

Mr. Vinay Dongaonkar  
Age - 58 y/m

14/10/21

Wt - 68 kg  
H - 173  
BP - 150/80  
P - 90

CBC - 14.5 / 5.20 / 8.61 / 265 / 110

HbA1c - 6.7

RBS - F 132.0 / PP - 214.0

Creatinine - 0.97

U. Acid - 4.5

Lipid - 153.0 / 128.0 / 42.0 / 85.40

LFT - 27 / 34 / 78

TSH - 0.810

1100 HbA1c / DM II

- test Creatinine - 5 ml/wk  
before BF

- test HbA1c - M2 100 mg

- test Emthalam 1 gm B  
after meal 100 mg

- test BISO-T 5/40 231 mg

- test CILACAR 107 mg RTI

- test EUGLYN AV 7110

- Cap BONTJOY plus 200 mg  
x 30 days

Renew eye sclys { FBS  
PPBS



**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. Vinay Dongaonkar  
52/m.

14/10

cler. Pt came for routine dental check up -

of stain ++ cat+++ (lower anterior)

Partially erupted = 8/8

Proximal car = 7/7

A<sub>2</sub>

Real prophytonia -

RVG = 8/8



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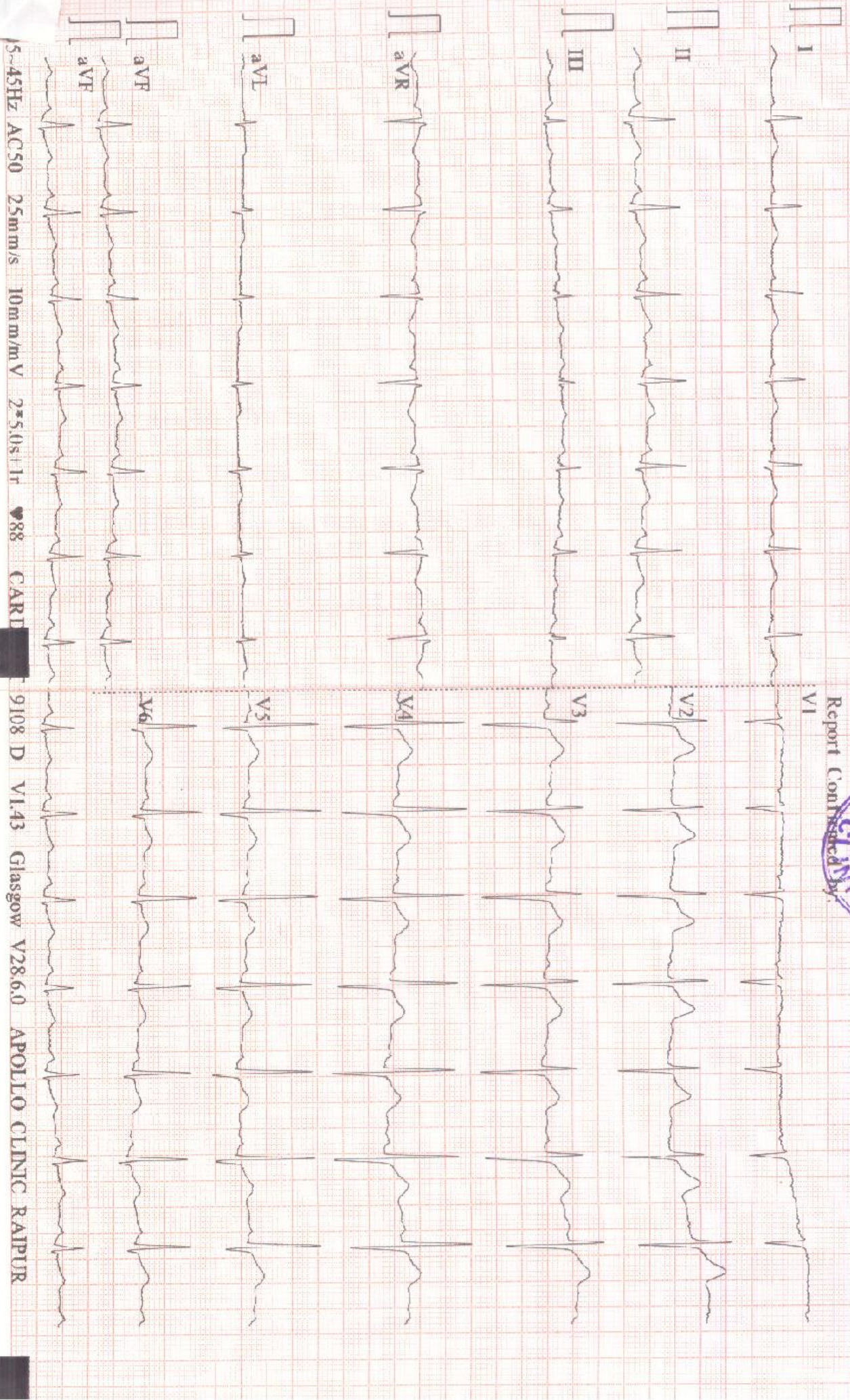
P : 102 ms  
PR : 142 ms  
QRS : 88 ms  
QT/QTc : 374/453 ms  
P/QRS/T : 67/53/57 °  
RV5/SV1 : 1.434/0.676 mV

