

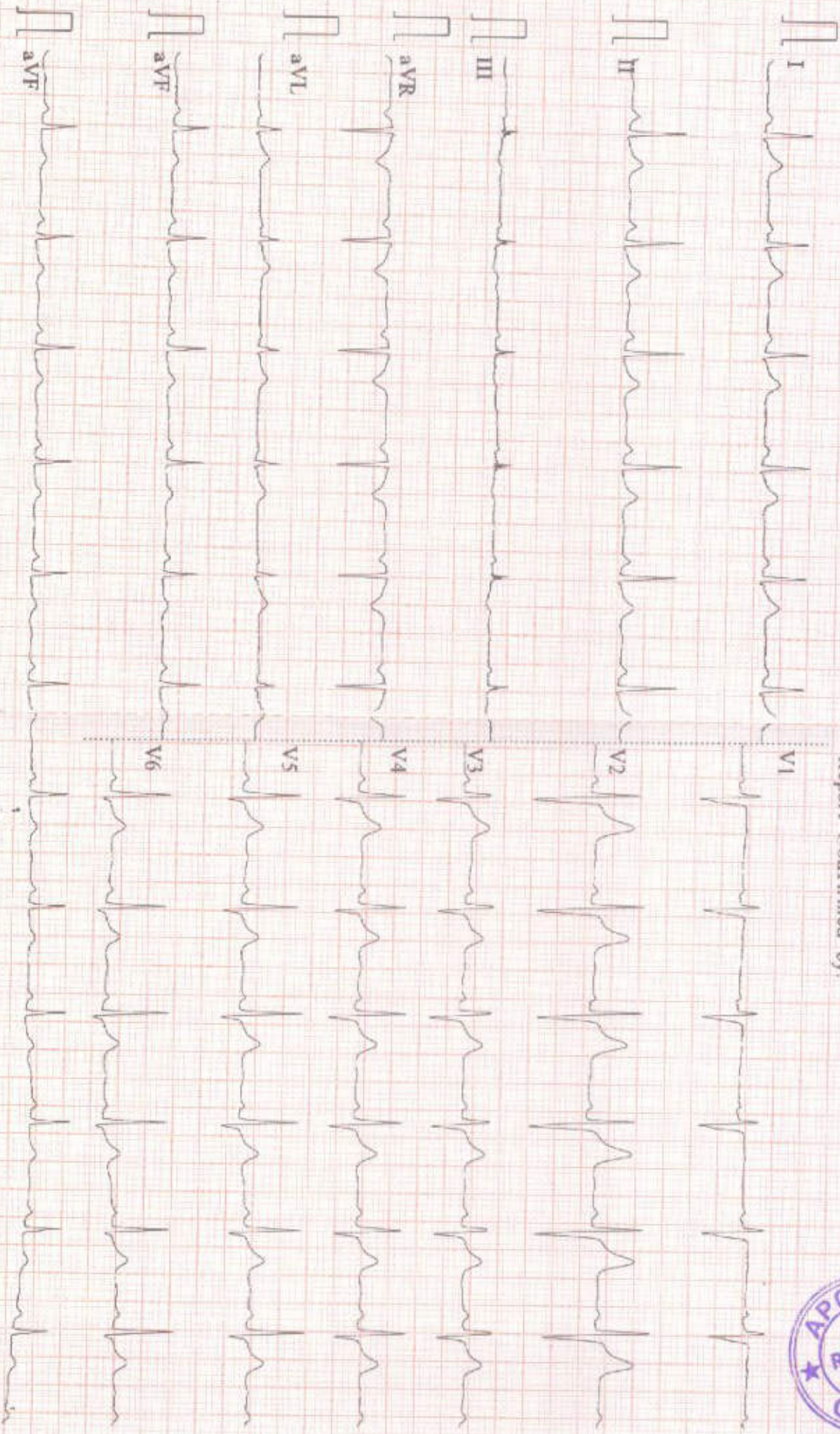
MR AKASH AGRAWAL
Male 36Years

HR : 75 bpm
P : 98 ms
PR : 134 ms
QRS : 88 ms
QT/QTc : 356/398 ms
P/QRS/T : 47/46/21 °
RV5/SV1 : 1.062/0.702 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Dr. Ankit Sharma
MD Medicine
Reg. No. - CGMC 7971/2010
Apollo Clinic, Raipur

