

Mr. pankaj Kumar
3341M

06/03/24

Ht - 175cm

wt - 70kg

BP - 110/60

P - 82b/min

CBC - 13.8 / 4.75 / 7.05 / 146 / 10

FBS - 87.0 / PP - 111.0

RFT - 10 / 1.05 / 4.62

HbA1c - 5.5

Lipid - 163.0 / 99.0 / 44.0 / 99.20

LFT - 29 / 34 / 70

TSH - 1.76 T3 - 1.99 T4 - 11

Tmr - Nil

Arterial vessels
No H10 DMIT / Hmu / Myper

UD pain in Rt ~~patent~~ side &
fever (2 Newly)

- tab Metformin रात को
x 30 days

- tab med dm रात में x 30

- ~~tab~~ tab Crapapm 1/2 tab
4w/10 रात में 80mg x 30



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

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. Anand Prasad~~ Mr. Pankaj Kumar
33/1m

6/3/24

OC - pt came for routine dental checkup.

O/E - Sharp wsgs in 87/78 (buccal)

I/E - Enameloplasty done



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Pankun Kumar

Date 6/03/24

Sex/Age M 32y ear

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>6/6 to 6/12</u> (LE):- <u>6/6 to 6/12</u>				
NEAR VISION:(RE):- <u>NG</u> (LE):- <u>NG</u>				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT		-0.75	180	/
LEFT	-1.0	+2.0	70	/
REMARKS :-				



