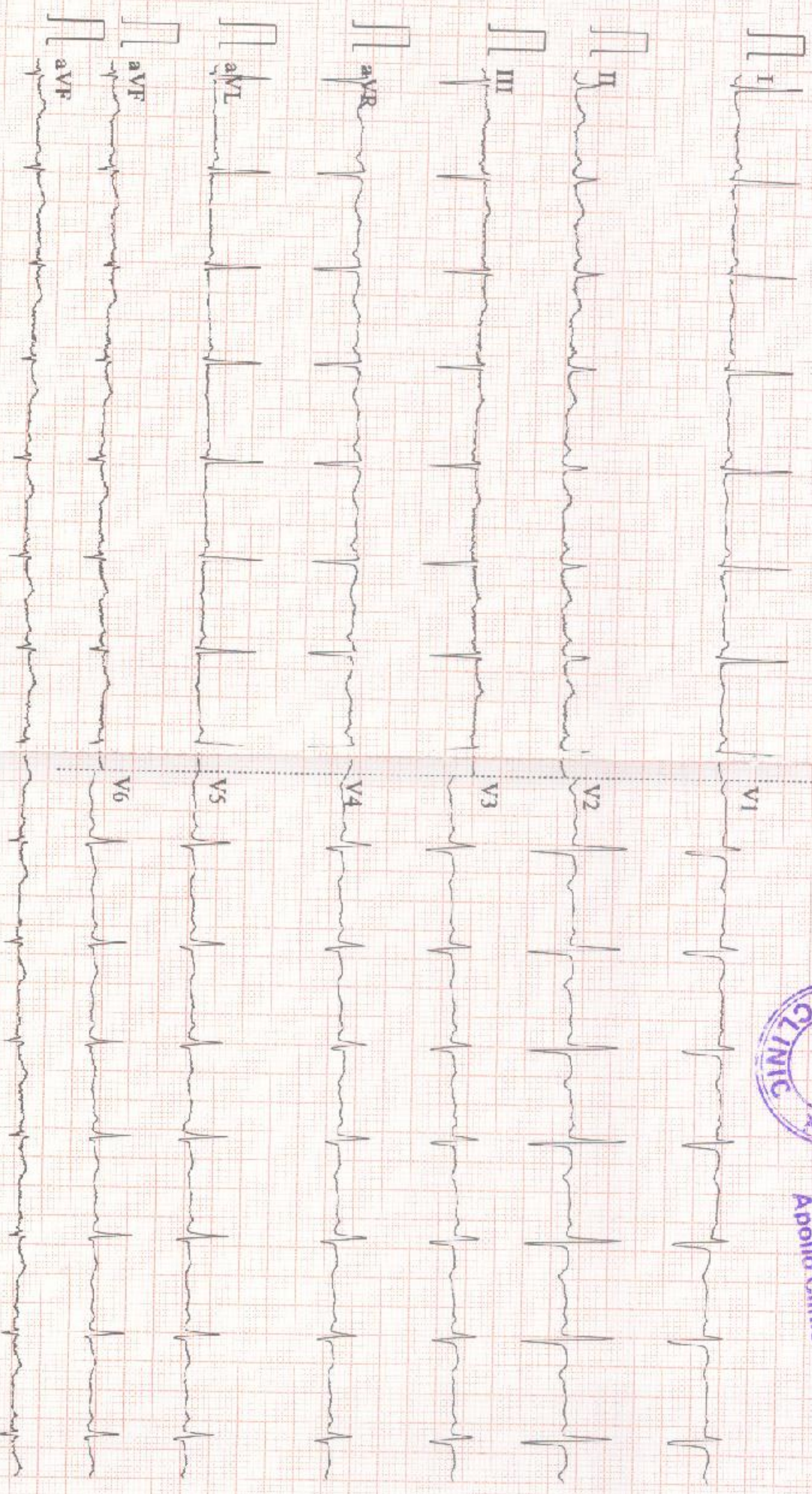
Diagnosis Information:

Sinus rhythm
Anteroseptal T wave abnormality is nonspecific
Borderline ECG

Report Confirmed



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



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Dharmendra Sabar

Date 9/12/23

Sex/Age 40y/m

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>wvl</u> (LE):- <u>wvl</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	←			
LEFT				
REMARKS :-				



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

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

PATIENT NAME:- MR.DHARMENDRA SABAR BOB
REF BY :- BOB

AGE/SEX: 40 YRS/M
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	9.09X4.42cm	9.66X5.38cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal

Prostate: is enlarged in size measures weight 17.175 cc gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- **GRADE I FATTY LIVER**

Advised clinical correlation/further evaluation if clinically indicated.



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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Apollo Clinic

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