Report Confirmed by:



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 75 CAH ST 9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Akash Agrawal

Date 24/02/24

Sex/Age M/36 year

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>wnl</u> (LE):- <u>wnl</u>				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):- <u>6/36 E6616</u> (LE):- <u>6/18P E6616</u>				
NEAR VISION:(RE):- <u>NG</u> (LE):- <u>NG</u>				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT		-2.75	180°	
LEFT		-1.25	180	
REMARKS :-				



Dr. Vik. [Signature]
MBBS, MS(Ophthalmologist)
Reg. No. CGMC 621/2006

PATIENT NAME:- MR. AKASH AGRAWAL
REF BY :- BOB

AGE/SEX: 36 YRS/M
DATE:- 24.02.2024

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 cc cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	11.20X5.07cm	11.10X5.42cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Left renal cyst 0.70 x0.74 cm
Urinary bladder.- Distended & normal		

Prostate: is normal in size measures weight gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- LEFT RENAL CYST OF SIZE 0.70 X 0.74 CM
- GRADE - I FATTY LIVER

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD

DR. ZEESHAN ATEEB DANI
Reg. No. CGMC-2327 (MD)

CONSULTANT RADIOLOGIST

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Apollo Clinic

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound is not a substitute for other diagnostic modalities. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

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NAME OF PATIENT: MR. AKASH AGRAWAL

AGE: 36YRS/MALE

REFERRED BY: BOB

DATE: 24/02/2024

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
DR. ZEESHAN ATEEB DANI
Reg. No. CGMC 23247 (MD)
CONSULTANT RADIOLOGIST

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Patient Name : MR AKASH AGRAWAL
UHID/ MR No : 9316
Visit Date : 24/02/2024
Sample Collected On : 24/02/2024 01:39PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 36 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 04:44PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	16.1	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	48.30	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	93.2	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	13.0	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	4.70	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	59	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	35	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	01	%	1-6%
Monocytes	05	%	4.0 - 12.0
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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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

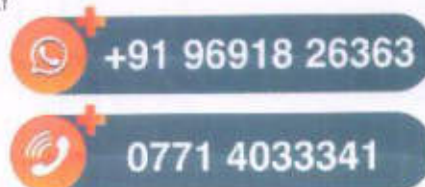
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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	113	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	20	mm /HR	0 - 10
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	O		
RhD factor (Rh Typing)	POSITIVE		

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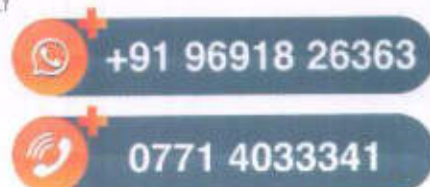
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Sample Collected On : 24/02/2024 01:39PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 36 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 24/02/2024 04:44PM

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

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%.

- 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

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 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%.

- 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.

5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \cdot A1c - 46.7$

6. 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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Ref. Doctor : SELF
Sponsor Name :


Age/Gender : 36 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 04:44PM

BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	110.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	99.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	11	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.10	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.1	mg/dL	2.6 - 7.2

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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 36 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 04:44PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	139.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	105.0	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	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	21	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.31		3.5-5
Method: Spectrophotometric			

End of Report
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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	25	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	30	U/L	0 - 41
ALKALINE PHOSPHATASE	95	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.4	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.91	%	1.1 - 2.2

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Sample Collected On : 24/02/2024 01:39PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 36 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 24/02/2024 04:44PM

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	1-2	/hpf	0 - 5
Epithelial Cell	1-2	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	

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M.D. PATHOLOGY

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Patient Name : Mr.AKASH AGRAWAL	Collected : 24/Feb/2024 05:18PM
Age/Gender : 36 Y 0 M 0 D /M	Received : 24/Feb/2024 05:27PM
UHID/MR No : DSUS.0000006536	Reported : 24/Feb/2024 06:21PM
Visit ID : DSUSOPV7816	Status : Final Report
Ref Doctor : APOLLO CLINC	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)	1.44	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	9.70	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	1.750	µIU/mL	0.35-5.5	CLIA

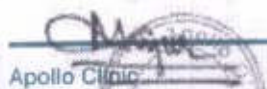
Comment:

