

BP - 130/80
P - 84/nt
H - 173 cm
WT - 77 kg

Mr. S. Lalitendra
Age - 29 y/m

13/01/24

No H10 DM11/HM

CBC - 14.8/5.10/9.14/197
FBS - 87 | PP - 101.0
urea - 09
creat - 0.91
lipid - 157/199/40/77.20
LFT - 30/34/87
HbA1c - 5.4

↓
- Patient is Ht at time of
examination

[Signature]
Dr. Animesh



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

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. S. Lalalendu Bidyadhar

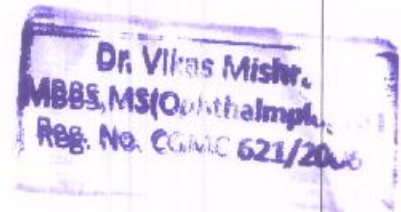
Date 13/01/24

Sex/Age 29 y/m

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
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>NAG</u>				
	SPH	CYL	AXIS	ADD
RIGHT	←			
LEFT				
REMARKS :-				



ID: 280

13-01-2024 11:01:37 AM

MR S LALATENDU BIDYADHAR

Male 29Years

HR : 102 bpm

P : 104 ms

PR : 134 ms

QRS : 92 ms

QT/QTc : 326/425 ms

P/QRS/T : 60/24/27 °

RV5/SV1 : 0.784/0.618 mV

Diagnosis Information:

Sinus tachycardia

Normal ECG except for rate



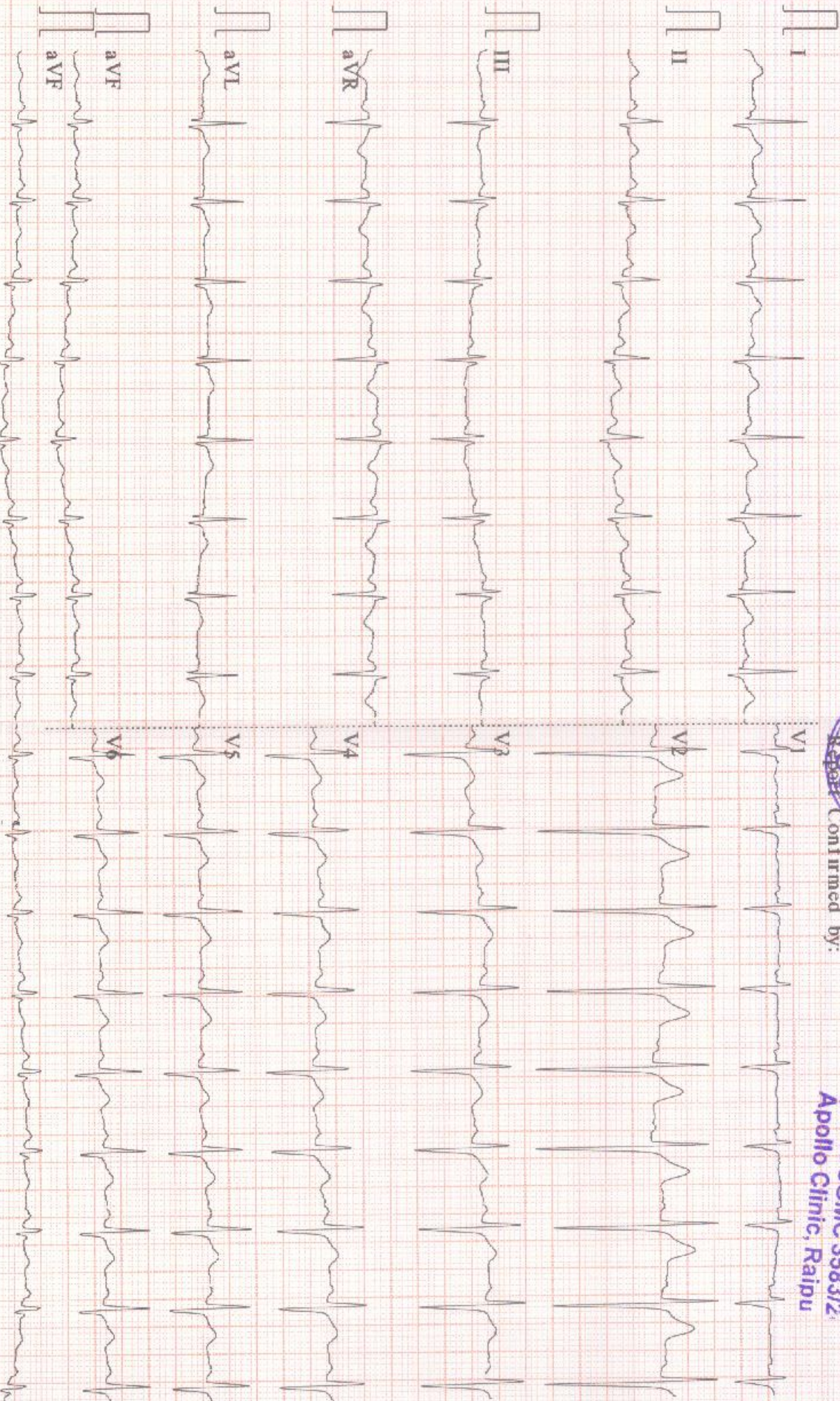
Confirmed by:

