

wt - 71 kg
H - 166 cm
BP - 120/70
P - 68 bpm

Mr. Shresh Bhatnagar
Age - 44 y | M

No H/O DM/HTN

CRP - 14.5 | 5.65 | 336 | 08

RBS - F - 93.0 | BP - 12.0

Creatinine - 1.20

U. Acid - 4.65

U/D - 139.0 | 155.0 | 140.0 | 128

LF - 83 | 31 | 9

HbA1c - 5.8

TSH - 3.430

cup mtr d 10 21, 27
w 3 month

(Signature)



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

ELISA Di Ronak Roy MS607
 Name: Sankaran M Age: 44yrs

No Active Complaints.

On Ex Rt Lt
 Ear clear clear
 Throat (M) pmw clear
 None FLW RL clear
 None RL Tm intact

ENT Examination is normal



Ronak
 5/4/24

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Online appointment: <https://dr.apollo.com> | Online records: <https://dr.apollo.com>

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44/m

H/O

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1-6
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Dr. Baskaran
 9828257282



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EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name **Mr. Sesh. Kiran Medidi** Date: **14/12/24**

Sex/Age: **M/41M** MIR No: Employee Id:

EXTERNAL EXAMINATION				
SCUNT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS(REF):	NO ABN	(LE):	NO ABN	(RE):
INDIVIDUAL COLOUR IDENTIFICATION	Good.			
DISTANT VISION:(RE)	6/6	(LE):	6/6	
NEAR VISION:(RE):	6/6	(LE):	6/6	
NIGHT BLINDNESS	NO			
	RPH	CYL	AXIS	ADD
RIGHT				+1.25
LEFT				+1.25



DR. VIKAS
 M.B.B.S, M.S.(D.Ophthalmology)
 Reg. No. Co.M.C. 24/2006

Apollo Clinic

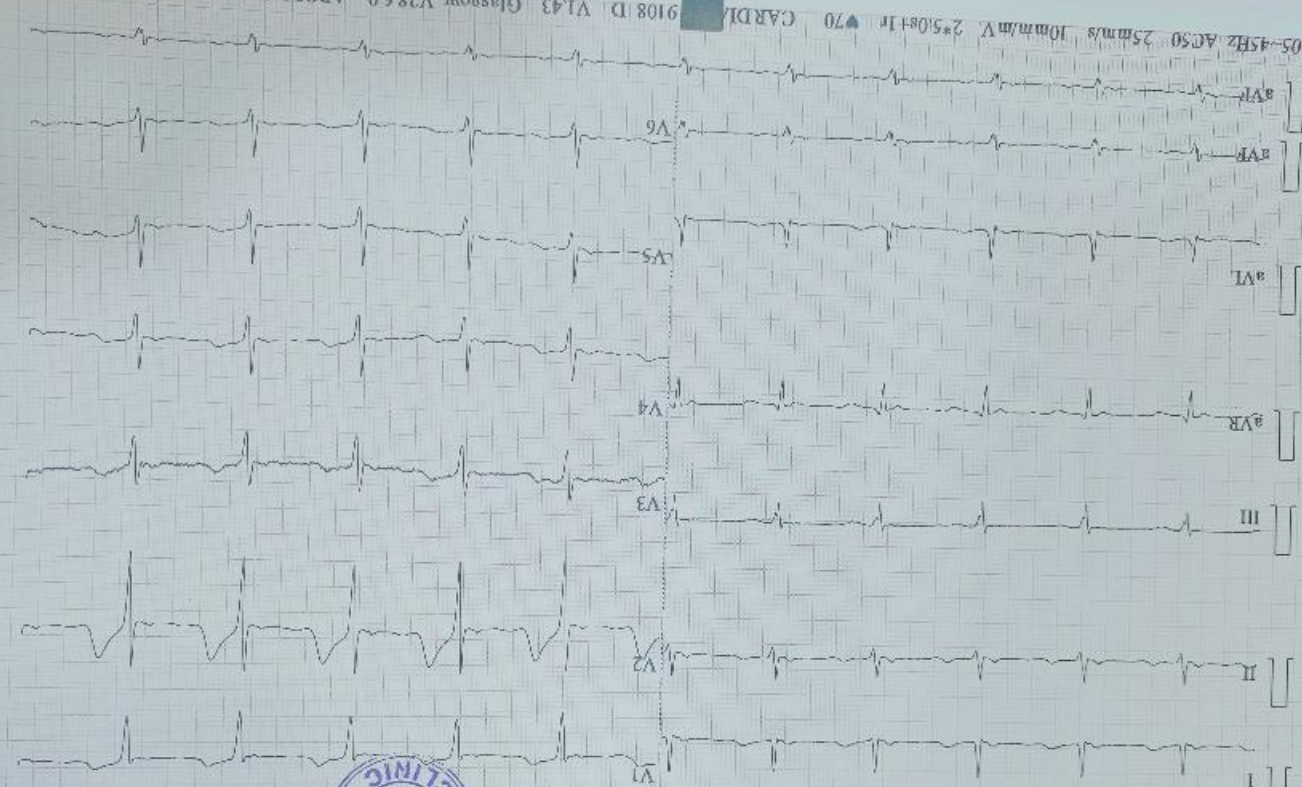
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005-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 70 CARDI 9108 D V143 Glasgow V28.60 APOLLO CLINIC RAIPUR