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 ***



Line	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
	00:08	0:08	00.0	00.0	01.0	086	47%	120/70	103	00	
Start	00:11	0:03	00.0	00.0	01.0	086	47%	120/70	103	00	
UCE Stage 1	03:11	3:00	02.7	10.0	04.7	115	62%	122/76	140	00	
UCE Stage 2	06:11	3:00	04.0	12.0	07.1	134	73%	124/82	166	00	
3kEx	08:17	2:06	05.5	14.0	09.3	155	84%	124/84	192	00	
covery	08:47	0:30	00.8	00.0	04.1	131	71%	124/84	162	00	
covery	09:17	1:00	00.8	00.0	01.1	115	62%	124/82	142	00	
covery	09:23	1:05	00.0	00.0	01.0	115	62%	124/82	142	00	

FINDINGS :

Exercise Time : 08:06
 Max HR Attained : 155 bpm 84% of Target 184
 Max BP Attained : 124/84 (mm/Hg)
 Max Workload Attained : 9.3 Good response to induced stress
 Test Objective : GHDFEWASFSAFDASSAS
 Test End Reasons : Test Complete Heart Rate Achieved

REPORT :

STRESS TEST IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH GOOD FUNCTION CAPACITY



Doctor : DR DEEPAN DAS MBBS DIP CARDIO

106 / MR AKASH / 36 Yrs / M / 182 Cms / 87 Kg / HR : 86

Date: 24 / 02 / 2024

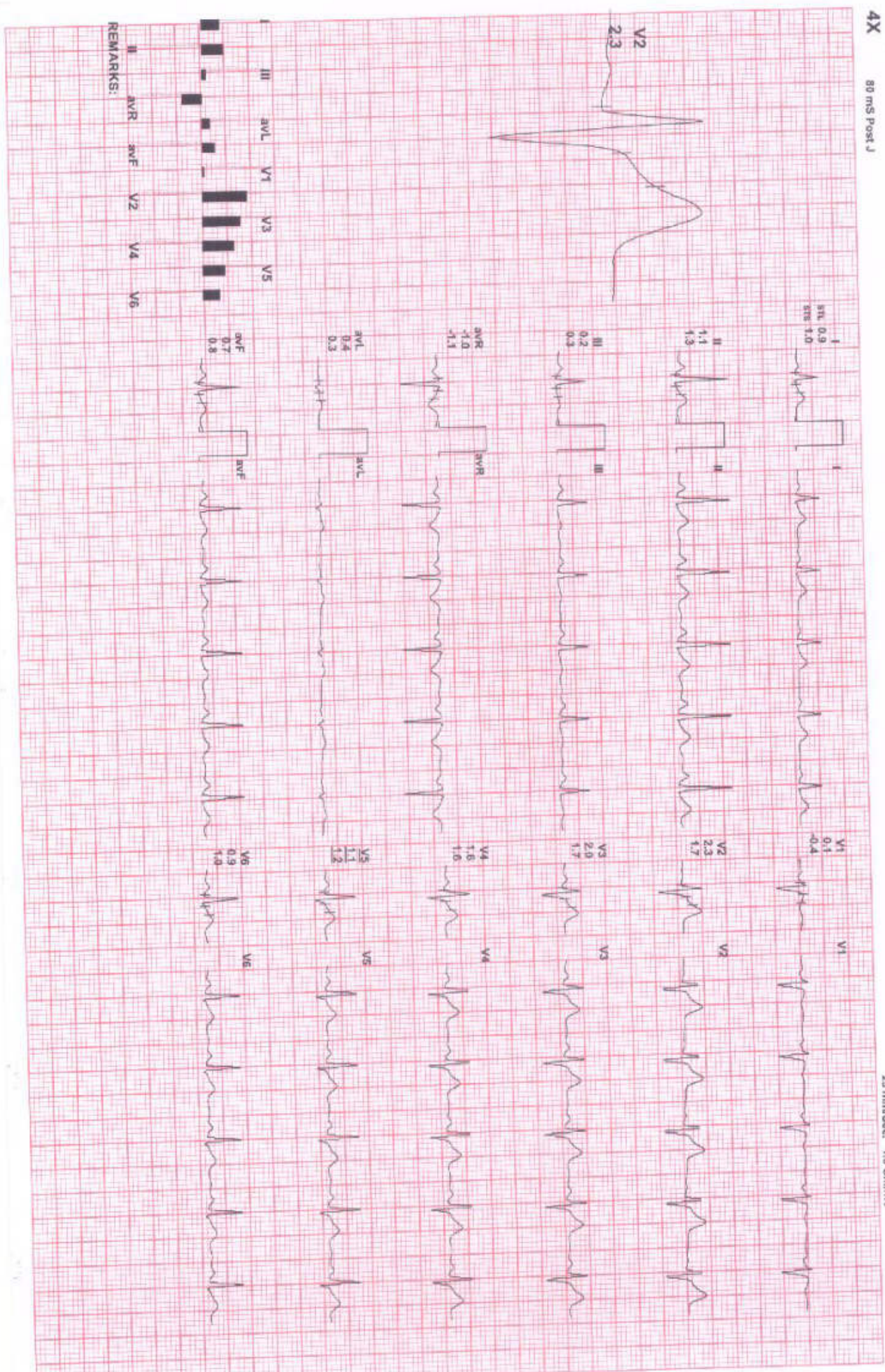
METS: 1.0/ 86 bpm 47% of THR BP: 120/70 mmHg Combined Modifiers/ BLC On/ Natch On/ HF 0.05 H2LF 35 Hz

