Mr. Santosh Ku. Panda
Age - 47y/M

BP - 140/90
P - 68/mt
H - 166 c.m
Wt - 66 kg
SpO2 - 97%

N/H/o
DM. COPD
K/c/o
HTN on Rx

Rx

Tab. Lyser. D x 5 day

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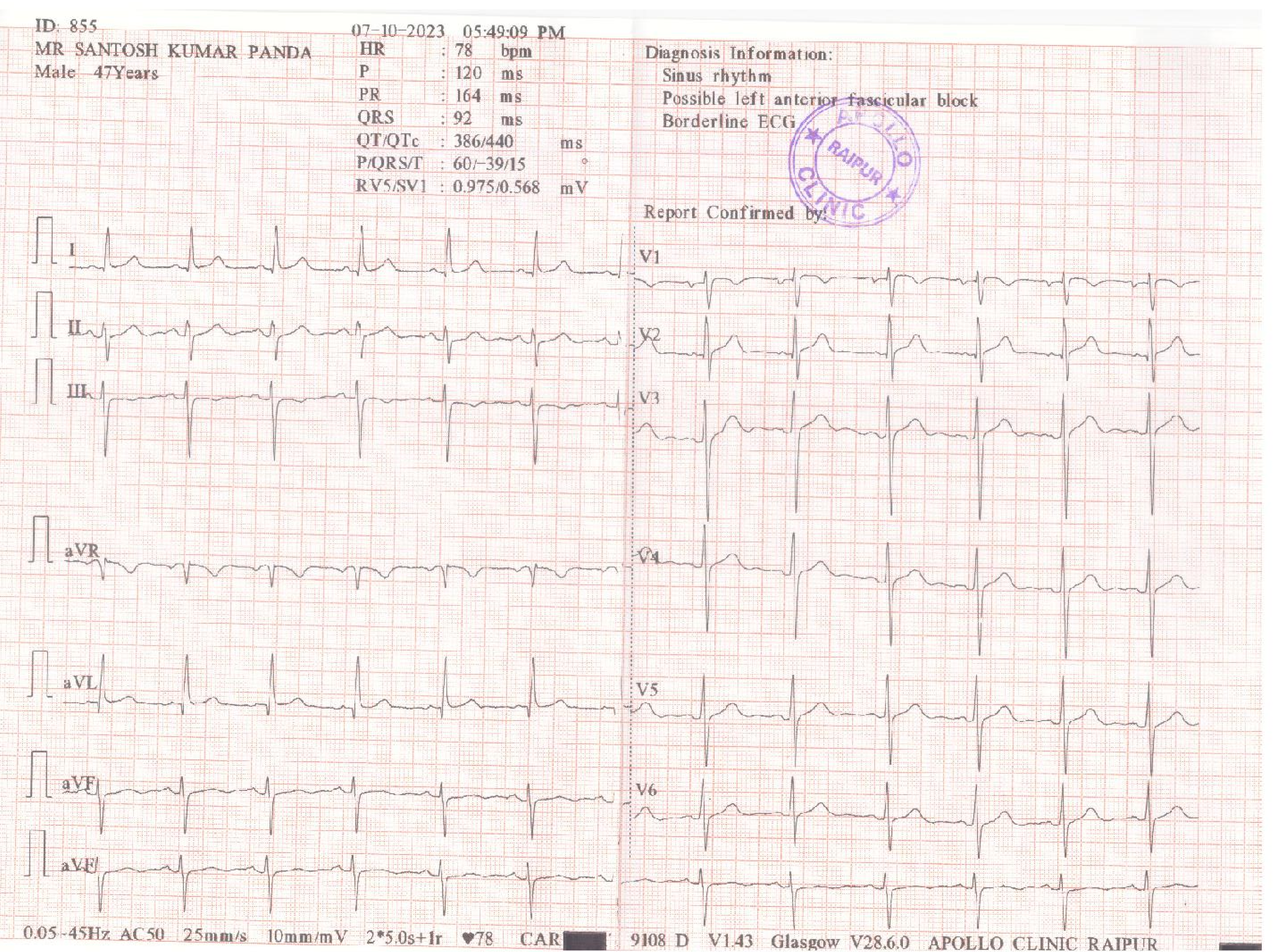