Dr. Vikas Mishra
MBBS, MS(Ophthalmologist)
Reg. No. CGMC 62L/2006

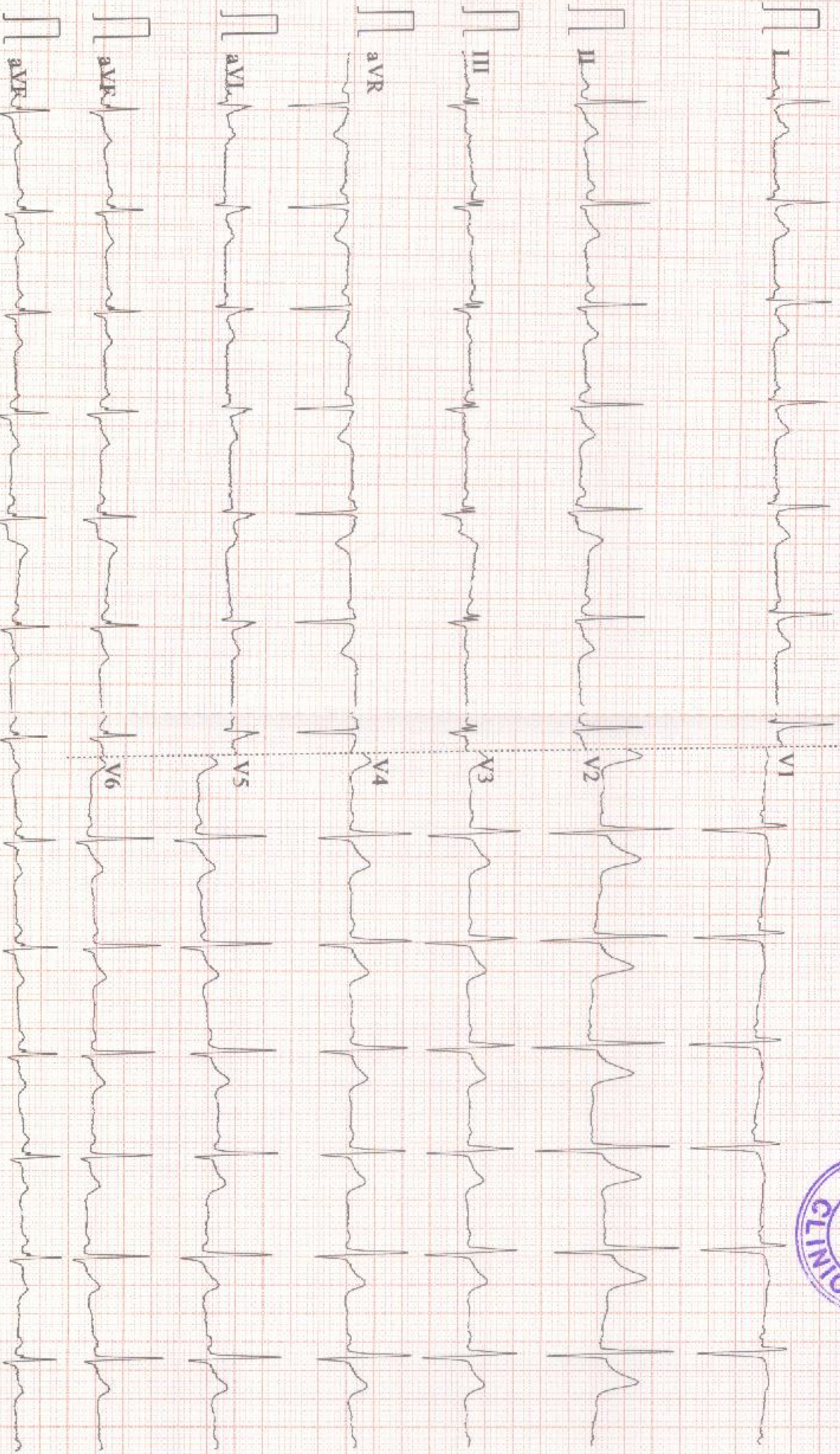
ID: 434
MR PANKUJ KUMAR
Male 33Years

06-03-2024 10:01:06 AM

HR : 80 bpm
P : 100 ms
PR : 130 ms
QRS : 90 ms
QT/QTc : 348/402 ms
P/QRS/T : 59/33/28 °
RV5/SV1 : 1.189/1.123 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Dr. Animesh Choudha
MD Medicine
Reg. No. CGMC 3583/20
Report Confidential by Clinic. Rainu.



NAME OF PATIENT:MR. PANKUR KUMAR

AGE: 33YRS/MALE

REFERRED BY: BOB

DATE: 06/03/2024

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
DR. ZEESHAN ATEEB DANI
MBBS, MD (MD)
Consultant
CONSULTANT RADIOLOGIST
Reg. No. CGMC 22

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. PANKUR KUMAR
REF BY :- BOB

AGE/SEX: 33 YRS/M
DATE:- 06.03.2024

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	10.05X4.41cm	10.88X4.85cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal

Prostate: is 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:

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.



Zai
Dr. Zeeshan Ateeb Dani
MBBS, MD
DR. ZEESHAN ATEEB DANI
(MD)
Reg. No. CGMC-23112019
CONSULTANT RADIOLOGIST

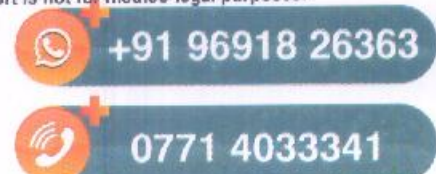
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Patient Name : MR PANKUR KUMAR
UHID/ MR No : 9560
Visit Date : 06/03/2024
Sample Collected On : 06/03/2024 02:20PM
Ref. Doctor : SELF
Sponsor Name :

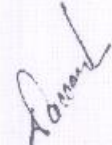
Age/Gender : 33 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 06/03/2024 05:33PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	13.8	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.75	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	41.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	87.2	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.1	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	12.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.05	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	54	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	36	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	06	%	1-6%
Monocytes Method: CELL COUNTER	04	%	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
 M.D. PATHOLOGY

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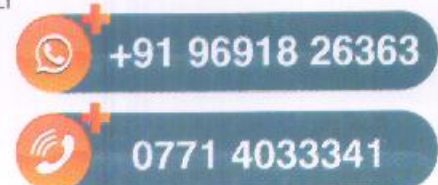
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HAEMATOLOGY

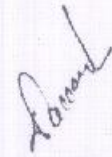
Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	146	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

Blood Group (ABO Typing)

Blood Group (ABO Typing) AB
RhD factor (Rh Typing) POSITIVE

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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M.D. PATHOLOGY

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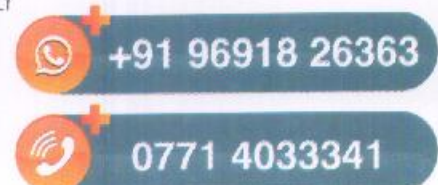