4X 80 ms Post J

DRUUC:supine(v.v.v)

ACPL

EXTime: 00:00 0.0 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

106 / MR AKASH / 36 Yrs / M / 182 Cms / 87 Kg / HR : 86

Date: 24 / 02 / 2024

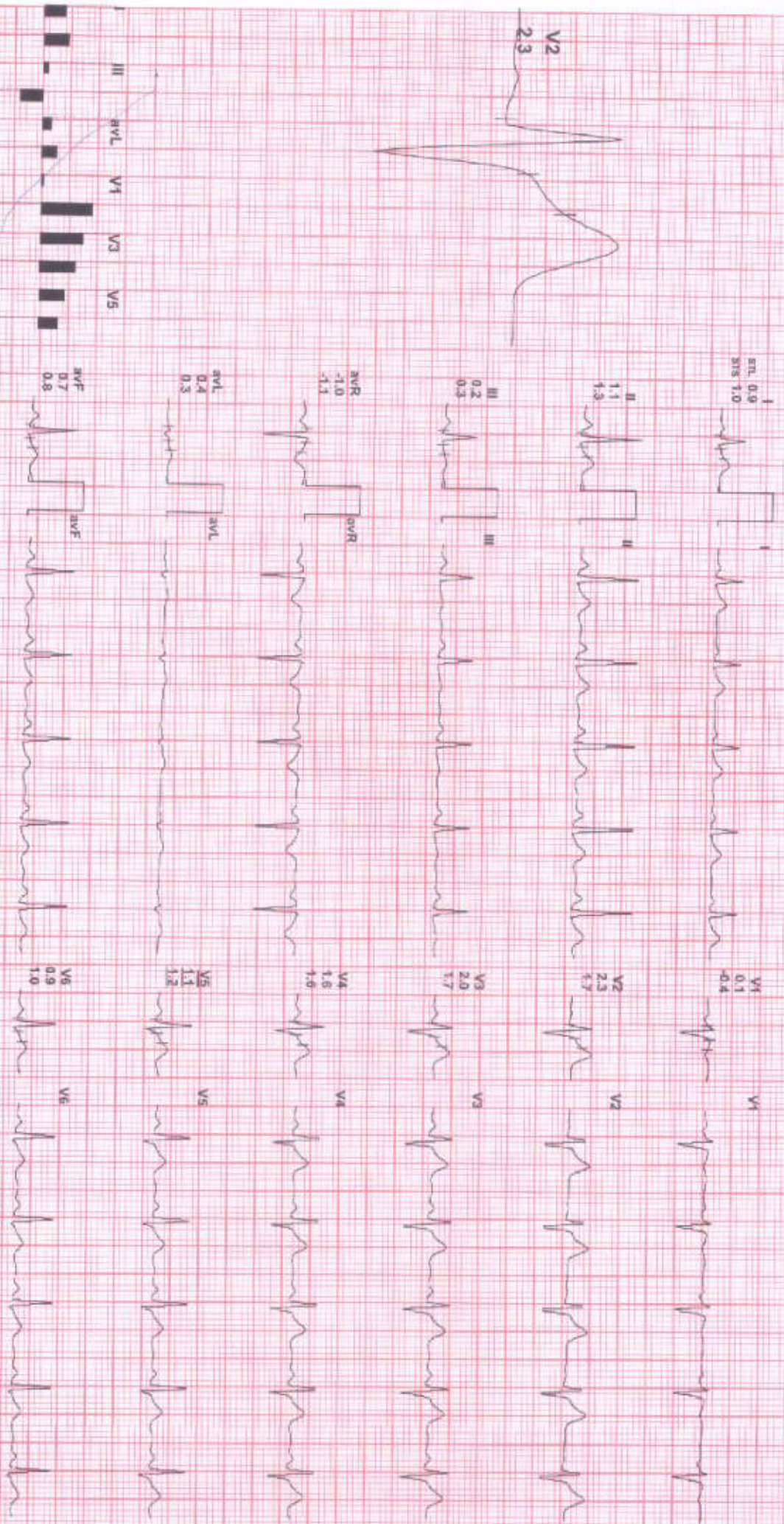
4X 80 ms Post J

METS: 1.0/ 86 bpm 47% of THR BP: 120/70 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 HzLF 36 Hz

ExStart



EXTime: 00:00 0.0 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

106 / MR AKASH / 36 Yrs / M / 182 Cms / 87 Kg / HR : 115

Date: 24 / 02 / 2024

METS: 4.7 / 115 bpm 62% of THR BP: 122/76 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTIME: 03:00 2.7 Km/ph, 10.0%