ID: 855
MR SANTOSH KUMAR PANDA
Male 47Years
07-10-2023 05:49:09 PM
HR : 78 bpm
P : 120 ms
PR : 164 ms
QRS : 92 ms
QT/QTc : 386/440 ms
P/QRS/T : 60/-39/15 °
RV5/SV1 : 0.975/0.568 mV
Diagnosis Information:
Sinus rhythm
Possible left anterior fascicular block
Borderline ECG
Report Confirmed by:
APOLLO
RAIPUR
CLINIC
I
II
III
aVR
aVL
aVF
aVF
V1
V2
V3
V4
V5
V6
0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥78 CAR
9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

EXAMINATION OF EYES :-(BY OPHTALMOLOGIST)

Patient Name Mr. Santosh Kumar pandey Date 7/10/23

Sex/Age 47/m MR No .... Employee Id ....

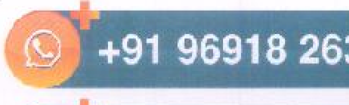
EXTERNAL EXAMINATION			
SQUINT	- NO		
NYSTAGMUS	- NO		
COLOUR VISION	- Normal		
FUNDUS:(RE):-		(LE):-	
INDIVIDUAL COLOUR IDENTIFICATION			
DISTANT VISION:(RE):-	EPG 6/6	(LE):-	E PG 6/6
NEAR VISION:(RE):-	E PG N/6	(LE):-	EPG N/6
NIGHT BLINDNESS			

	SPH	CYL	AXIS	ADD
RIGHT	-			
LEFT	-			

REMARKS :- fundus clear

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

APOLLO RAIPUR CLINIC



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

7/10/23

Santosh Panda
47 / M

Pt has for routine dental checkup

O/E → Stains +
Calculus +
Impacted ē 8/8
Attrition ē lower anterior

Adv → Oral Prophylaxis

[signature]

ECHOCARDIOGRAPHY REPORT

NAME : MR. SANTOSH KUMAR PANDA	Age/Sex:47rs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 07/10/2023	REGN. NO. :FRAI.00000
Ref.By Dr : BOB		

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 = 1.1 ES = 1.5	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	3.2	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.5	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.8	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 : BICUSPID AORTIC VALVE , NO AS (PG-10mmHg), NO AR

Pulmonary Valve : Pulmonary valve appears normal in morphology.

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

Diastolic Function : Normal.

FINAL IMPRESSION : BICUSPID AORTIC VALVE , NO AS, NO AR
NO RWMA AT REST.
NORMAL BIVENTRICULLAR SYSTOLIC FUNCTION
NO I/C CLOT VEGITATION,PE OR CoA .