Dr. Animesh Ch...

MD Medicine

Reg. No. CGMC 3583/2

Apollo Clinic, Raipu



NAME OF PATIENT: MR. S LALATENDU

AGE: 29YRS / MALE

REFERRED BY: BOB

DATE: 13/01/2024.

CHEST X - RAY PA VIEW

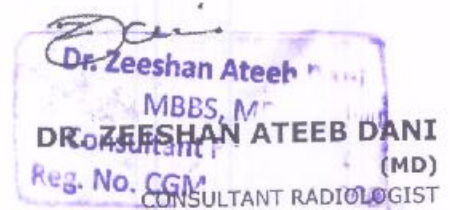
FINDINGS:

- 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.



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. S. LALATENDU BIDYADHAR
REF BY :- BOB

AGE/SEX: 29 YRS/M
DATE:- 13.01.2024

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 cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.82X4.88cm	12.05X5.47cm
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 23.086 CC gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



Zai
Dr. Zeeshan Ateeb Dani
DR. ZEESHAN ATEEB DANI
MBBS, MD
(MD)
Consultant Radiologist
CONSULTANT RADIOLOGIST
No. CGMC-2524/2005

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.

Patient Name : MR S LALATENDU BIDYADHAR
 UHID/ MR No : 8598
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 01:59PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 29 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 13/01/2024 06:03PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	14.8	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.10	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	44.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	87.1	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.0	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	12.5	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	9.14	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	52	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	38	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes	08	%	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

Page 5 of 6

Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR S LALATENDU BIDYADHAR
UHID/ MR No : 8598
Visit Date : 13/01/2024
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Sponsor Name :

Age/Gender : 29 Y Male
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Reported On : 13/01/2024 06:03PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	197	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)	O		
RhD factor (Rh Typing)	POSITIVE		

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 6 of 6

Dhananjay
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UHID/ MR No : 8598
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Sponsor Name :

Age/Gender : 29 Y. Male
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Reported On : 13/01/2024 06:03PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	101.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	87.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.91	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.7	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Page 1 of 6

Dhananjay
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 UHID/ MR No : 8598
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 Sponsor Name :

Age/Gender : 29 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 13/01/2024 06:03PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	157.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	199.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	40.0	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 : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	39.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.93		3.5-5
Method: Spectrophotometric			

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

(Signature)
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Age/Gender : 29 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 13/01/2024 06:03PM

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	30	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	34	U/L	0 - 41
ALKALINE PHOSPHATASE	87	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	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

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Dhananjay
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 M.D. PATHOLOGY

Patient Name : MR S LALATENDU BIDYADHAR
UHID/ MR No : 8598
Visit Date : 13/01/2024
Sample Collected On : 13/01/2024 01:59PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 29 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 13/01/2024 06:03PM

BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.4	%	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%.
 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

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
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Page 4 of 6


DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

PatientName	:Mr.S.LALATENDU BIDYADHAR	Collected	:13/Jan/202406:00PM
Age/Gender	:29Y0M0D/M	Received	:13/Jan/202406:17PM
UHID/MRNo	:DSUS.0000006100	Reported	:13/Jan/202407:08PM
VisitID	: DSUSOPV7106	Status	:FinalReport
RefDoctor	:APOLLOCLINIC	ClientName	:PUPAPOLLOCLINICSAMRIDDHIAR
IP/OPNO	:	Patientlocation	:Raipur,Raipur