4X 70 MS Post J

gTL 1.1
gSR 1.4

V1 0.0
V2 -0.8

I 1.2
II 1.8

V2 2.7
V3 2.4

III 0.1
aVR 0.3

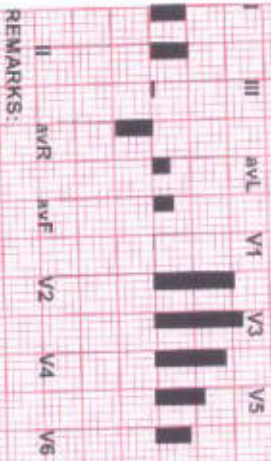
V3 2.9
V4 2.9

aVL 0.6
aVF 1.0

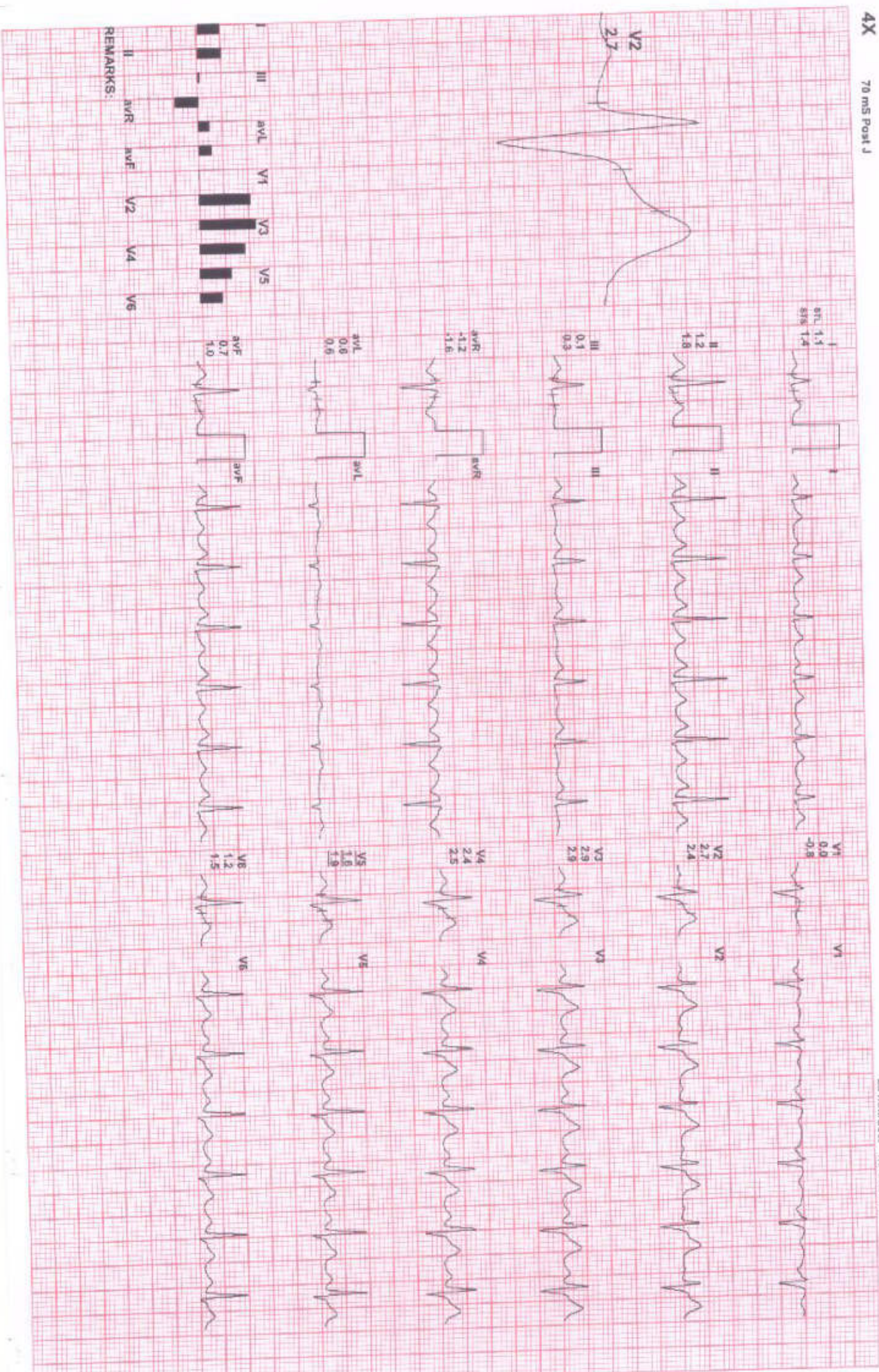
V4 2.4
V5 2.5

V5 1.8
V6 1.5

V6 1.2