Sinus rhythm  
Normal ECG



**Dr. Animesh Choudhary**  
MD Medicine  
Reg. No. CGMC 3583/2014  
Apollo Clinic Raipur

Report Contained by



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

Patient Name M. Vinay Pongachan

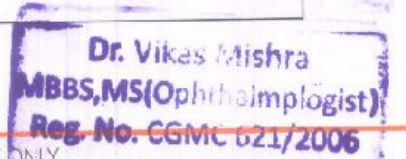
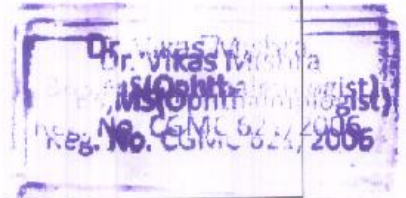
Date 14/10/28

Sex/Age M/52y.

MR No .....

Employee Id .....

<b>EXTERNAL EXAMINATION</b>				
<b>SQUINT</b>				
NO				
<b>NYSTAGMUS</b>				
<b>COLOUR VISION</b>				
NORMAL				
<b>FUNDUS:(RE):-</b>		<b>(LE):-</b>		
WNL		WNL		
<b>INDIVIDUAL COLOUR IDENTIFICATION</b>				
Good				
<b>DISTANT VISION:(RE):-</b>		<b>(LE):-</b>		
6/12 6/6 6/6		6/12 6/6 6/6		
<b>NEAR VISION:(RE):-</b>		<b>(LE):-</b>		
N/8 6/6 N/6		N/8 6/6 N/6		
<b>NIGHT BLINDNESS</b>				
NAD				
	<b>SPH</b>	<b>CYL</b>	<b>AXIS</b>	<b>ADD</b>
<b>RIGHT</b>		+1.50	180	+2.25
<b>LEFT</b>		+1.0	75	+2.25
<b>REMARKS :-</b>				



PATIENT NAME:- MR. VINAY DONGAONKAR

AGE/SEX: 58YRS/M

REF BY :- BOB

DATE:- 14.10.2023

### 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	10.55X4.99cm	10.64X4.85cm
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 **28.866** gm shape & echotexture.

No free fluid in abdomen.

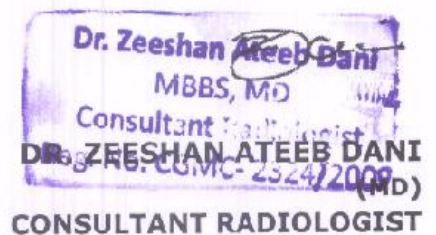
Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

### IMPRESSION:

- GRADE -II FATTY LIVER
- GARDE -I PROSTATOMEGALY

Advised clinical correlation/further evaluation if clinically indicated.



This report is for perusal of the doctor only, not for the definitive diagnosis. Dr. Vinay Dongaonkar hereby clinically correlates all 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. VINAY DONGAONKAR**

**AGE: 58YRS/MALE**

**REFERRED: BOB**

**DATE: 14/10/2023**

**CHEST X - RAY PA VIEW**

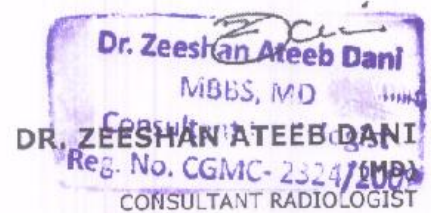
**FINDINGS:**

- 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.**



**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.**

## ECHOCARDIOGRAPHY REPORT

NAME : MR. VINAY DONGAOKAR	Age/Sex 58Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 14/10/2023	REGN. NO. : FRAI.00000
Ref.By Dr : SELF		

### M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	3.2	2.0 – 3.7	IVS Thickness	ED = 1.3 ES = 1.6	0.6 – 1.1
AorticValve Opening	1.9	1.5 – 2.6	PW Thickness	ED = 1.2 ES = 1.5	0.6 – 1.1
LA Dimension	2.8	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	3.7	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.1	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 ,TRACE MR

**Tricuspid Valve** : TRACE TR

**Aortic Valve** : Normal

**Pulmonary Valve** : Pulmonary valve appears normal in morphology.

**Systemic venous** : IVC normal in size with normal Inspiratory collapse.

**Diastolic Function** : LV DIASTOLIC DYSFUNCTION GRADE I

**FINAL IMPRESSION** : NO RWMA AT REST.  
NORMAL LV SYSTOLIC FUNCTION.  
TRACE MR & TRACE TR  
CONCENTRIC LVH /DRA -I.  
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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