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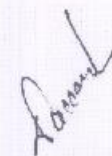
Age/Gender : 33 Y . Male
OP Visit No : OPD-UNIT-II-1
Reported On : 06/03/2024 05:33PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	111.0	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	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.05	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.62	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR PANKUR KUMAR
UHID/ MR No : 9560
Visit Date : 06/03/2024
Sample Collected On : 06/03/2024 02:20PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 33 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 06/03/2024 05:33PM

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

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 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
- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 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.
 - To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 - 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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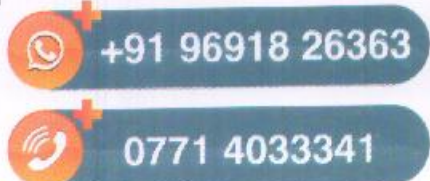
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Age/Gender : 33 Y. Male
OP Visit No : OPD-UNIT-II-2
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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	163.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	99.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	99.20	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	19.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.70		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR PANKUR KUMAR
UHID/ MR No : 9560
Visit Date : 06/03/2024
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Sponsor Name :

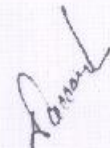
Age/Gender : 33 Y . Male
OP Visit No : OPD-UNIT-II-1
Reported On : 06/03/2024 05:33PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	1.2	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.3	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.90	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	26	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	34	U/L	0 - 41
ALKALINE PHOSPHATASE	70	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.5	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.72	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Page 3 of 6

Patient Name : Mr.PANKUR KUMAR	Collected : 06/Mar/2024 03:38PM
Age/Gender : 33 Y 0 M 0 D /M	Received : 06/Mar/2024 03:45PM
UHID/MR No : DSUS.0000006658	Reported : 06/Mar/2024 05:00PM
Visit ID : DSUSOPV7766	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI 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)	1.29	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.76	µIU/mL	0.34-5.60	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 ***