V7 1.5



REMARKS:



106 / MR AKASH / 36 Yrs / M / 182 Cms / 87 Kg / HR : 134

Date: 24 / 02 / 2024

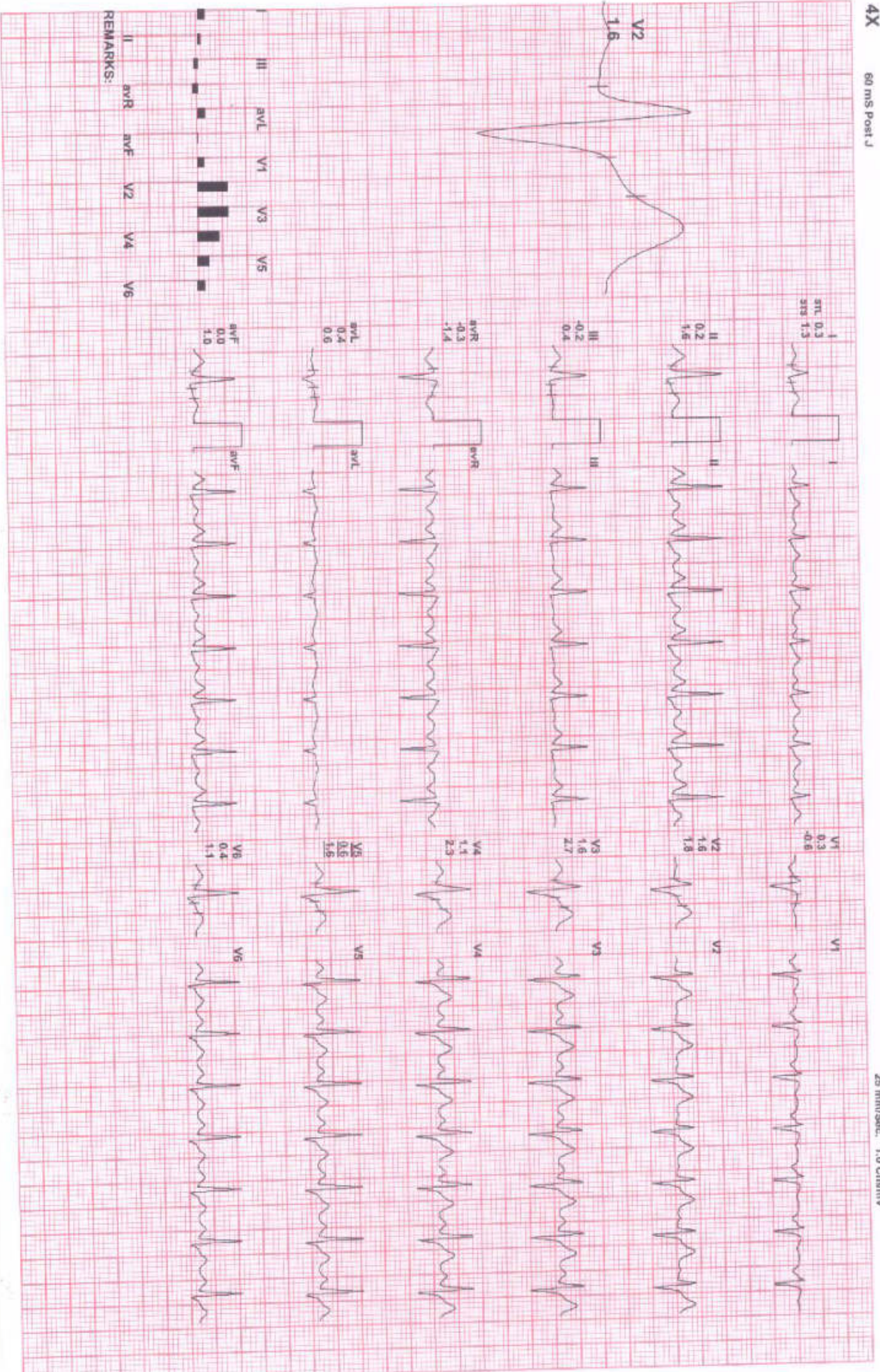
METS: 7.1 / 134 bpm 73% of THR BP: 124/82 mmHg Combined Modifiers/ BLC On/ Notch On/ HF 0.05 HzLF 35 Hz