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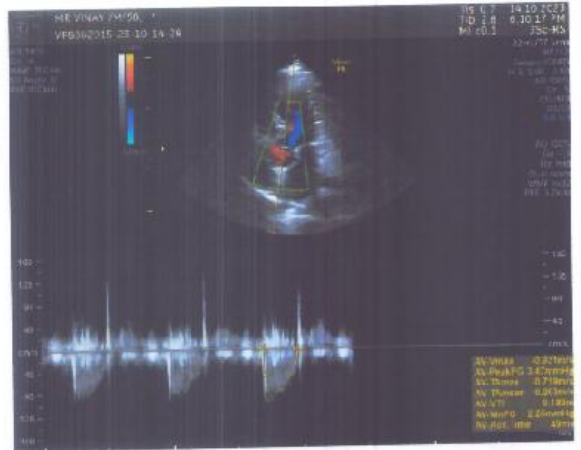
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Patient Name : MR VINAY DONGAONKAR  
 UHID/ MR No : 7208  
 Visit Date : 14/10/2023  
 Sample Collected On : 14/10/2023 12:30PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 58 Y. Male  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 14/10/2023 02:33PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>CBC - COMPLETE BLOOD COUNT</b>			
Haemoglobin(HB) Method: CELL COUNTER	14.5	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.20	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	43.50	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	83.7	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	27.9	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	13.4	%	11 - 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	8.61	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	70	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	22	%	15.0 - 45.0
Monocytes Method: CELL COUNTER	04	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	04	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

**End of Report**  
 Results are to be correlated clinically

Lab Technician / Technologist  
 path

Page 5 of 6

DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY

Patient Name : MR VINAY DONGAONKAR  
UHID/ MR No : 7208  
Visit Date : 14/10/2023  
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Age/Gender : 58 Y Male  
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Reported On : 14/10/2023 02:33PM

### HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	265	lacs/cu.mm	150-400

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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Sponsor Name :

Age/Gender : 58 Y Male  
OP Visit No : OPD-UNIT-II-2  
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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 correlated clinically*

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Age/Gender : 58 Y. Male  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 14/10/2023 02:33PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	214.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	132.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	0.97	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	4.9	mg/dL	2.6 - 7.2

**End of Report**  
 Results are to be correlated clinically

Lab Technician / Technologist  
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*Dhananjay Ramchandra Prasad*  
 DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY

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Age/Gender : 58 Y Male  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 14/10/2023 02:33PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	153.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	128.0	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	85.40	mg/dl	Optimal:< 100                      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189                      Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	25.60	mg/dl	6 - 38 3.5-5
Total Cholesterol/HDL Ratio	3.64		
Method: Spectrophotometric			

**End of Report**  
 Results are to be correlated clinically

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



Patient Name : MR VINAY DONGAONKAR  
UHID/ MR No : 7208  
Visit Date : 14/10/2023  
Sample Collected On : 14/10/2023 12:30PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 58 Y Male  
OP Visit No : OPD-UNIT-II-2  
Reported On : 14/10/2023 02:33PM


### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	6.0		
<b>Chemical Examination</b>			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Present 2 +		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
<b>Microscopic Examination</b>			
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	

**End of Report**  
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Lab Technician / Technologist  
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Patient Name : Mr.VINAY DONGAONKAR	Collected : 14/Oct/2023 02:48PM
Age/Gender : 58 Y 0 M 0 D /M	Received : 14/Oct/2023 03:45PM
UHID/MR No : DSUS.0000005238	Reported : 14/Oct/2023 04:14PM
Visit ID : DSUSOPV6041	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
HbA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	6.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	146	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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Patient Name : Mr.VINAY DONGAONKAR	Collected : 14/Oct/2023 02:48PM
Age/Gender : 58 Y 0 M 0 D /M	Received : 14/Oct/2023 02:57PM
UHID/MR No : DSUS.000005238	Reported : 14/Oct/2023 04:09PM
Visit ID : DSUSOPV6041	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI 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)	1.31	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	11.50	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	0.810	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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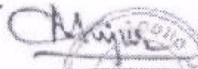
Patient Name : Mr.VINAY DONGAONKAR	Collected : 14/Oct/2023 02:48PM
Age/Gender : 58 Y 0 M 0 D /M	Received : 14/Oct/2023 02:57PM
UHID/MR No : DSUS.0000005238	Reported : 14/Oct/2023 04:09PM
Visit ID : DSUSOPV6041	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMR DDHI 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	0.950	ng/mL	0-4	CLIA

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

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

  
DR.MAIRAL KUJUR  
M.B.B.S, M.D(Pathology)  
Consultant Pathologist



Apollo Clinic

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Online appointments : 1106325304.com | Online reports: https://phr.apolloclinic.com

SIN No: 1106325304

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077 40354142

Patient Name : MR VINAY DONGAONKAR  
 UHID/ MR No : 7208  
 Visit Date : 14/10/2023  
 Sample Collected On : 14/10/2023 12:30PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 58 Y Male  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 14/10/2023 02:33PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.8	mg/dl	0.1- 1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.60	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	27	U/L	0 - 40
<b>SGPT (ALT)</b> Method: Spectrophotometric	34	U/L	0 - 41
<b>ALKALINE PHOSPHATASE</b>	78	U/L	
<b>Total Proteins</b> Method: Spectrophotometric	6.9	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.4	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	1.87	%	1.1 - 2.2

**End of Report**  
 Results are to be correlated clinically

Lab Technician / Technologist  
 path

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*Amr*  
 DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY

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