DEPARTMENTOFIMMUNOLOGY

TestName	Result	Unit	Bio.Ref.Range	Method
THYROIDPROFILETOTAL(T3,T4,TSH),SERUM				
TRI-iodothyronine(T3,TOTAL)	1.38	ng/mL	0.6-1.81	CLIA
THYROXINE(T4,TOTAL)	9.30	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.600	µIU/mL	0.35-5.5	CLIA

Comment:

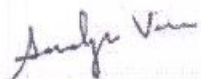
Forpregnantfemales	BioRefRangeforTSHinIU/ml(AsperAmerican ThyroidAssociation)
Firsttrimester	0.1-2.5
Secondtrimester	0.2-3.0
Thirdtrimester	0.3-3.0

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, Nonthyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

EndOfReport

Page 2 of 2



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

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENCEE SAMRIDDHI AROGYAM PVT. LTD.

SIN No: JM06800442 Apollo Clinic @ Park Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



+91 96918 26363

0771 4033341/42

PatientName	:Mr.S.LALATENDU BIDYADHAR	Collected	:13/Jan/202406:00PM
Age/Gender	:29Y0M0D/M	Received	:13/Jan/202407:10PM
UHID/MRNo	:DSUS.0000006100	Reported	:13/Jan/202408:07PM
VisitID	: DSUSOPV7106	Status	:FinalReport
RefDoctor	:APOLLOCLINIC	ClientName	:PUPAPOLLOCLINICSAMRIDDIAR
IP/OPNO	:	Patientlocation	:Raipur,Raipur

DEPARTMENTOFBIOCHEMISTRY

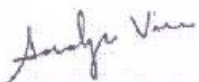
TestName	Result	Unit	Bio.Ref.Range	Method
CALCIUM, SERUM	10.30	mg/dL	8.4-10.2	Arsenazo-III

Comments:-

Serumcalciummeasurementsaredonetomonitoranddiagnosedisordersofskeletalsystem,parathyroidgland,kidney,muscular disorders,andabnormalvitaminDandproteinlevels.

Increasedin:Primaryhyperparathyroidism,malignantneoplasm,renalfailure,VitaminAandDintoxication,lithiumtherapy, immobilization,hyperthyroidismandothernon-parathyroidendocrinopathies.

Resultisrechecked.Kindlycorrelateclinically

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

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Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



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0771 4033341/42

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 UHID/ MR No : 8598
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 01:59PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 29 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 13/01/2024 06:03PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		Clear
Appearance	Clear		Colourless
Colour	Pale Yellow		1.001 - 1.030
Specific Gravity	1.020		
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
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

RAIPUR Email:
38 / MR S.LALATENDU / 29 Yrs / M / 173 Cms / 77 Kg
Date: 13 / 01 / 2024

Stage	Time	Duration	Speed(kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	133	70%	130/80	172	00	
Ex Start	00:12	0:02	00.0	00.0	01.0	133	70%	130/80	172	00	
BRUCE Stage 1	03:12	3:00	02.7	10.0	04.7	160	84%	132/84	211	00	
PeakEX	05:12	2:00	04.0	12.0	06.3	181	95%	134/86	242	00	
Recovery	05:42	0:30	00.8	00.0	01.8	174	91%	134/86	233	00	
Recovery	06:12	1:00	00.8	00.0	01.0	160	84%	134/86	214	00	
Recovery	06:50	1:38	00.0	00.0	01.0	155	81%	134/84	207	00	

FINDINGS :

Exercise Time : 05:00
 Max HR Attained : 181 bpm 95% of Target 191
 Max BP Attained : 134/86 (mm/Hg)
 Max Workload Attained : 6.3 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

STRESS TEST IS NEGATIVE FOR REVERSIBLE MAYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY



Doctor : DR DEEPAN DAS MBBS DIP CARDIO

BRUCE:Supine(0:10)