Apollo Clinic
DR. MANIKAL KUMAR
LICENSUREE, SAMRIDDHI AROGYAM PVT. LTD.
M.B.B.S, M.D (Pathology)
Consultant Pathologist

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Online reports : https://phr.apolloclinic.com

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0771 4033341

0771 4033341

Patient Name : MR PANKUR KUMAR
UHID/ MR No : 9560
Visit Date : 06/03/2024
Sample Collected On : 06/03/2024 02:20PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 33 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 06/03/2024 05:33PM

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	1.000		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	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



MR PAN KUR / 33 Yrs / M / 175 Cms / 70 Kg
 Date: 06 / 03 / 2024

Report



Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Start	00:13	0:13	00.0	00.0	01.0	099	53%	110/70	108	00	
RUCE Stage 1	00:20	0:07	00.0	00.0	01.0	098	52%	110/70	107	00	
Stage 1	03:20	3:00	02.7	10.0	04.7	138	74%	116/72	160	00	
Stage 1	06:12	2:52	04.0	12.0	07.0	160	86%	120/80	192	00	
Recovery	06:42	0:30	00.8	00.0	01.8	149	80%	120/80	178	00	
Recovery	07:12	1:00	00.8	00.0	01.0	139	74%	120/80	166	00	
Recovery	07:48	1:36	00.0	00.0	01.0	129	69%	120/80	154	00	

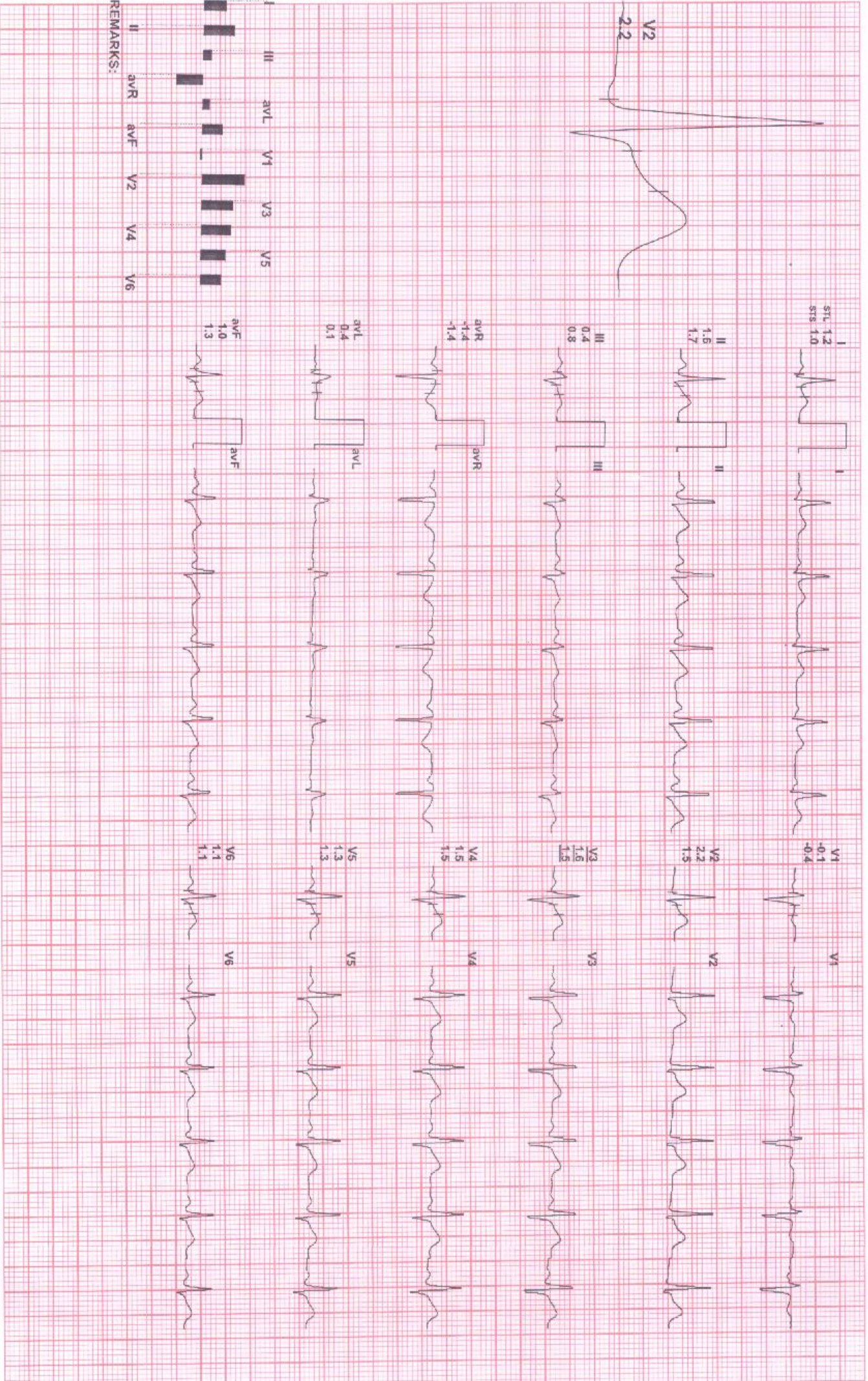
INDINGS :