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

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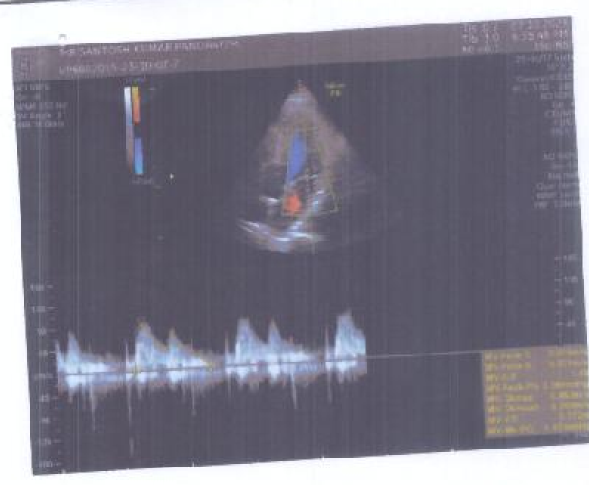
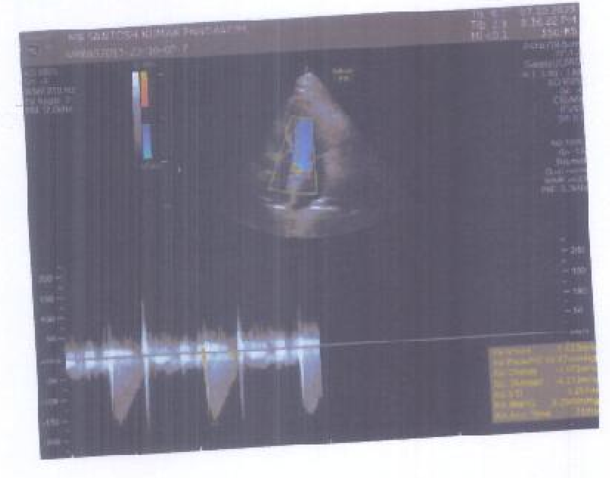
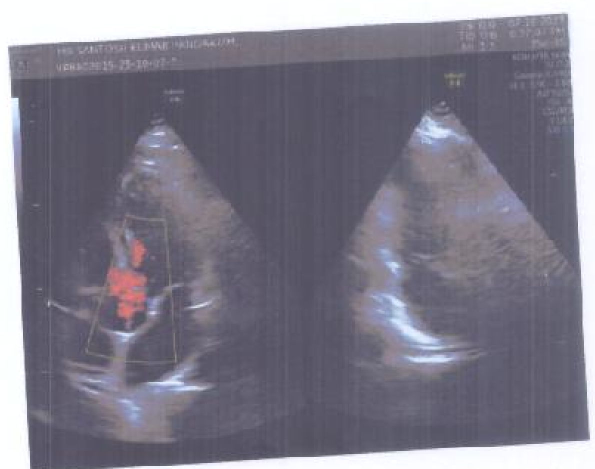
0771 4033341/42

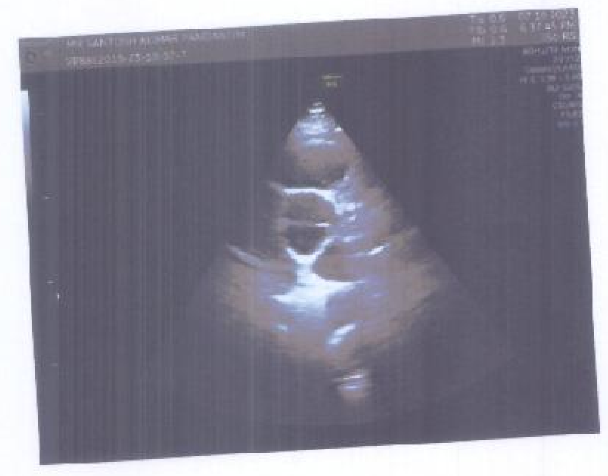
IVC (15mm) >50% Inspiratory collapse

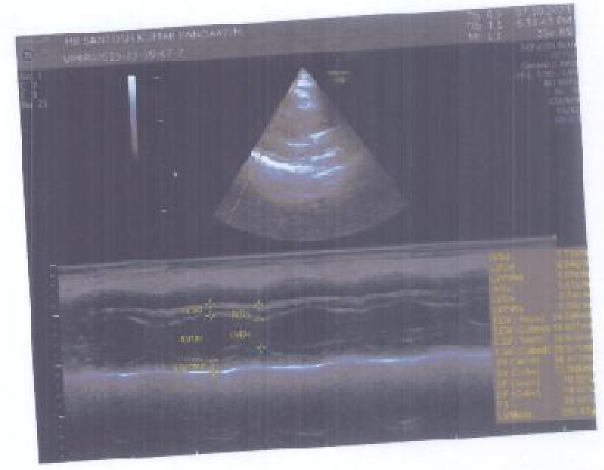
D: VP8802015-23-10-07-7 MR SANTOSH KUMAR PANDA47/M Exam Date: 07.10.2023 6:35:09 PM