4X 60 ms Post J

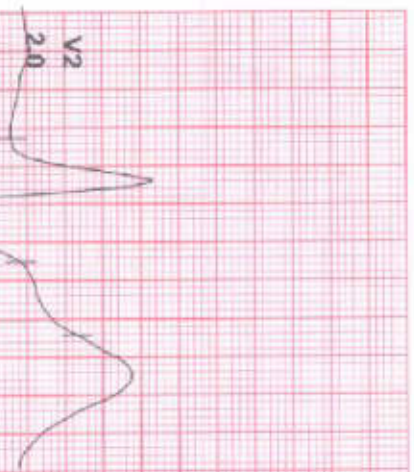
DRUG: Stage 4(0.00)

AGPL

ExTime: 06:00 4.0 Km/hn 12.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



PR 0.0
QRS 1.8

II 0.3
I 0.0

III -0.6
aVF 0.1

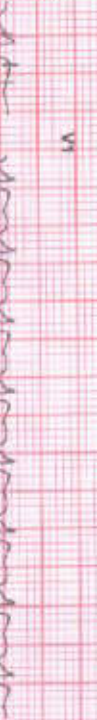
aVR -0.5
V5 1.8

aVL 0.8
V6 0.1

aVF -0.2
V5 1.0

REMARKS:

II aVR aVL V1 V2 V3 V4 V5 V6



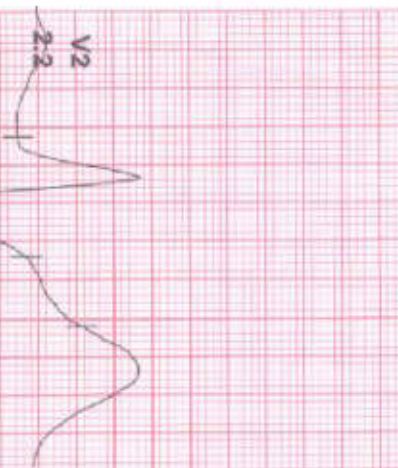
Date: 24 / 02 / 2024

MEETS: 4.1/ 131 bpm 71% of THR BP: 124/84 mmHg Combined Medians/ BLC Onv Natch Onv HF 0.05 Hz/LF 35 Hz