38 / MR S.LALATENDU / 29 Yrs / M / 173 Cms / 77 Kg / HR : 133

Date: 13 / 01 / 2024

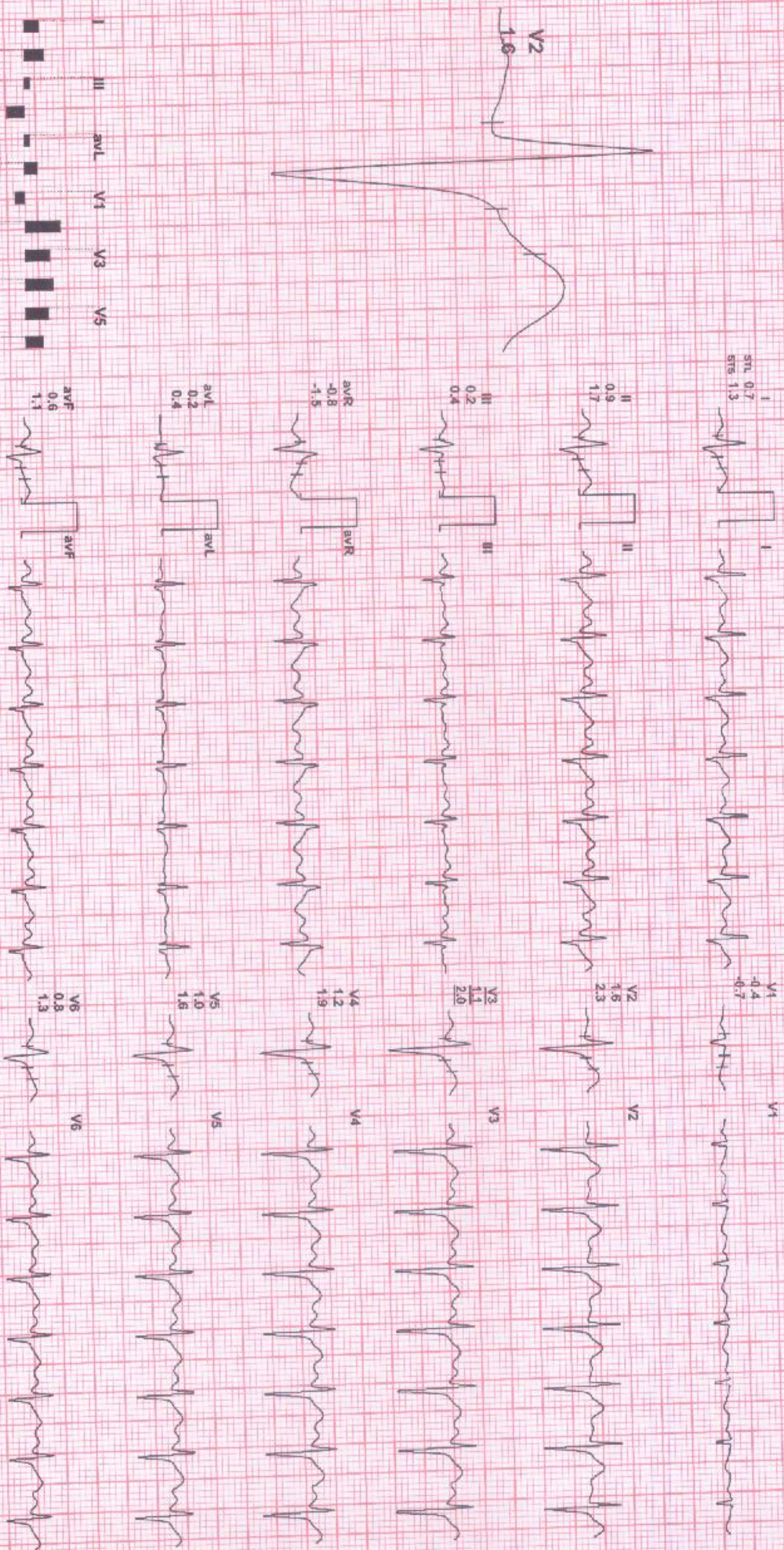
METS: 1.0/ 133 bpm 70% of THR BP: 130/80 mmHg