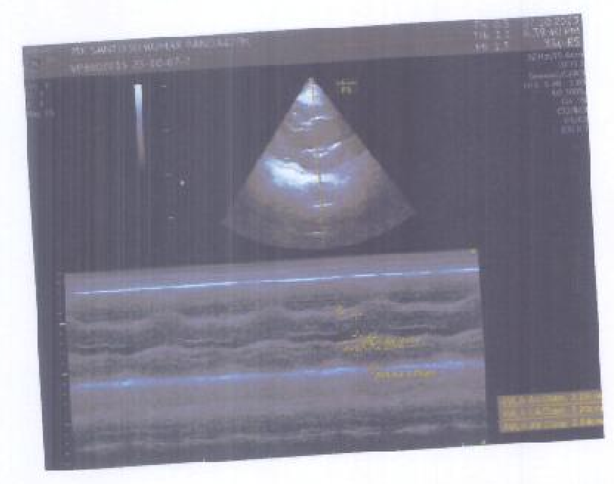


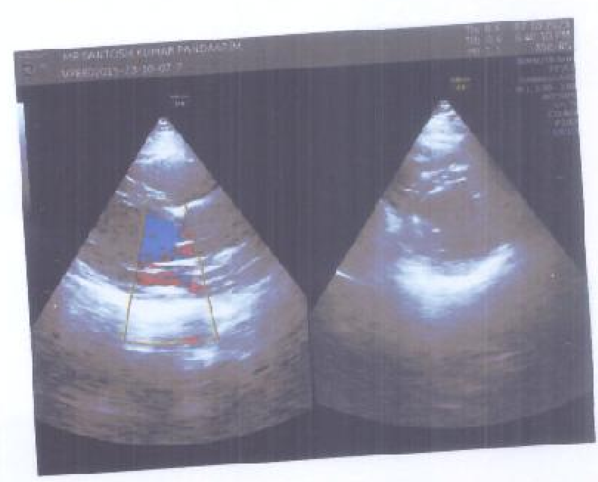


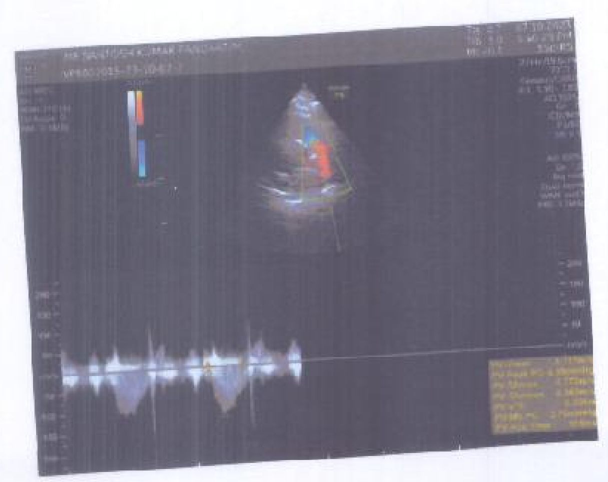












NAME OF PATIENT: MR. SANTOSH PANDA AGE 47YRS /MALE

REFERRED BY: BOB DATE: 09/10/2023.

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:

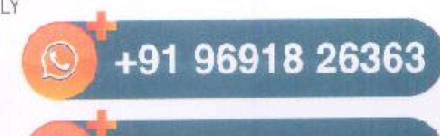
- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.

Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist

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.



Patient Name	: MR SANTOSH KUMAR PANDA	Age/Gender	: 47 Y Male
UHID/ MR No	: 7085	OP Visit No	: OPD-UNIT-II-2
Visit Date	: 07/10/2023	Reported On	: 09/10/2023 05:49PM
Sample Collected On	: 07/10/2023 03:43PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	15.8	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.06	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	47.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	93.7	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	31.2	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	13.1	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	9.85	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	49	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	48	%	15.0 - 45.0
Monocytes	02	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	01	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

path

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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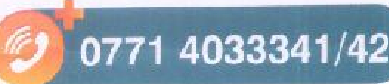

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	256	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.