HR : 70 bpm
 P : 100 ms
 PR : 130 ms
 QRS : 102 ms
 QT/QTc : 394/426 ms
 P/QRS/T : 29/-3/9 °
 RV/SV1 : 0.748/0.790 mV

Diagnosis Information:
 Sinus rhythm
 Inferior T wave abnormality is nonspecific
 Borderline ECG
 Report Confirmed by



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

ID: 115
 MR SESH KIRAN MUDILI
 Male 44Years

MR U.R.
 9608
 09/09/2022
 29/03/2022
 SELF

PATIENT NAME:- MR. SESH KIRAN MUDILI
 REF BY :- BOB

AGE/SEX:- 44 YRS/M
 DATE:-05.04.2024

USG ABDOMEN

Liver: Liver is normal in size, smooth in outline with normal echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

Gall bladder: CONTRACTED (PATIENT IS NOT NIL ORALTY)

Pancreas & Paraortic Region: Normal.

Spleen: Is normal in size and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.50X4.49cm	9.23X5.17cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder: - Distended & normal..

Prostate: is normal in size, shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- USG abdomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



[Signature]

DR. ANIL WASTI
 SONOLOGIST REG.NO. CGMC-1471

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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MR : 9808
 : 09/03
 : 09/03
 SELF

Typing
 (9)

ECHOCARDIOGRAPHY REPORT

NAME : MR. SHESH KIRAN RUDRILI **Age/Sex:** 44Yrs/male **ECG :** Sinus Rhythm
OPD/ IPD : OPD **STUDY DATE:** 05/04/2024 **REGN. NO.:** FRAAL00005020504
Ref. by Dr. : SOB

M-MODE MEASUREMENTS:-

Parameter	Patient Value (cm)	Normal Value (cm)	Parameter	Patient Value (cm)	Normal Value (cm)
Aortic Root Diameter	2.8	2.0 - 3.7	IVS Thickness	ED = 1.0 ES = 1.4	0.6 - 1.1
Aortic Valve Opening	1.7	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)	4.3	3.7 - 5.5	RV Dimension	...	2.6
LVID(S)	2.3	2.2 - 4.0	TAPSE	...	1.5 - 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 : TRACE TR
Aortic Valve : Normal
Pulmonary Valve : Pulmonary valve appears normal in morphology.
Systemic venous : IVC normal in size with normal inspiratory collapse.

FINAL IMPRESSION
 : NO RWMA AT REST.
 NORMAL LV SYSTOLIC FUNCTION.
 TRACE TRICUSPID REGURGITATION.
 NO I/C CLOT VEGETATION OR PERICARDIAL EFFUSION.

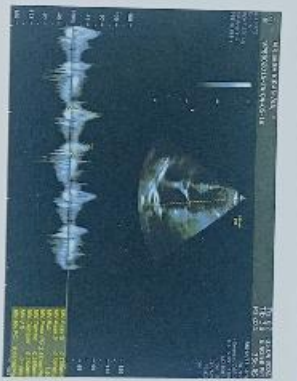
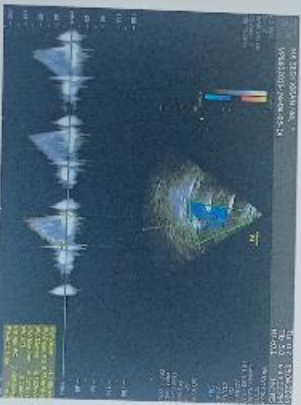
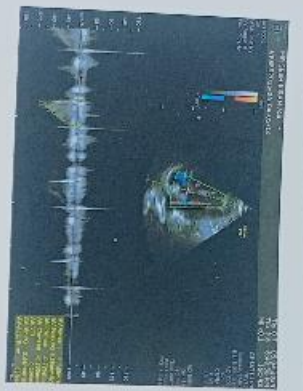