Combined Medians/ BLC On/ Natch On/ HF 0.05 HzLF 35 Hz

ExTime: 00:00 0.0 Km/h, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

38 / MR S.LALATENDU / 29 Yrs / M / 173 Cms / 77 Kg / HR : 133

Date: 13 / 01 / 2024

METS : 1.0/ 133 bpm 70% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

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

4X 60 ms Post J



REMARKS:



38 / MR S.LALATENDU / 29 Yrs / M / 173 Cms / 77 Kg / HR : 160

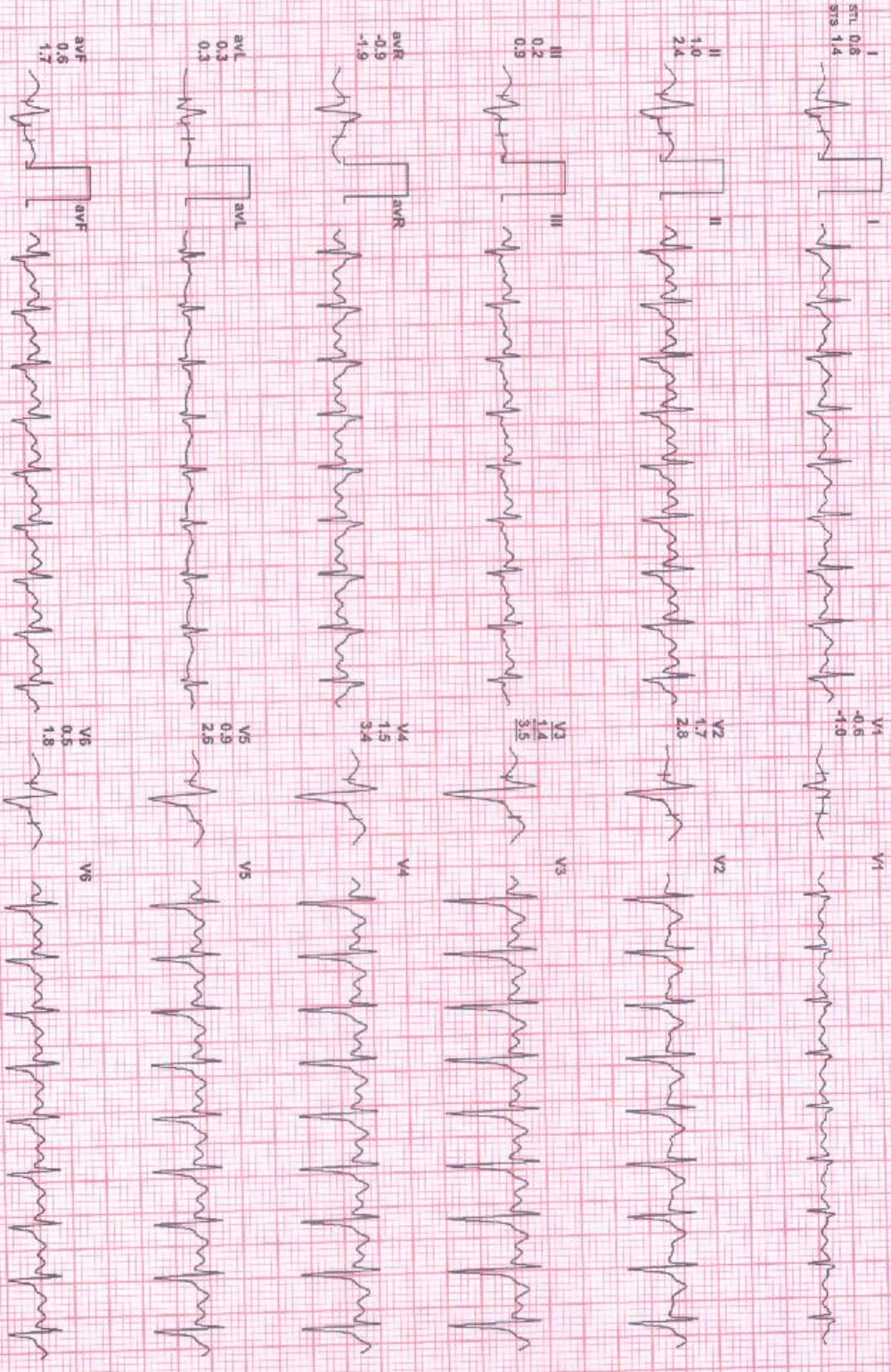
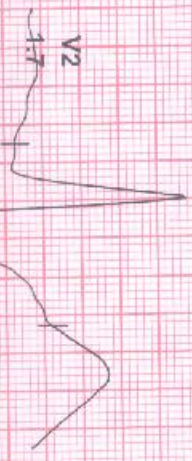
Date: 13 / 01 / 2024

