

BP - 120/70

P - 108/4

H - 161 cm

WT - 67 kg

BMI - 25.8

CBC - 15.9 / 5.55 / 5.04 / 91

FBS - 105, PP - 188.0

creat - 0.92

Urea - 10

Lipid - 112 / 88 / 44 / 50.40

LFT - 36 / 40 / 77

VSS - 95 FL

B - 1.15

TY - 11.8

TSH - 3.380

HbA1c - 6.2

Mr. Sayjeou Kumar

Age - 38 y/m

15/03/24

KID DM

R
Depo Con - m
UDAPA - 10 mg / day
- m
by BF

- Cap Mcer dm गल रहे लगे
7 30 dy

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



NAME OF PATIENT: MR. SANJEEV KUMAR

AGE: 38YRS/MALE

REFERRED BY: BOB

DATE: 15/03/2024

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 Radiologist
DR. ZEESHAN ATEEB DANI
Reg. No. M.C. - 2324/20 (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. SANJEEV KUMAR
REF BY :- JSPL

AGE/SEX: 38 YRS/M
DATE:- 15.03.2024

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 cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.90X4.21cm	9.44X4.99cm
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 18.875 weight gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- **GRADE - II FATTY LIVER**

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
DR. ZEESHAN ATEEB DANI
Reg. No. CGMC- 23247 (MD)
CONSULTANT RADIOLOGIST

Apollo Clinic 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.
LICENSEE : SAMRIDDI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara 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

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0771 4033341

ID: 513

MR SANJEEV KUMAR

Male 38Years

15-03-2024 05:33:42 PM

HR	: 109	bpm
P	: 92	ms
PR	: 140	ms
QRS	: 82	ms
QT/QTc	: 320/431	ms
P/QRS/T	: 46/85/32	°
RV5/SV1	: 0.677/0.704	mV

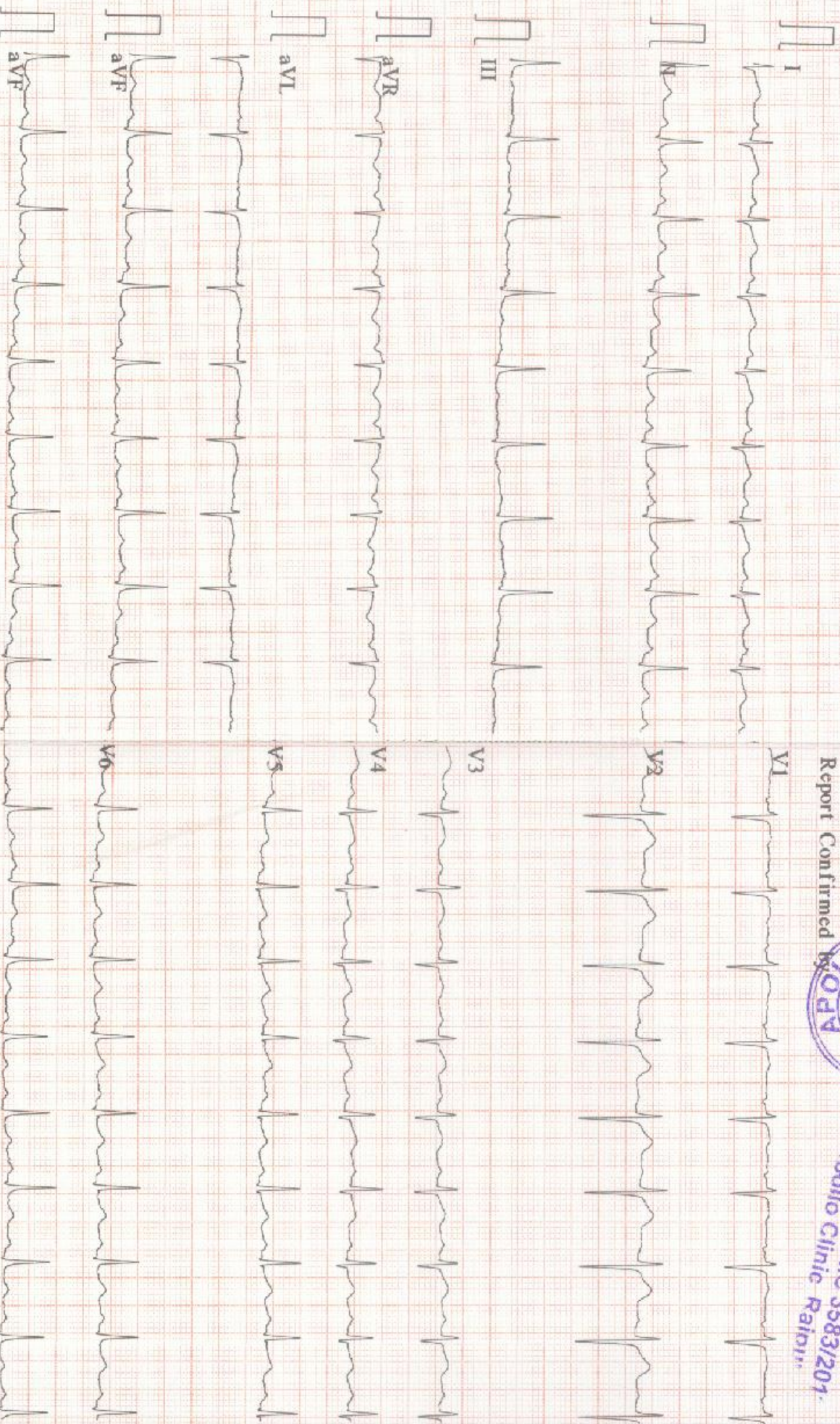
Diagnosis Information:

Sinus tachycardia
Normal ECG except for rate

Report Confirmed by



Dr. Animesh Choudhary
 MD Medicine
 Reg. No. CGMC 3583/201-
 Apollo Clinic Rainn



0.05~45Hz AC50 25mm/s 10mm/mV 2*50s+1r 100 CARDI

Patient Name : MR SANJEEV KUMAR
UHID/ MR No : 9714
Visit Date : 15/03/2024
Sample Collected On : 15/03/2024 03:15PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 38 Y . Male
OP Visit No : OPD-UNIT-II-2
Reported On : 15/03/2024 06:44PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	15.9	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.55	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	47.70	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	85.9	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	28.6	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	5.04	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	60	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	31	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	04	%	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

Page 4 of 5

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR SANJEEV KUMAR
UHID/ MR No : 9714
Visit Date : 15/03/2024
Sample Collected On : 15/03/2024 03:15PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 38 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 15/03/2024 06:44PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	91	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

Page 5 of 5

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR SANJEEV KUMAR
UHID/ MR No : 9714
Visit Date : 15/03/2024
Sample Collected On : 15/03/2024 03:15PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 38 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 15/03/2024 06:44PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	188.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	105.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.92	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



Patient Name : MR SANJEEV KUMAR
UHID/ MR No : 9714
Visit Date : 15/03/2024
Sample Collected On : 15/03/2024 03:15PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 38 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 15/03/2024 06:44PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	112.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	88.0	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	50.40	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	17.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.55		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 2 of 5

Dr. Dhananjay Ramchandra Prasad
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR SANJEEV KUMAR
UHID/ MR No : 9714
Visit Date : 15/03/2024
Sample Collected On : 15/03/2024 03:15PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 38 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 15/03/2024 06:44PM

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	36	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	40	U/L	0 - 41
ALKALINE PHOSPHATASE	77	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.95	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



Patient Name : MR SANJEEV KUMAR
UHID/ MR No : 9714
Visit Date : 15/03/2024
Sample Collected On : 15/03/2024 03:15PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 38 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 15/03/2024 06:44PM

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	1.015		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	Occasional	/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



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Page 1 of 2

Patient Name : Mr.SANJEEV KUMAR	Collected : 15/Mar/2024 04:27PM
Age/Gender : 38 Y 0 M 0 D /M	Received : 15/Mar/2024 05:45PM
UHID/MR No : DSUS.0000006827	Reported : 15/Mar/2024 07:25PM
Visit ID : DSUSOPV7963	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	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	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)

*** End Of Report ***



Dr. Mansal Kumar
M.B.B.S, M.D(Pathology)
Consultant Pathologist

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY



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0771 4033341

Patient Name : Mr.SANJEEV KUMAR	Collected : 15/Mar/2024 07:41PM
Age/Gender : 38 Y 0 M 0 D /M	Received : 15/Mar/2024 07:43PM
UHID/MR No : DSUS.0000006828	Reported : 15/Mar/2024 08:26PM
Visit ID : DSUSOPV7964	Status : Final Report
Ref Doctor : APOLLO CLINIC	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)	1.15	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	11.8	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.380	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

- 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 ***



*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

DR. MAIKAJAL KUJUR
M.B.B.S, M.D (Pathology)

Consultant Pathologist Apollo Clinic (T) and Apollo Clinic A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

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



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Diabetic Diet

Recommendation 1500-1600 caloric 40-60 gram protein High fiber diet

- Early morning 6am Warm methi water 100ml
- 7am Black tea with merry biscuit
- 8am Boil mung 30gram,
- 9am (Veg daliya 1katori/mung chila /butter milk /ots/Roti veg/boil egg white 1)
- 10am Fruits Apple/papaya
- Lunch 12.oclock (3 Roti ,daal 1katori salad,raayta, green veg , sprouts
- 2pm Roasted mung, chana, roasted soya been,
- 4pm Tea with merry biscuit, Roasted murra , wheet tost 2
- 6pm Veg soup mix 1cup
- Dinner 8pm Veg daliya, daal, green veg 1katori Bed time,,
without cream milk, 100 ml

Food to be taken: Green veg, sprout, green salad, fruits. Apple papaya
Jaam, lemon tea, fresh curd, shup, coconut water. sattu rajgira, ots.

Fiber diet le

Food to be Avoided:

Avoide Extra salt, rice, sweets, pottato, alkohal yellow egg, meet,
Sugar, hany, spicy food, meda junk food, Jem, jelly, peanuts, dry
fruits, sweet potato, jimikand, Banana, chiku, sabudana,

① पाना अथवा - जीव)



Name: Sajeev Kumar 38y / m

CLS/B Dr Prasad Roy M.S ENT

Mr come for General ENT Examination

No active complaints

eyes Rt Lt
EAC clear clear



voice AD clear

Throat (diagram) clear ENT Examination is WNL



Prasad
15/3/24

ECHOCARDIOGRAPHY REPORT

NAME : MR. SANJEEV KUMAR	Age/Sex: 38Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 15/03/2024	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 = 0.9 ES = 1.2	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
LA Dimension	2.8	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	3.8	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	3.2	2.2 – 4.0	TAPSE	----	1.6 – 2.6
LV EJECTION FRACTION	> 60%		(NORMAL VALUE: 55 – 60%)		

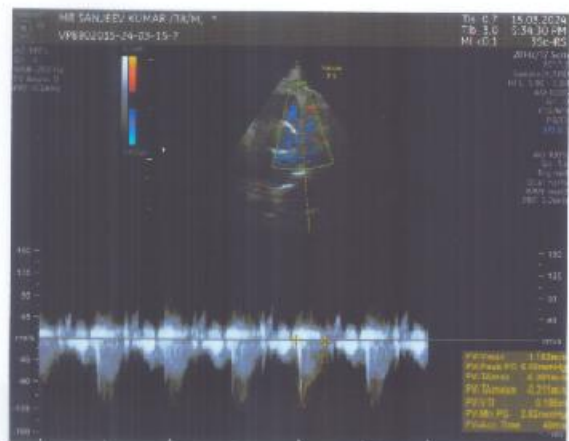
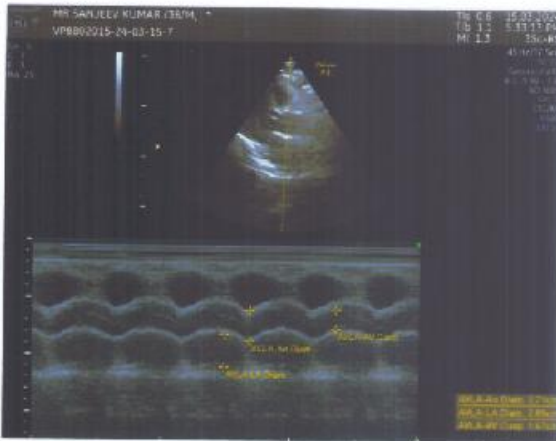
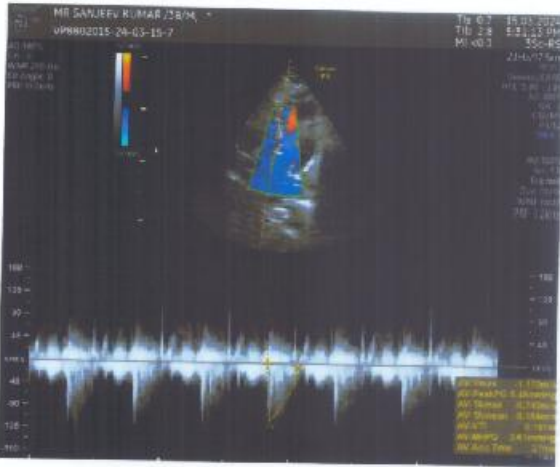
2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

- 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.
 LV DIASTOLIC DYSFUNCTION GRADE I
 NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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



① Lack of time management, Mr. Sanjeev Kumar will not be done or complete the eye test & Dental test, whenever he will visit Raipur again, Remaining test will be done.

Sanjeev Kumar
15/4/2024