Exercise Time : 05:52
 Max HR Attained : 160 bpm 86% of Target 187
 Max BP Attained : 120/80 (mm/Hg)
 Max Workload Attained : 7 Fair 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 FAIR FUNCTION CAPACITY

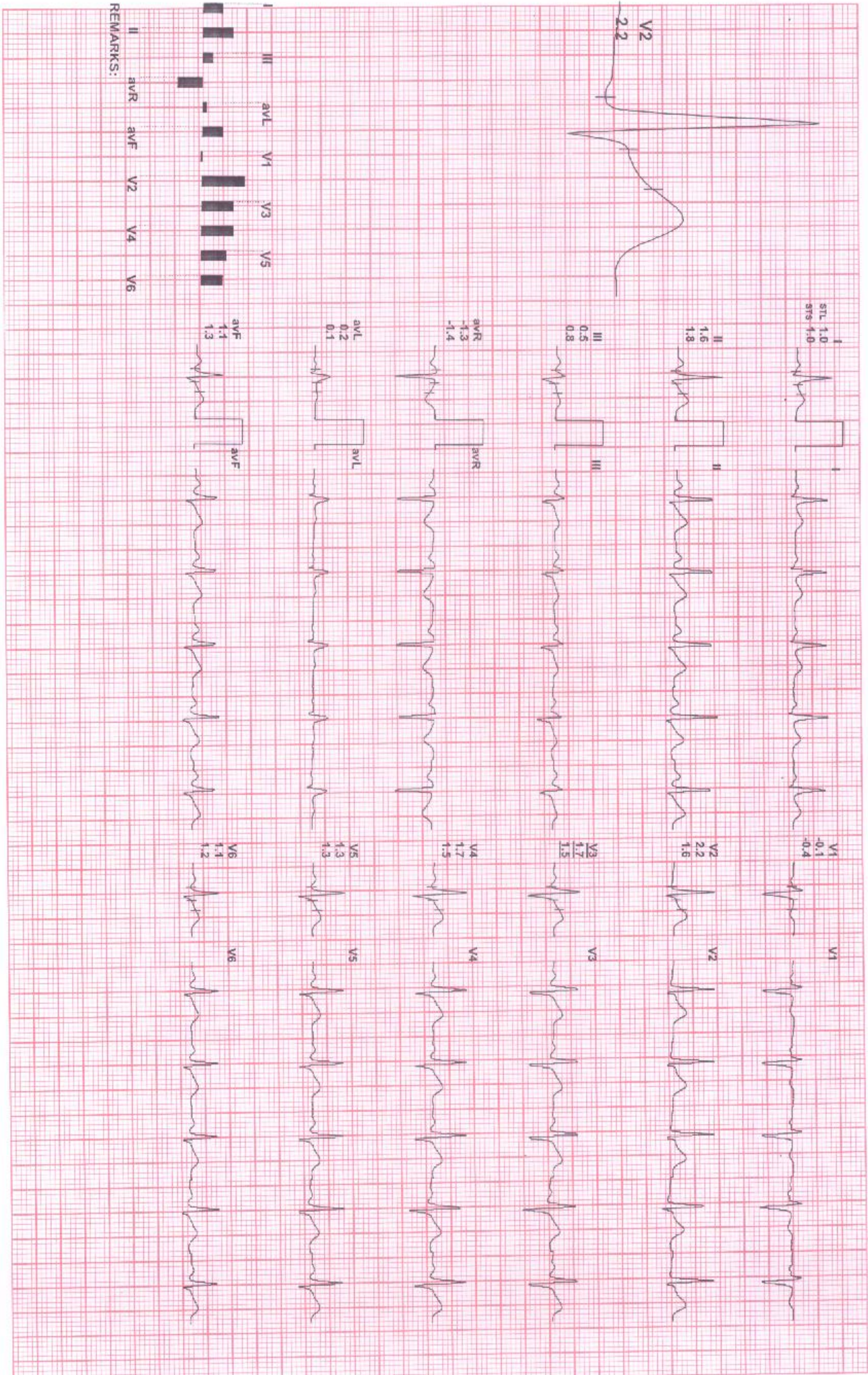


Doctor : DR DEEPAN DAS MBBS DIP CARDIO



4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

128 / MR PANKUR / 33 Yrs / M / 175 Cms / 70 Kg / HR : 138

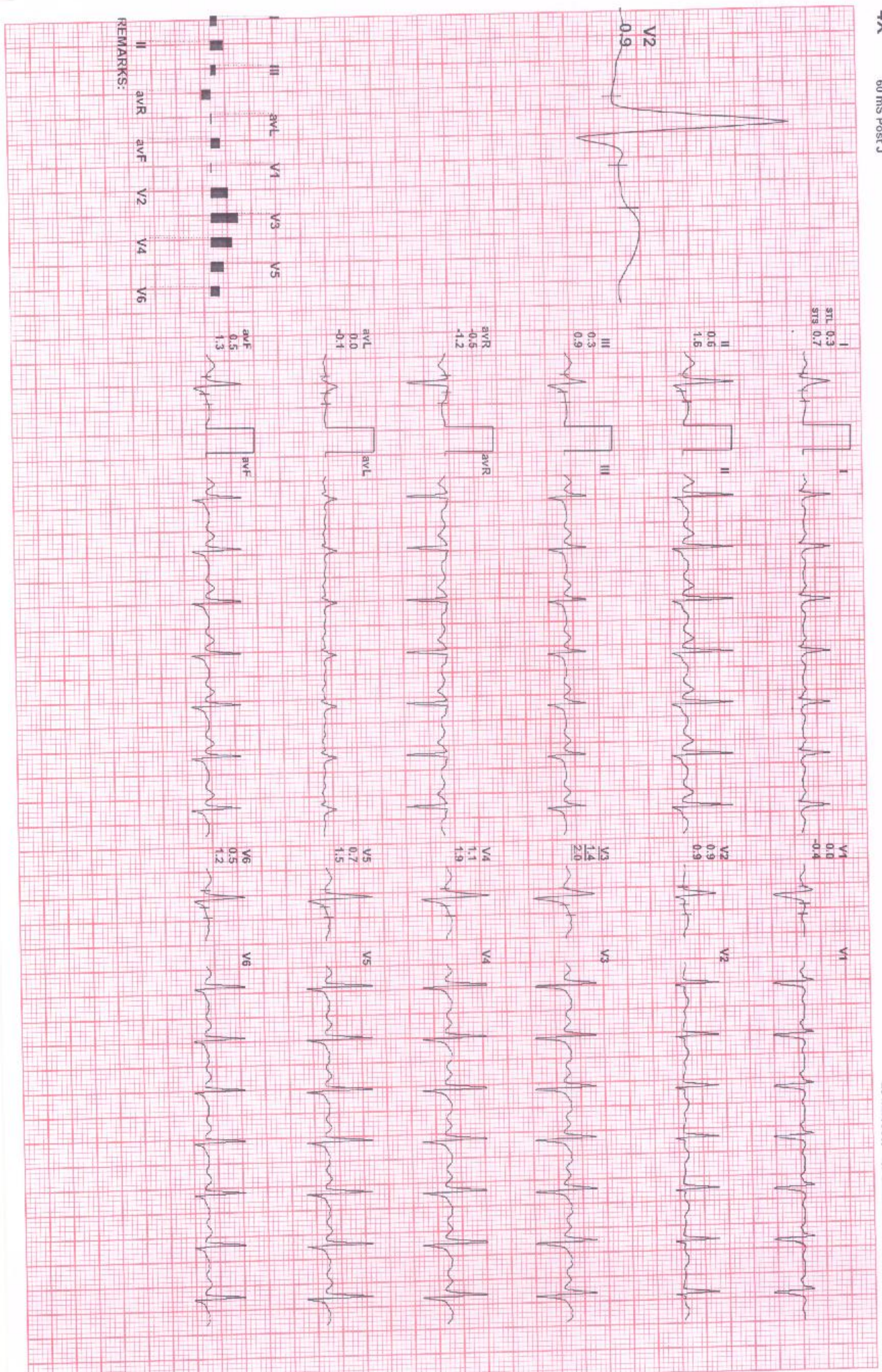
Date: 06 / 03 / 2024

METS: 4.71 138 bpm 74% of THR BP: 116/72 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 HzL/F 35 Hz

4X 60 mS Post J

EXTime: 03:00 2.7 Km/h, 10.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:

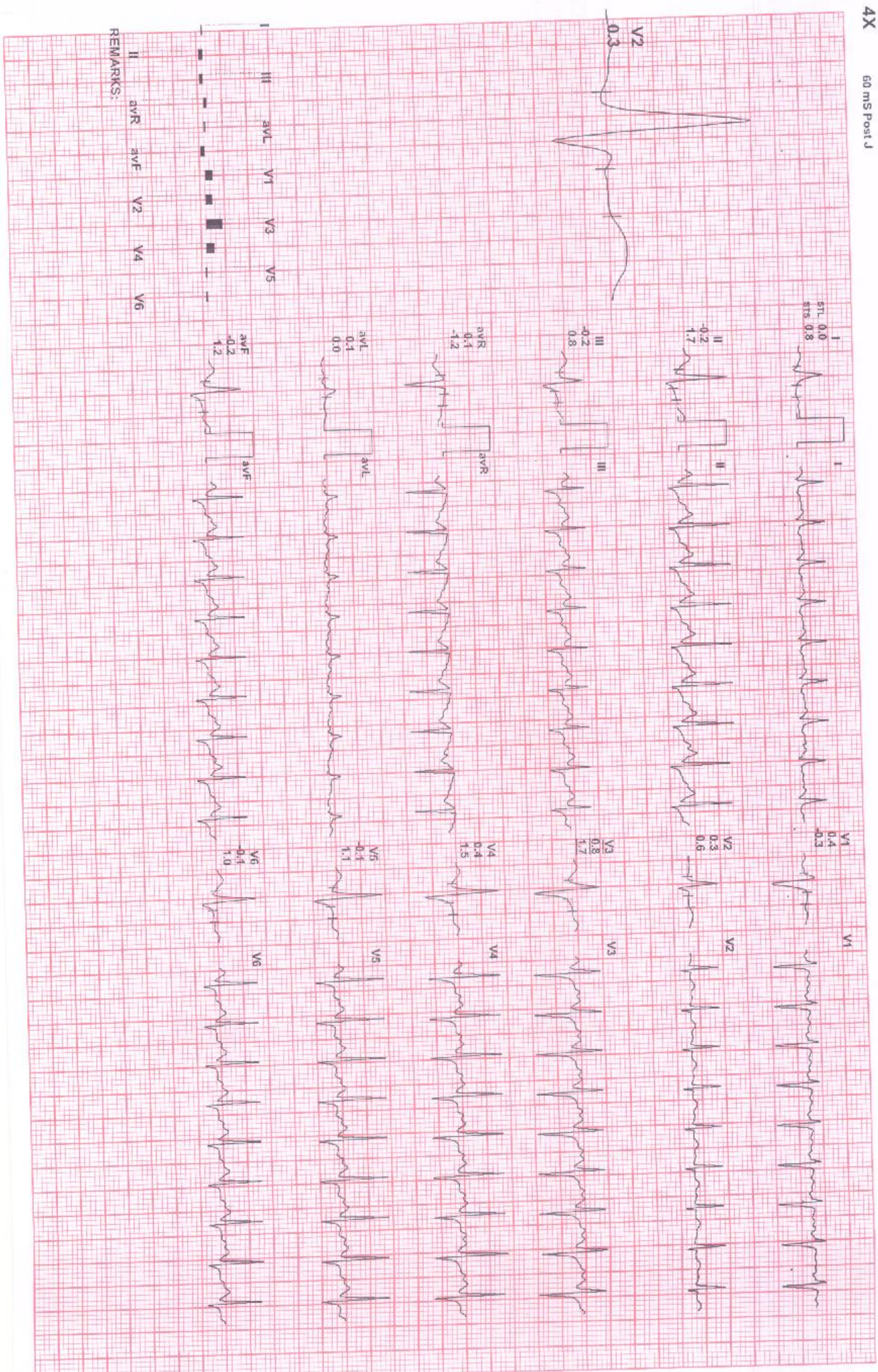
128 / MR PANKUR / 33 YRS / M / 175 Cms / 70 Kg / HR : 160

Date: 06 / 03 / 2024

METS: 7.0 / 160 bpm 86% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 05:52 4.0 Km/h, 12.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 MS Post J



REMARKS:

128 / MR PANKUR / 33 Yrs / M / 175 Cms / 70 Kg / HR : 149

Date: 06 / 03 / 2024

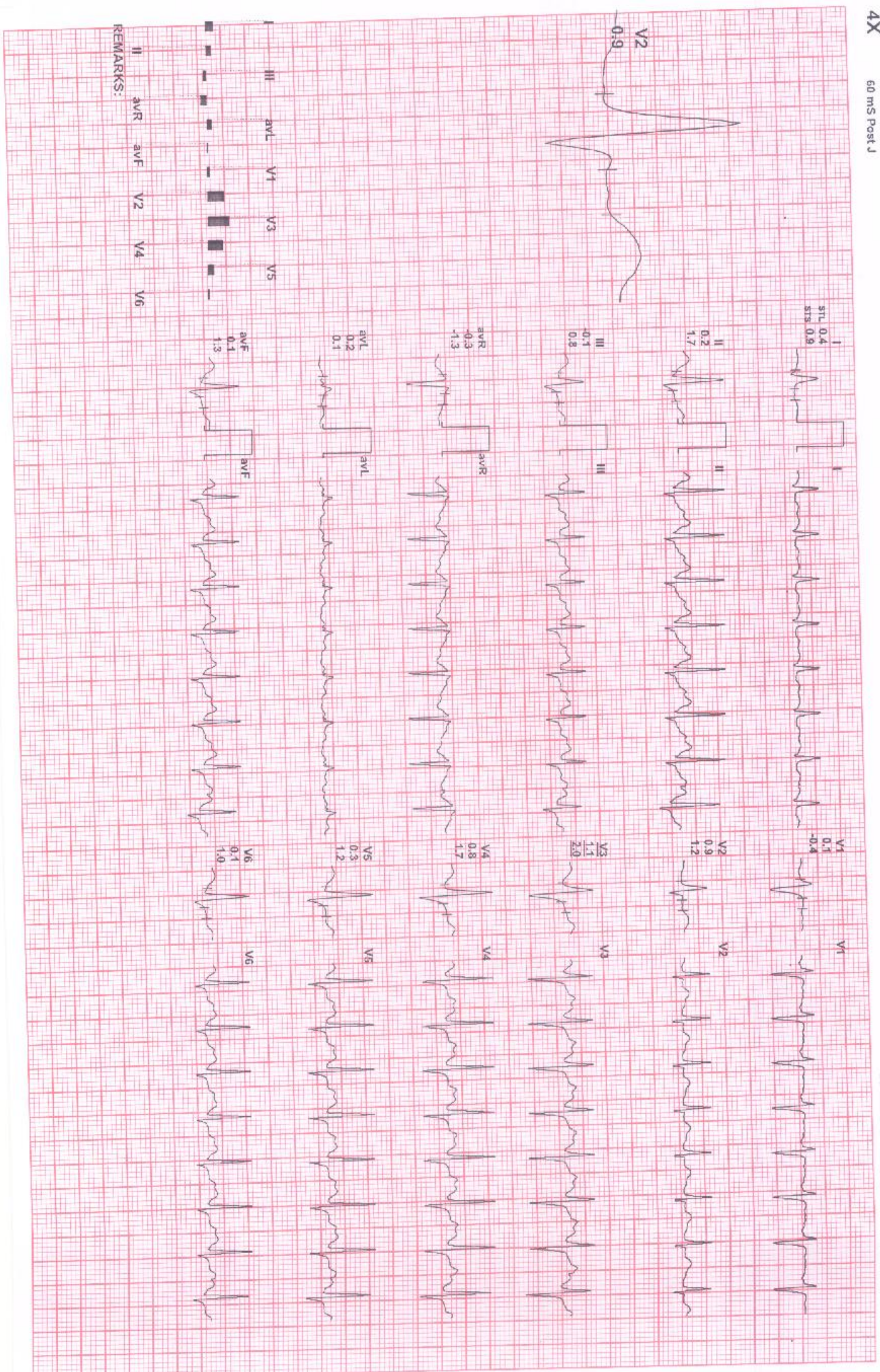
METS: 1.8/ 149 bpm 80% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EXTime: 05:52 0.8 Km/h, 0.0%
25 mm/Sec. 1.0 Cm/mV