METS: 4.71 160 bpm 64% of THR BP: 132/84 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/LF 35 Hz

EXTime: 03:00 2.7 Kmph, 10.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

38 / MR S.LALATENDU / 29 Yrs / M / 173 Cms / 77 Kg / HR : 181

Date: 13/01/2024

METS: 6.3/181 bpm 95% of THR BP: 134/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 Hz

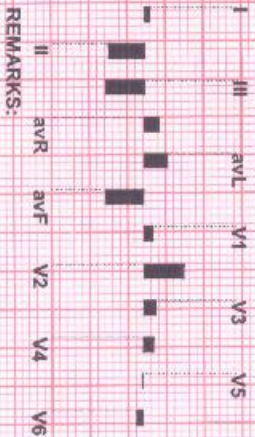
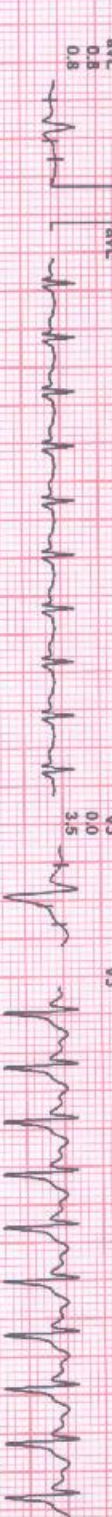
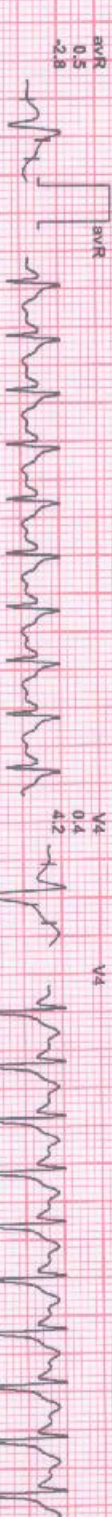
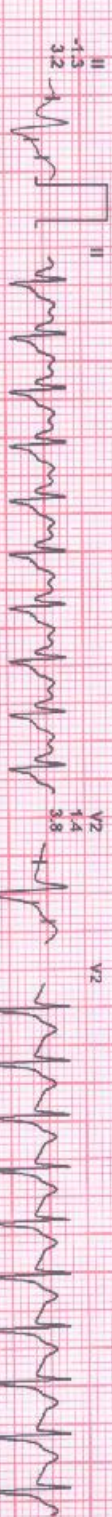
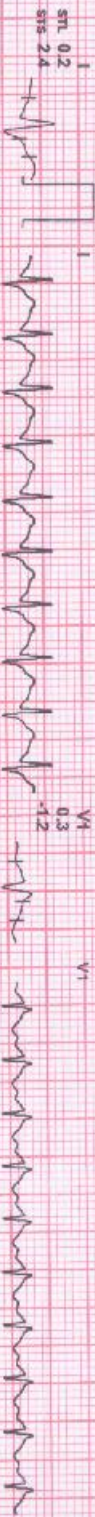
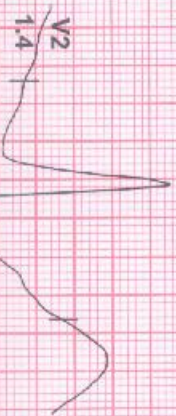
EXTIME: 05:00 4.0 Km/h, 12.0%

PeakEx



4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

38 / MR S.LALATENDU / 29 YRS / M / 173 Cms / 77 Kg / HR : 174

Recovery(0:30)