DR. JEEBAN DAS
 MBBS, DNB CARDIOLOGY
 CONSULTANT, DEPT. OF NIC

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IVC (S) normal - size & location within normal limits



MF : 960
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San Juan Manila
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Dr. B. B. B.
7825 251-832



End of report
ans to be consist

Patient Name : MR SESH KIRAN MUDILI
UHID/ MR No : 10119
Visit Date : 05/04/2024
Sample Collected On : 05/04/2024 05:35PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 44 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 05/04/2024 06:10PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	14.5	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	43.50	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	86.0	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	28.7	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	12.3	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.65	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	58	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	32	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	05	%	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

Dr. Dhananjay Ramchandra Prasad

120190

Patient Name : MR SESH KIRAN MUDILI
 UHID/ MR No : 10119
 Visit Date : 05/04/2024
 Sample Collected On : 05/04/2024 05:35PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 44 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 05/04/2024 06:10PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	336	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	08	mm /HR	0 - 10

Blood Group (ABO Typing)

Blood Group (ABO Typing) : A
 RhD factor (Rh Typing) : POSITIVE

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

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APOLLO CLINIC RAIPUR

Patient Name : MR SESH KIRAN MUDILI
 UHID/ MR No : 10119
 Visit Date : 05/04/2024
 Sample Collected On : 05/04/2024 05:35PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 44 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 05/04/2024 06:10PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	112.0	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	13	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.20	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.65	mg/dL	2.6 - 7.2

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Dhananjay

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120/70

APOLLO CLINIC

Patient Name : MR SESH KIRAN MUDILI
UHID/ MR No : 10119
Visit Date : 05/04/2024
Sample Collected On : 05/04/2024 05:35PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 44 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 05/04/2024 06:10PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	199.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	155.0	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	128	mg/dl	Optimal:< 100 Near Optimal : 100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	31	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.98		3.5-5
Methode: Spectrophotometric			

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
path

Dhananjay Ramchandra Prasad

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Patient Name : MR SESH KIRAN MUDILI
UHID/ MR No : 10119
Visit Date : 05/04/2024
Sample Collected On : 05/04/2024 05:35PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 44 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 05/04/2024 06:10PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.6	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	23	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	31	U/L	0 - 41
ALKALINE PHOSPHATASE	91	U/L	25-147
Total Proteins Method: Spectrophotometric	6.6	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.75	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Samudra

Lab Technician / Technologist
path



Patient Name : MR SESH KIRAN MUDILI
UHID/ MR No : 10119
Visit Date : 05/04/2024
Sample Collected On : 05/04/2024 05:35PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 44 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 05/04/2024 06:10PM

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	1.015		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

Dhananjay

Patient Name : Mr.SESH KIRAN MUDILI	Collected : 05/Apr/2024 12:53PM
Age/Gender : 44 Y 0 M 0 D /M	Received : 05/Apr/2024 01:37PM
UHID/MR No : DSUS.0000007118	Reported : 05/Apr/2024 02:46PM
Visit ID : DSUSOPV8285	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI 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				
HBA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	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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 SIN No: B119136378

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Patient Name : Mr.SESH KIRAN MUDILI
 Age/Gender : 44 Y O M O D /M
 UHID/MR No : DSUS.0000007118
 Visit ID : DSUSOPV8285
 Ref Doctor : APOLLO CLINIC
 IP/OP NO :

Collected : 05/Apr/2024 12:53PM
 Received : 05/Apr/2024 01:21PM
 Reported : 05/Apr/2024 02:58PM
 Status : Final Report
 Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
 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)	1.23	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	6.5	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.430	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

- 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.
- 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.
- 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.
- 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 ***

Result/s to Follow:

Page 2 of 3



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 Apollo BLS & Diagnostics | A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)
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Patient Name : M. SESH KIRAN MUDILI
 Age/Gender : 44 Y 0 M 0 D M
 UHID/MR No : DSUS.0000007118
 Visit ID : DSUSQPV8285
 Ref Doctor : APOLLO CLINIC
 IP/OP NO :

Collected : 05/Apr/2024 12:53PM
 Received : 05/Apr/2024 01:21PM
 Reported : 05/Apr/2024 02:58PM
 Status : Final Report
 Client Name : PUP APOLLO CLINIC SAMRIDDI AR
 Patient location : Raipur, Raipur

PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA)

DEPARTMENT OF IMMUNOLOGY



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NAME OF PATIENT: MR. SESH KIRAN MUDDI
REFERRED BY: BOB

AGE: 44YRS / MALE
DATE: 05/04/2024

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 2311 (MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only and the definitive diagnosis, findings have to be clinically correlated. This report is not for medico-legal purposes.

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DR 1