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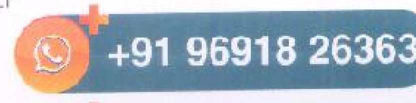

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren`s Method	15	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

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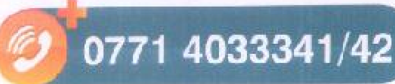

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)			
	5.6	%	Non- diabeticc:<=5.6, Pre-Diabetic 5.7-6.4, Diabetic:>=6.5

1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2.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%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam

1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2.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%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. 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.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation.
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
C. Heterozygous state dete

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Ref. Doctor	: **SELF**			
Sponsor Name	:			

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	135.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting	80.0	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.0	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotomatric	4.5	mg/dL	2.6 - 7.2

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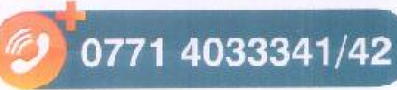

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	175.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	94.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotomatric			
HDL Cholesterol	46.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotomatric			
LDL Cholesterol	110.20	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotomatric			
VLDL Cholesterol	18.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.80		3.5-5

Methode: Spectrophotometric

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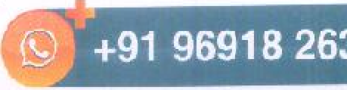

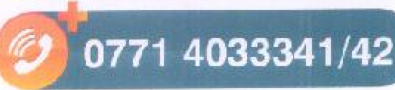

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BIO CHEMISTRY

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) Mathod: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	20	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	25	U/L	0 - 41
ALKALINE PHOSPHATASE	75	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.7	mg/dl	3.4 - 5.0
Globulin Mathod: Calculated	2.1	g/dl	1.8 - 3.6
A/G Ratio Mathod: Calculated	**2.23**	%	1.1 - 2.2

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IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
PSA - TOTAL			
PSA-TOTAL	0.57	ng/ml	

Bordeerline : 4 - 10

10 - 49 years: 1.5
50 - 59 " : 2.5
60 - 69 " : 4.5
70 - 79 " : 7.5

1. PSA is detected in serum of males with normal, benign hypertrophic and malignant prostatitis.

2. Measurement of serum PSA level is not recommended as a screening procedure for the diagnosis of cancer, because elevated PSA levels also are observed in patients with benign prostatic hypertrophy.

3. The fact that PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate.
PSA is also useful for determining possible recurrence after therapy when used in conjunction with other diagnostic indices.

METHOD: Fluorometric Immunoassay (Done with mini VIDAS Bio Meriux France)

PATHOLOGIST *All Reports Require Clinical Interpretation, please consult your Doctor

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
path

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic
LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.
Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan VIP Estate, Shankar Nagar, Raipur (C.G.)
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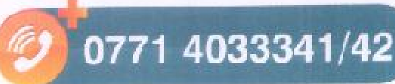

Patient Name	: MR SANTOSH KUMAR PANDA	**Age/Gender**	: 47 Y Male
UHID/ MR No	: 7085	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 07/10/2023	**Reported On**	: 09/10/2023 05:49PM
Sample Collected On	: 07/10/2023 03:43PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
T3, T4, TSH			
T3 (Total) by CLIA,serum	1.05	ng/mL	0.79-1.58

Clinical Use
- Diagnose and monitor treatment of Hyperthyroidism

Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, Increased TBG

Decreased Levels: Nonthyroidal illness, Hypothyroidism , Nutritional deficiency, Systemic illness, Decreased TBG

Investigation	Observed Value	Unit	Biological Reference Interval
T4(Total) by CLIA,serum	6.50	mcg/dl	4.5-12.0

Clinical Use
- Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease.

Increased Levels: Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy

Decreased Levels: Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.

Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Ultrasensitive) CLIA Serum	4.35	mIU/ml	0.34- 5.6

Initial test of thyroid function in patients with suspected thyroid dysfunction
- Assess thyroid status in patients with abnormal total T4 concentrations
- Distinguish Euthyroid hyperthyroxinemias from hypothyroidism.

Increased Levels: Thyroid hormone resistance, Hyperthyroidism

Decreased Levels: Primary hypothyroidism, Secondary hypothyroidism

Clinical Use
- Initial test of thyroid function in patients with suspected thyroid dysfunction

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Note: Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues. In addition severe systemic illness which affects the thyroid binding proteins can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction.

End of Report

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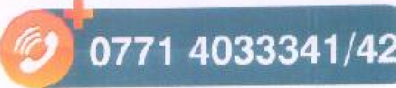

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Sponsor Name	:		

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)	6.5		
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	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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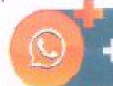

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