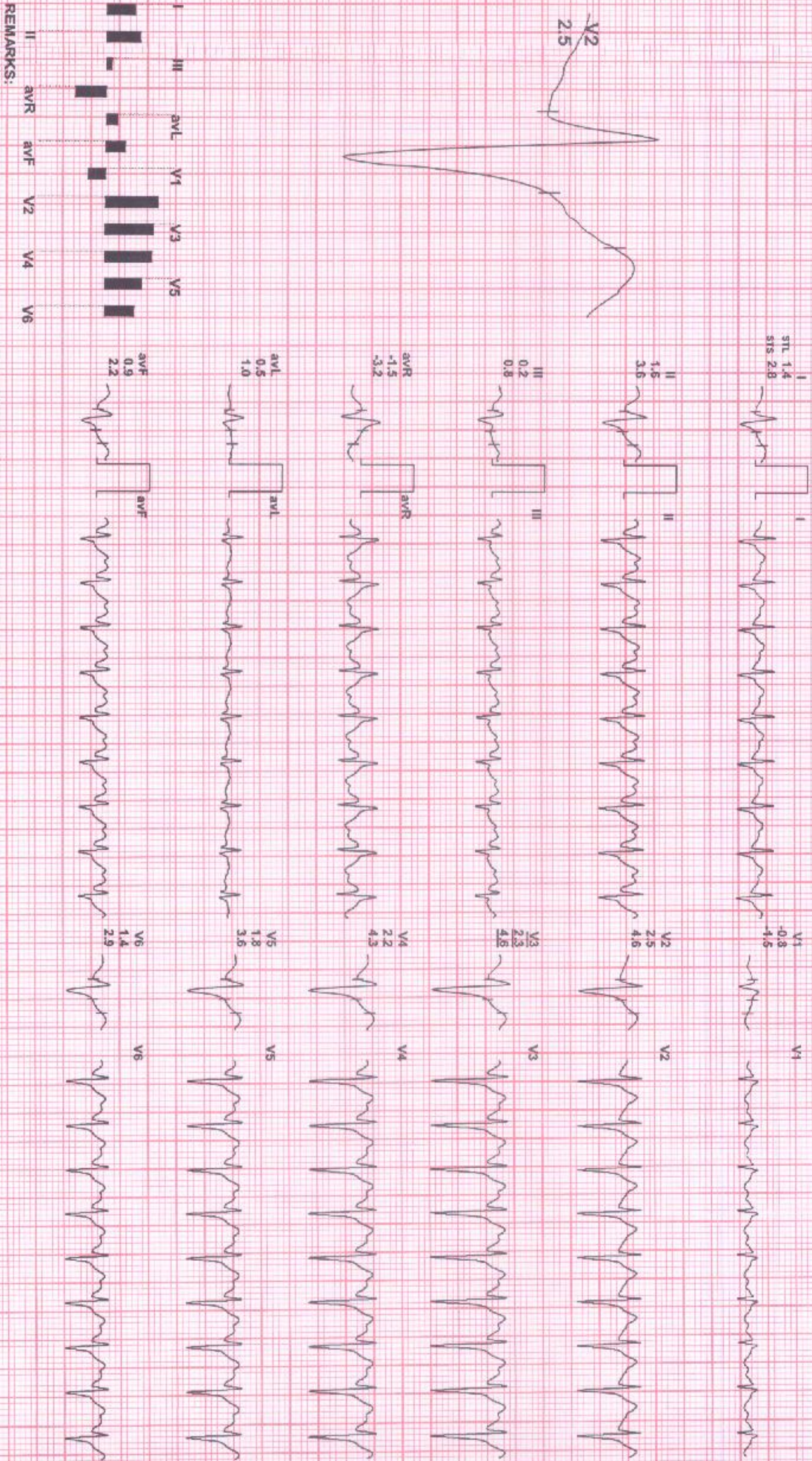
Date: 13/01/2024

METS: 1.8/ 174 bpm 91% of THR BP: 134/86 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/IF 35 HZ

ExTime: 05:00 0.8 Kmph, 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

38 / MR S.LALATENDU / 29 Yrs / M / 173 Cms / 77 Kg / HR : 160

Recovery(1:00)