EXTime: 08:06 0.8 Kmph, 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



I
0.8
1.6



V1
0.3
0.8



II
0.3
1.9



V2
2.2
2.7



III
-0.4
0.4



V3
2.3
3.5



aVR
-0.5
-1.7



V4
1.7
3.0



aVL
0.6
0.4



V5
1.0
2.1



aVF
-0.1
1.1



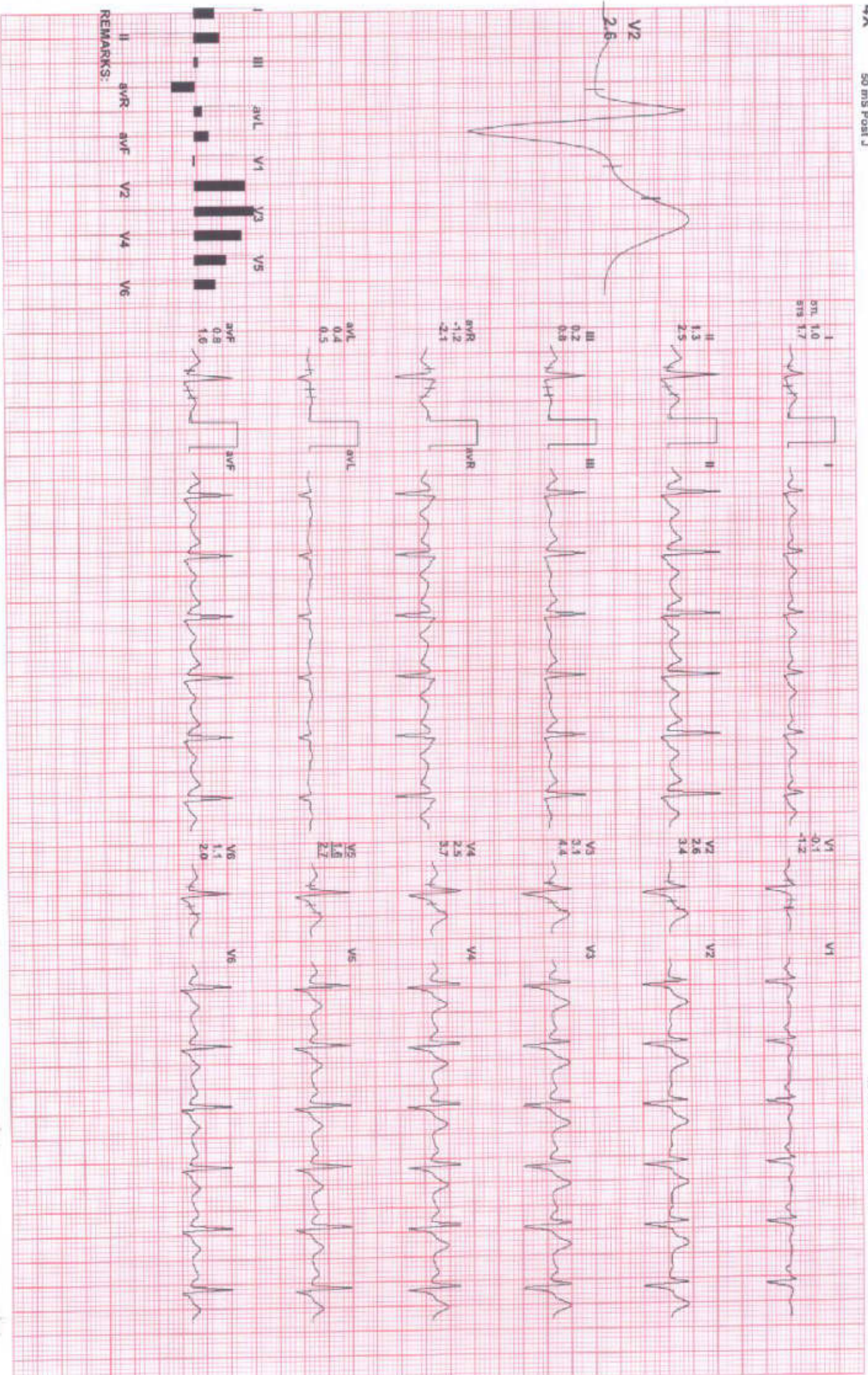
V6
0.5
1.6



REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6

4X 50 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: