

WT - 86 kg
H - 182 cm
BP - 120/80
P - 84/min

Mr. Abinash Panda
Age - 39/m

23/11/23

CBC - 15.6 | S. 26 | 7.21 | 286 | 10
LFT - 34 | 20 | 63
Lipid - 142.0 | 82.0 | 44.0 | 81.60
RBS - F - 87.0 | PP - 153.0
Creatinine - 0.74
U. Acid - 3.38

No H1O DM II / 4th
No family H1O DM I

- cep med dm 100%
घाट x 30%

- Lifestyle modification



[Handwritten signature]

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

Abinash Panda

Age 39 MA

⇒ Calculus deposit

\bar{c} 321⁺123.

⇒ Occlusal caries \bar{c}

\bar{c} 6⁺6 7.

⇒ Adhesive Restoration

\bar{c} 6⁺6

oral prophyllaxis

Smile & Share dental
Clinic

Dr. Poushik
7828251782

Dr. Suraj

999 88 60207



CLS AB Dr Prasad Roy MD ENT

Name Arinath Ponda Bgylr.

No Active Complaints

On Ex Rt of
EAC was clear



R
Solisox Ear drop 2 drop Quid
oooo oooo oooo oooo
to today

Noice (L/R) under

Throat (M) ppw clear

~~has~~ ENT Examination 4 WNL



Prasad
23/3/24

NAME OF PATIENT; MR. ABINASH PANDA

AGE: 39YRS/MALE

REFERRED BY: BOB

DATE: 23/03/2024

CHEST X - RAY PA VIEW

FINDINGS:

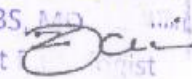
- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant 
Reg. No. CGMC- 2324/2008
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. ABINASH PANDA
REF BY :- BOB

AGE/SEX:- 39 YRS/M
DATE:-23.03.2024

USG ABDOMEN

Liver: Liver is normal in size ,smooth in outline with **hyper-echoic 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 in size and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.95X4.56cm	10.12X5.55cm
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:

- LIVER : FATTY DIPOSITION GRADE - I

Advised clinical correlation/further evaluation if clinically indicated.



(Handwritten 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.

ECHOCARDIOGRAPHY REPORT

NAME : MR. ABINASH PANDA	Age/Sex: 39Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 23/03/2024	REGN. NO. : FRAI.0000020604
Ref.By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.7	2.0 – 3.7	IVS Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
AorticValve Opening	1.8	1.5 – 2.6	PW Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
LA Dimension	2.7	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.0	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.5	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

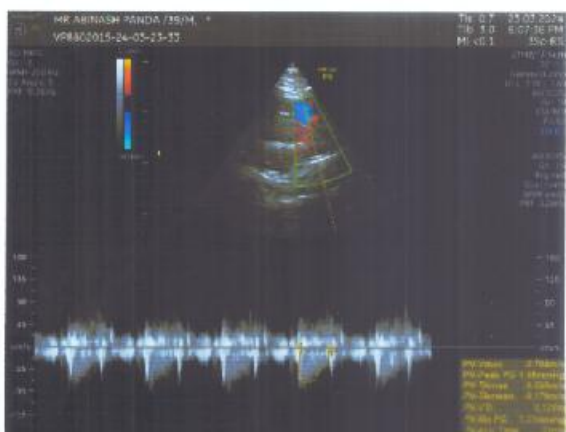
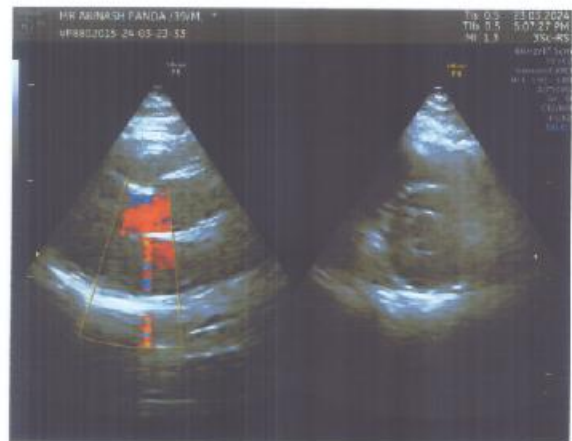
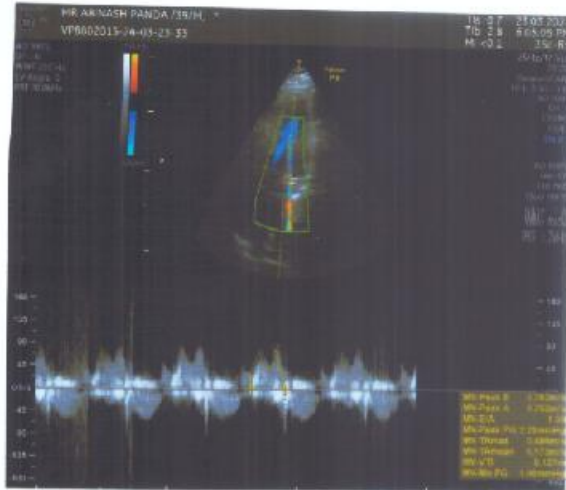
Aortic Valve : Normal

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.
NORMAL CARDIAC CEMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.

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



MR ABINASH PANDA /39/M 23.03.2024 6:07:27 PM 11:23:50 AM

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)


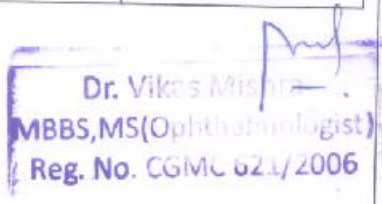
Patient Name Mr. Abinash Panda

Date 28/08/24

Sex/Age M/39 year

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NO				
NYSTAGMUS				
COLOUR VISION				
NORMAL				
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>NAD</u>				
	SPH	CYL	AXIS	ADD
RIGHT	←-----→			
LEFT				
REMARKS :-				
			 <p>Dr. Vikas Mishra MBBS, MS(Ophthalmologist) Reg. No. CGMC 621/2006</p>	

Patient Name : MR ABINASH PANDA
UHID/ MR No : 9901
Visit Date : 23/03/2024
Sample Collected On : 23/03/2024 05:08PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 39 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 23/03/2024 07:03PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	15.6	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.26	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	46.80	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	89.0	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.7	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	13.0	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.21	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	58	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	31	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	04	%	1-6%
Monocytes	07	%	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

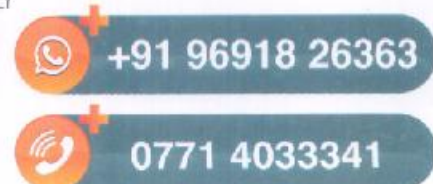
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Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

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



Patient Name : MR ABINASH PANDA
 UHID/ MR No : 9901
 Visit Date : 23/03/2024
 Sample Collected On : 23/03/2024 05:08PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 39 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 23/03/2024 07:03PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	286	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) : B
 RhD factor (Rh Typing) : POSITIVE

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



Patient Name : MR ABINASH PANDA
UHID/ MR No : 9901
Visit Date : 23/03/2024
Sample Collected On : 23/03/2024 05:08PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 39 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 23/03/2024 07:03PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.9	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.70	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	34	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	40	U/L	0 - 41
ALKALINE PHOSPHATASE	93	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

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



Page 3 of 7

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR ABINASH PANDA
 UHID/ MR No : 9901
 Visit Date : 23/03/2024
 Sample Collected On : 23/03/2024 05:08PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 39 Y. Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 23/03/2024 07:03PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	142.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	82.0	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	81.60	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	16.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.23		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR ABINASH PANDA
UHID/ MR No : 9901
Visit Date : 23/03/2024
Sample Collected On : 23/03/2024 05:08PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 39 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 23/03/2024 07:03PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	153.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	97.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.74	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.98	mg/dL	2.6 - 7.2

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



Patient Name : MR ABINASH PANDA
UHID/ MR No : 9901
Visit Date : 23/03/2024
Sample Collected On : 23/03/2024 05:08PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 39 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 23/03/2024 07:03PM

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)	5.5		
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	Occasional	/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	Not Seen

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Mr.ABINASH PANDA	Collected : 24/Mar/2024 12:18PM
Age/Gender : 39 Y 0 M 0 D /M	Received : 24/Mar/2024 01:38PM
UHID/MR No : DSUS.0000006979	Reported : 24/Mar/2024 02:55PM
Visit ID : DSUSOPV8122	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI 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	5.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	100	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)



Patient Name : Mr.ABINASH PANDA	Collected : 24/Mar/2024 12:18PM
Age/Gender : 39 Y 0 M 0 D /M	Received : 24/Mar/2024 12:52PM
UHID/MR No : DSUS.0000006979	Reported : 24/Mar/2024 03:35PM
Visit ID : DSUSOPV8122	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)	1.13	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.4	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.070	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.

TSII	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 ***

Page 2 of 2



Apollo Clinic
DR. MAIKAL KUJUR
LICENSEE, SAMRIDDHI AROGYAM PVT. LTD.
M.B.B.S., M.D. (Pathology)

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