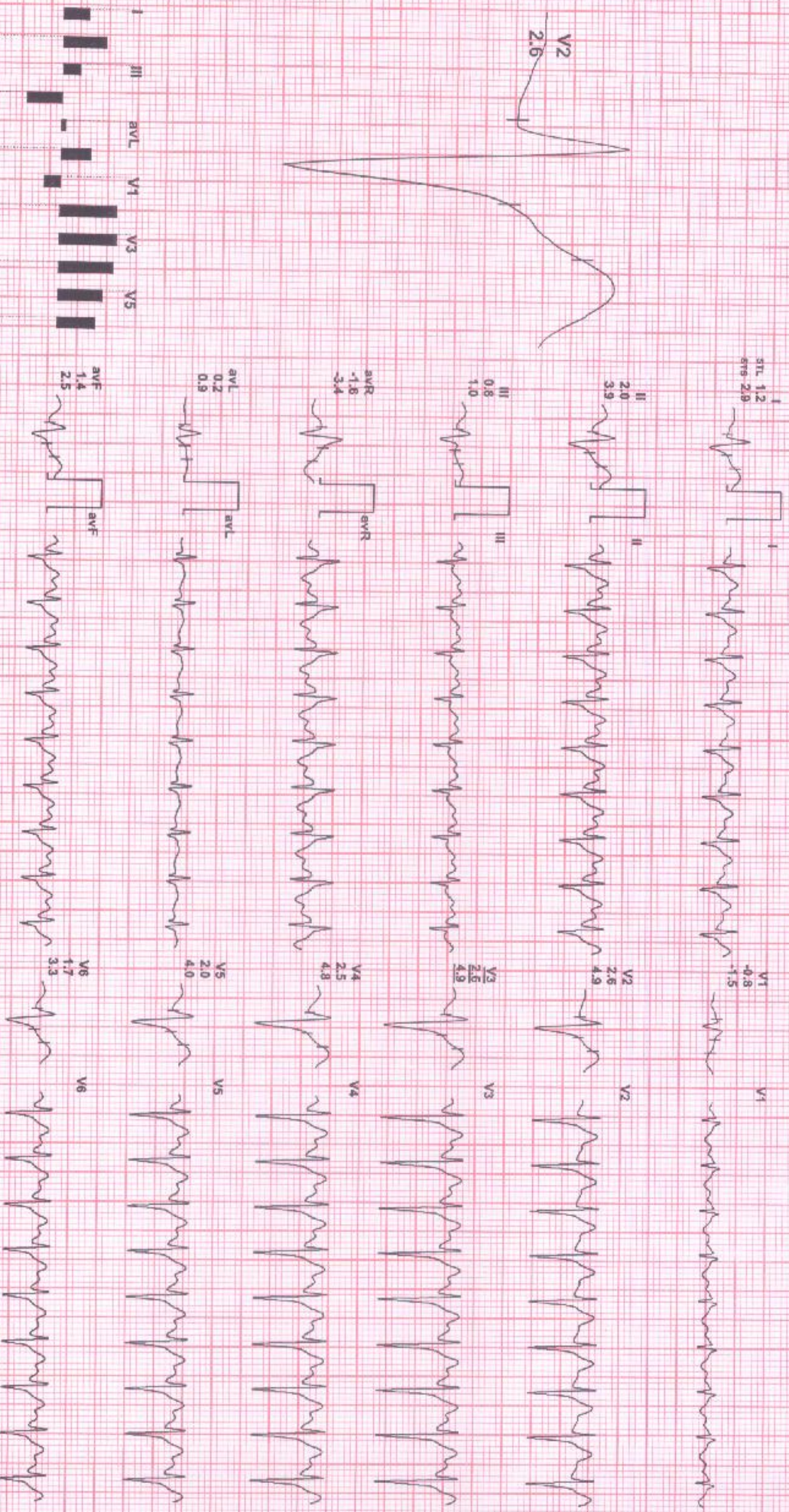
Date: 13/01/2024

METS: 1.0/ 160 bpm 84% of THR BP: 134/86 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 HZLF 35 Hz

EXTime: 05:00 0.8 Km/h, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

38 / MR SLALATENDU / 29 Yrs / M / 173 Cms / 77 Kg / HR : 155

Recovery(1:38)

ACHPL

Date: 13/01/2024

METS: 1.0/155 bpm 81% of THR BP: 134/94 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzLF 35 Hz

ExTime: 05:00 0.0 Kmph, 0.0%

4X 60 MS Post J

25 mm/Sec. 1.0 Cm/mV