11/03/2024 10:00

AGPL



REMARKS:
II aVR aVF V2 V4 V6
III aVL V1 V3 V5

128 / MR PANKUR / 33 Yrs / M / 175 Cms / 70 Kg / HR : 139

Date: 06 / 03 / 2024

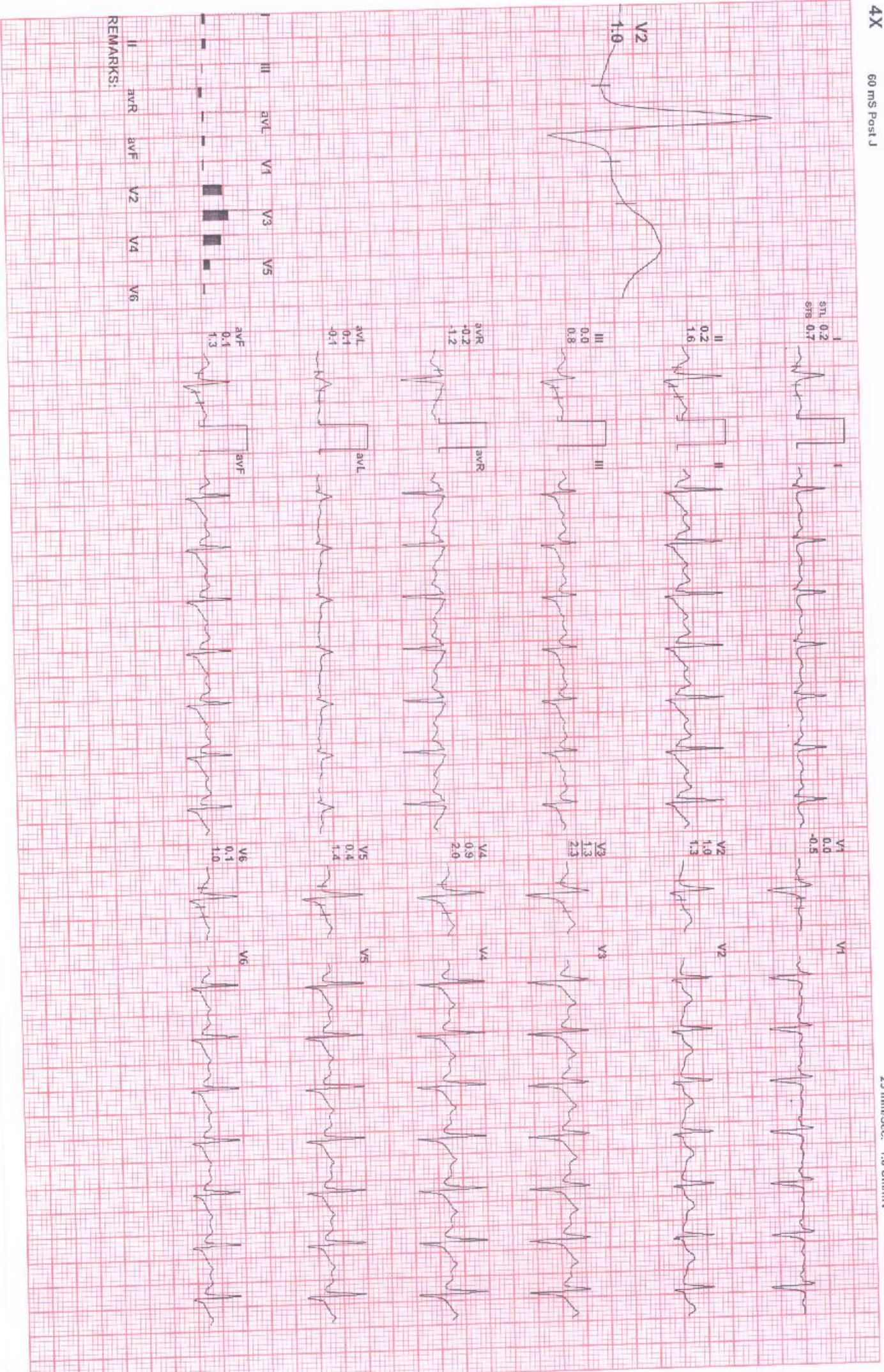
METS: 1.0 / 139 bpm 74% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 MS Post J

recovery(1.00)

ACHPL

EXTime: 05:52 0.8 KmPh, 0.0%
25 mm/Sec. 1.8 Cm/mV



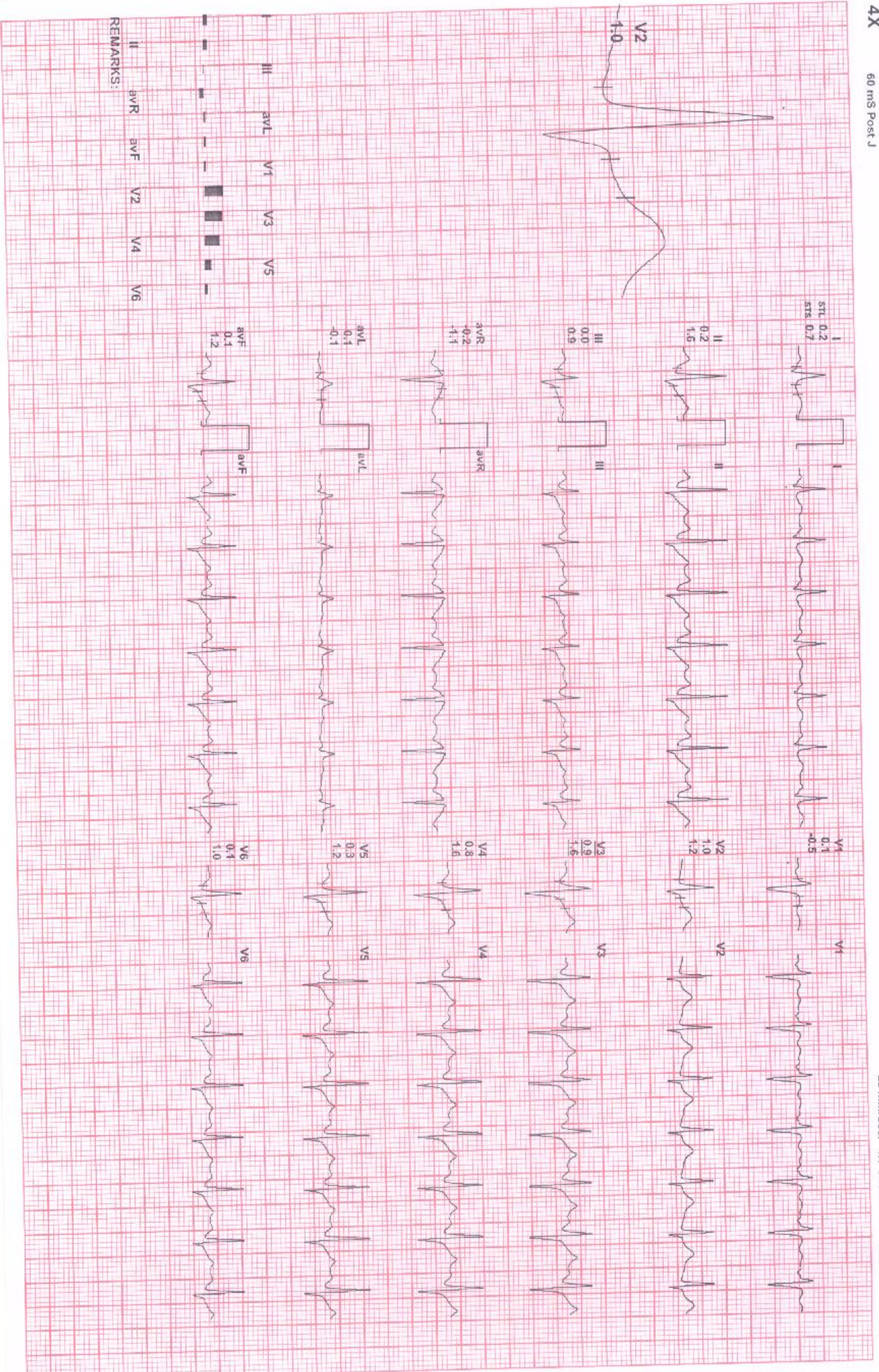
128 / MR PANKUR / 33 Yrs / M / 175 Cms / 70 Kg / HR : 129

Date: 06 / 03 / 2024

METS: 1.0 / 129 bpm 69% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Noct On/ HF 0.05 HZLF 35 Hz

4X 60 ms Post J

EXTime: 05:52 0.0 Kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS: