

Mr. Prahlad Kumar Jha 43 YIM

28/03/20

HT - 167 cm.

WT - 88 kg

BP - 140/80

P - 100 bpm

CBC - 14.6 | 5.17 | 4.71 | 113 | 10

FBS - 227.0 | PP - 332.0

KFT - 10 | 0.85 | 4.01

LFT - 45 | 60 | 79 U/L

Lipid - 141.0 | 93.0 | 44.0 | 78.40

TSH - 4.500 | T3 - 1.19 | T4 - 9.7

HbA1c - 10.1

Reuly set DM

R

~~Insulin~~  
- Insulin Agulix - SM2 11mg  
BD  
1-0-1  
- Cap ORIGIN 400 mg  
7 30 of

- Insulin VORXOR 4mg  
राति 7 30 of

Renew of 5 days

G.U.P.L






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

ENT Dr. Praveen Kumar MENT

Name: PRAHLAD JHA Age: 43y/Male

No active Complaints

|        |   |  |
|--------|---|--|
| On Ex  | Rt  | Lf   |
| EAC    | Clear   | clear  |
| Tm     |             |  |
|        | Bic Intact  |  |
| Nose   | A/D Bic clear   |  |
| Throat |  ppw clear |  |

ENT Examination in WNL



Praveen

28/3/24

ID: 664  
MR PRAHLAD KUMAR JHA  
Male 43Years

28-03-2024 10:24:35 AM

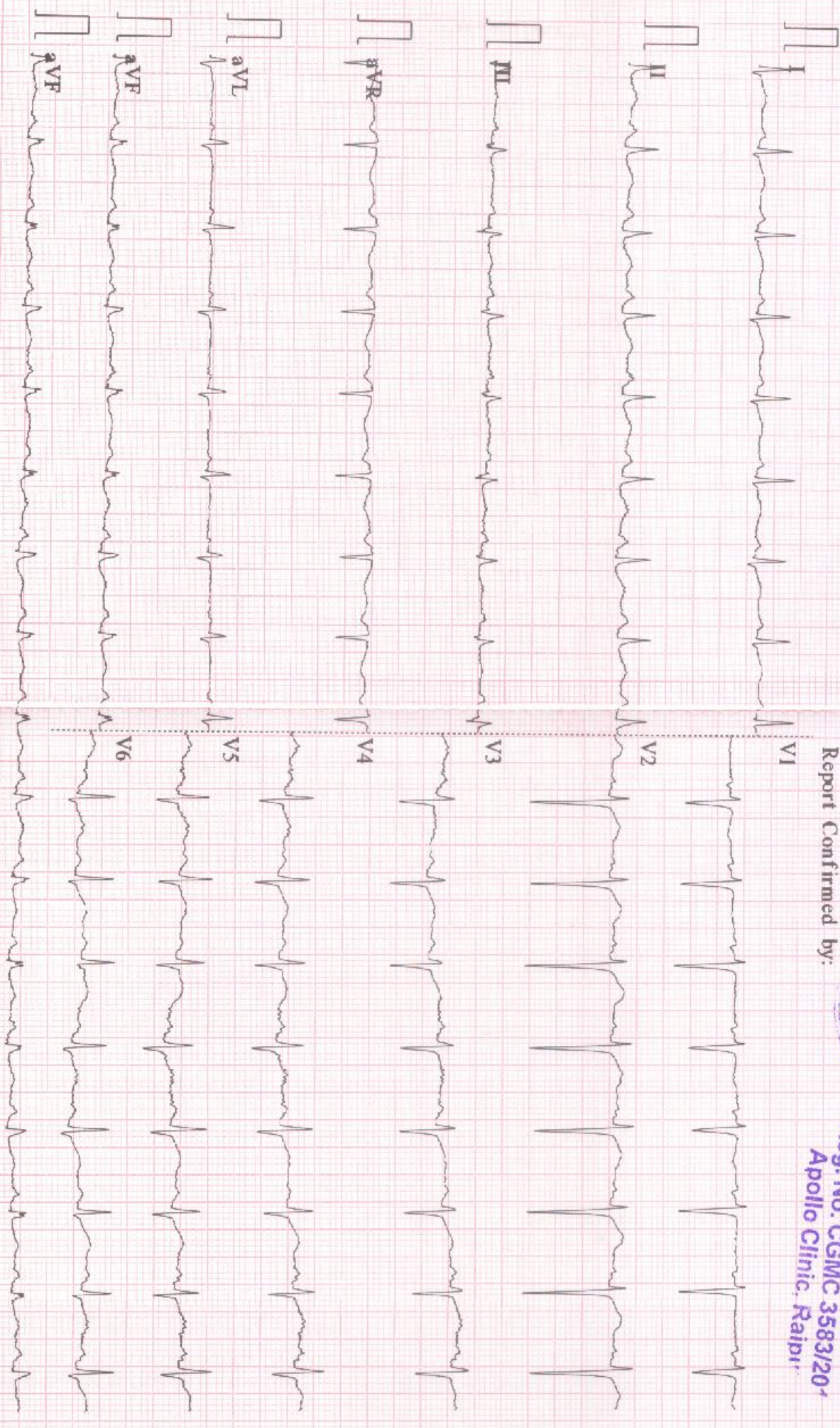
HR : 99 bpm  
P : 114 ms  
PR : 152 ms  
QRS : 90 ms  
QT/QTc : 348/447 ms  
P/QRS/T : 60/45/53 °  
RV5/SV1 : 0.544/0.930 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



**Dr. Animesh Choudhary**  
MD Medicine  
Reg. No. CGMC 3583/2014  
Apollo Clinic, Raipur



0.05~45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r ♣99 CARI  
T 9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

|                                     |                                 |
|-------------------------------------|---------------------------------|
| Patient Name : Mr.PRAHLAD KUMAR JHA | Collected : 28/Mar/2024 12:32PM |
| Age/Gender : 43 Y 0 M 0 D /M        | Received : 29/Mar/2024 11:19AM  |
| UHID/MR No : DSUS.0000006998        | Reported : 29/Mar/2024 12:25PM  |

|                            |  |
|----------------------------|--|
| 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 |
|---|--------|-------|-----------------|--------|
| TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM | 0.300  | ng/mL | 0-4             | CLIA   |

\*\*\* End Of Report \*\*\*



*K. Anusha*  
Apollo Clinic

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Dr. K. Anusha  
LICENSEE - SAMRIDDHI AROGYAM,PVT. LTD.  
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SIN No:IM07239116

Online appointments: www.askapollo.com | Online reports: https://phrapolloclinic.com

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



+91 98018 26363

0771 4033341

Patient Name : MR PRAHLAD KUMAR JHA  
 UHID/ MR No : 9963  
 Visit Date : 28/03/2024  
 Sample Collected On : 28/03/2024 02:31PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 43 Y Male  
 OP Visit No : OPD-UNIT-II-1  
 Reported On : 28/03/2024 06:59PM

### HAEMATOLOGY

| Investigation  | Observed Value | Unit        | Biological Reference Interval |
|--|----------------|-------------|-------------------------------|
| <b>HEMOGRAM</b>  |                |             |                               |
| Haemoglobin(HB)<br>Method: CELL COUNTER                    | 14.6           | gm/dl       | 12 - 17                       |
| Erythrocyte (RBC) Count<br>Method: CELL COUNTER            | 5.17           | mill/cu.mm. | 4.20 - 6.00                   |
| PCV (Packed Cell Volume)<br>Method: CELL COUNTER           | 43.80          | %           | 39 - 52                       |
| MCV (Mean Corpuscular Volume)<br>Method: CELL COUNTER      | 84.7           | fL          | 78.00 - 100                   |
| MCH (Mean Corpuscular Haemoglobin)<br>Method: CELL COUNTER | 28.2           | pg          | 26 - 34                       |
| MCHC (Mean Corpuscular Hb Concn.)<br>Method: CELL COUNTER  | 33.3           | g/dl        | 32 - 35                       |
| RDW (Red Cell Distribution Width)<br>Method: CELL COUNTER  | 12.9           | %           | 11 - 16                       |
| Total Leucocytes (WBC) Count<br>Method: CELL COUNTER       | 4.71           | cells/cumm  | 3.50 - 10.00                  |
| Neutrophils<br>Method: CELL COUNTER                        | 49             | %           | 40.0 - 73.0                   |
| Lymphocytes<br>Method: CELL COUNTER                        | 39             | %           | 15.0 - 45.0                   |
| Eosinophils<br>Method: CELL COUNTER                        | 04             | %           | 1-6%                          |
| Monocytes  | 08             | %           | 4.0 - 12.0                    |
| Basophils<br>Method: CELL COUNTER                          | 00             | %           | 0.0 - 2.0                     |

**End of Report**  
 Results are to be correlated clinically

Lab Technician / Technologist  
 path



Patient Name : MR PRAHLAD KUMAR JHA  
UHID/ MR No : 9963  
Visit Date : 28/03/2024  
Sample Collected On : 28/03/2024, 02:31PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 43 Y. Male  
OP Visit No : OPD-UNIT-II-2  
Reported On : 28/03/2024 06:59PM

### HAEMATOLOGY

| Investigation  | Observed Value | Unit       | Biological Reference Interval |
|--|----------------|------------|-------------------------------|
| Platelet Count<br>Method: CELL COUNTER                             | 113            | lacs/cu.mm | 150-400                       |
| ESR- Erythrocyte Sedimentation Rate<br>Method: Westergren's Method | 10             | 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  
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Page 7 of 7

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

Patient Name : MR PRAHLAD KUMAR JHA  
 UHID/ MR No : 9963  
 Visit Date : 28/03/2024  
 Sample Collected On : 28/03/2024 02:31PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 43 Y Male  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 28/03/2024 06:59PM

**BIO CHEMISTRY**

| Investigation   | Observed Value | Unit  | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| <b>GLUCOSE - (POST PRANDIAL)</b>                      |                |       |                               |
| Glucose -Post prandial<br>Method: REAGENT GRADE WATER | 332.0          | mg/dl | 70-140                        |
| <b>GLUCOSE (FASTING)</b>                              |                |       |                               |
| Glucose- Fasting<br>SUGAR REAGENT GRADE WATER         | 227.0          | mg/dl | 70 - 120                      |
| <b>KFT - RENAL PROFILE - SERUM</b>                    |                |       |                               |
| BUN-Blood Urea Nitrogen<br>METHOD: Spectrophotometric | 10             | mg/dl | 7 - 20                        |
| <b>Creatinine</b><br>METHOD: Spectrophotometric       | 0.85           | mg/dl | 0.6-1.4                       |
| <b>Uric Acid</b><br>Method: Spectrophotometric        | 4.01           | mg/dL | 2.6 - 7.2                     |

**End of Report**

*Results are to be correlated clinically*

Lab Technician / Technologist  
path




+91 96918 26363


0771 4033341

Patient Name : MR PRAHLAD KUMAR JHA  
 UHID/ MR No : 9963  
 Visit Date : 28/03/2024  
 Sample Collected On : 28/03/2024 02:31PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 43 Y Male  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 28/03/2024 03:59PM

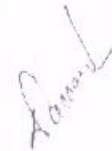
**BIO CHEMISTRY**

| Investigation                       | Observed Value | Unit  | Biological Reference Interval  |
|-------------------------------------|----------------|-------|--|
| <b>LIPID PROFILE TEST (PACKAGE)</b> |                |       |  |
| Cholesterol - Total                 | 141.0          | mg/dl | Desirable: < 200<br>Borderline High: 200-239<br>High: >= 240   |
| Triglycerides level                 | 93.0           | mg/dl | Normal : < 150<br>Borderline High : 150-199<br>Very High : >=500   |
| Method: Spectrophotometric          |                |       |  |
| HDL Cholesterol                     | 44.0           | mg/dl | Major risk factor for heart disease: < 40<br>Negative risk factor for heart disease :>60                               |
| Method: Spectrophotometric          |                |       |  |
| LDL Cholesterol                     | 78.40          | mg/dl | Optimal:< 100      Near<br>Optimal :100 – 129<br>Borderline High : 130-159<br>High : 160-189      Very High<br>: >=190 |
| Method: Spectrophotometric          |                |       |  |
| VLDL Cholesterol                    | 18.60          | mg/dl | 6 - 38   |
| Total Cholesterol/HDL Ratio         | 3.20           |       | 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

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0771 4033341



Patient Name : MR PRAHLAD KUMAR JHA  
 UHID/ MR No : 9963  
 Visit Date : 28/03/2024  
 Sample Collected On : 28/03/2024 02:31PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 43 Y Male  
 OP Visit No : OPD-UNIT-II-1  
 Reported On : 28/03/2024 06:59PM

### BIO CHEMISTRY

| Investigation   | Observed Value | Unit  | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| <b>LIVER FUNCTION TEST</b>                              |                |       |                               |
| <b>Bilirubin - Total</b><br>Method: Spectrophotometric  | 1.0            | mg/dl | 0.1- 1.2                      |
| <b>Bilirubin - Direct</b><br>Method: Spectrophotometric | 0.2            | mg/dl | 0.05-0.3                      |
| <b>Bilirubin (Indirect)</b><br>Method: Calculated       | 0.80           | mg/dl | 0 - 1                         |
| <b>SGOT (AST)</b><br>Method: Spectrophotometric         | 45             | U/L   | 0 - 40                        |
| <b>SGPT (ALT)</b><br>Method: Spectrophotometric         | 60             | U/L   | 0 - 41                        |
| <b>ALKALINE PHOSPHATASE</b>                             | 79             | U/L   | 25-147                        |
| <b>Total Proteins</b><br>Method: Spectrophotometric     | 6.6            | g/dl  | 6 - 8                         |
| <b>Albumin</b><br>Method: Spectrophotometric            | 4.3            | mg/dl | 3.4 - 5.0                     |
| <b>Globulin</b><br>Method: Calculated                   | 2.3            | g/dl  | 1.8 - 3.6                     |
| <b>A/G Ratio</b><br>Method: Calculated                  | 1.86           | %     | 1.1 - 2.2                     |

**End of Report**

*Results are to be correlated clinically*

Lab Technician / Technologist  
path

Page 3 of 7

*Ramchandra*  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

Patient Name : MR PRAHLAD KUMAR JHA  
 UHID/ MR No : 9963  
 Visit Date : 28/03/2024  
 Sample Collected On : 28/03/2024 02:31PM  
 Ref. Doctor : SELF  
 Sponsor Name :

Age/Gender : 43 Y Male  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 28/03/2024 06:59PM

### CLINICAL PATHOLOGY

| Investigation                    | Observed Value | Unit | Biological Reference Interval |
|----------------------------------|----------------|------|-------------------------------|
| <b>URINE ROUTINE EXAMINATION</b> |                |      |                               |
| <b>Physical Examination</b>      |                |      |                               |
| Volum of urine                   | 30ML           |      |                               |
| Appearance                       | Clear          |      | Clear                         |
| Colour                           | Pale Yellow    |      | Colourless                    |
| Specific Gravity                 | 1.005          |      | 1.001 - 1.030                 |
| Reaction (pH)                    | 6.5            |      |                               |
| <b>Chemical Examination</b>      |                |      |                               |
| Protein(Albumin) Urine           | Absent         |      | Absent                        |
| Glucose(Sugar) Urine             | Present 2 +    |      | Absent                        |
| Blood                            | Absent         |      | Absent                        |
| Leukocytes                       | Absent         |      | Absent                        |
| Ketone Urine                     | Absent         |      | Absent                        |
| Bilirubin Urine                  | Absent         |      | Absent                        |
| Urobilinogen                     | Absent         |      | Absent                        |
| Nitrite (Urine)                  | Absent         |      | Absent                        |
| <b>Microscopic Examination</b>   |                |      |                               |
| RBC (Urine)                      | NIL            | /hpf | 0 - 2                         |
| Pus cells                        | Occasional     | /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



DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY

|              |                        |                  |                                  |
|--------------|------------------------|------------------|----------------------------------|
| Patient Name | : Mr.PRAHLAD KUMAR JHA | Collected        | : 28/Mar/2024 12:32PM            |
| Age/Gender   | : 43 Y 0 M 0 D /M      | Received         | : 28/Mar/2024 01:40PM            |
| UHID/MR No   | : DSUS.0000006998      | Reported         | : 28/Mar/2024 03:18PM            |
| Visit ID     | : DSUSOPV8142          | 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     |
|---|--------|-------|-----------------|------------|
| <b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b> |        |       |                 |            |
| HBA1C, GLYCATED HEMOGLOBIN                            | 10.1   | %     |                 | HPLC       |
| ESTIMATED AVERAGE GLUCOSE (eAG)                       | 243    | 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.PRAHLAD KUMAR JHA | Collected : 28/Mar/2024 12:32PM              |
| Age/Gender : 43 Y 0 M 0 D /M        | Received : 28/Mar/2024 01:04PM               |
| UHID/MR No : DSUS.000006998         | Reported : 28/Mar/2024 04:15PM               |
| Visit ID : DSUSOPV8142              | 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 |
|--|--------|--------|-----------------|--------|
| <b>THYROID PROFILE TOTAL (T3, T4, TSH) - SERUM</b> |        |        |                 |        |
| TRI-IODOTHYRONINE (T3, TOTAL)                      | 1.19   | ng/mL  | 0.6-1.81        | CLIA   |
| THYROXINE (T4, TOTAL)                              | 9.7    | µg/dL  | 3.2-12.6        | CLIA   |
| THYROID STIMULATING HORMONE (TSH)                  | 4.500  | µIU/mL | 0.35-5.5        | CLIA   |

**Comment:**

|                             |  |
|-----------------------------|--|
| <b>For pregnant females</b> | <b>Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)</b> |
| 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, Thyrotoxicosis, 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:



**NAME OF PATIENT; MR. PRAHLAD KUMAR JHA**

**AGE: 43YRS/MALE**

**REFERRED BY: BOB**

**DATE: 28/03/2024**

**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  
Reg. No. CGMC-2324/2006

**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.

## ECHOCARDIOGRAPHY REPORT

|                              |                        |                             |
|------------------------------|------------------------|-----------------------------|
| NAME : MR. PRAHLAD KUMAR JHA | Age/Sex: 43Yrs/male    | ECG : Sinus Rhythm          |
| OPD/ IPD : OPD               | STUDY DATE: 28/03/2024 | 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  | 3.3                | 2.0 – 3.7         | IVS Thickness            | ED = 1.0 ES = 1.4  | 0.6 – 1.1         |
| AorticValve Opening  | 2.1                | 1.5 – 2.6         | PW Thickness             | ED = 1.0 ES = 1.4  | 0.6 – 1.1         |
| LA Dimension         | 3.7                | 1.9 – 4.0         | RA Dimension             | ---                | 2.6               |
| LVID(D)              | 4.8                | 3.7 – 5.5         | RV Dimension             | ---                | 2.6               |
| LVID(s)              | 2.8                | 2.2 – 4.0         | TAPSE                    | ----               | 1.6 – 2.6         |
| LV EJECTION FRACTION | > 60%              |                   | (NORMAL VALUE: 55 – 60%) |                    |                   |

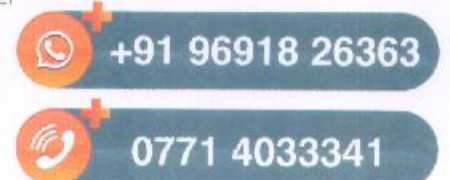
### 2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

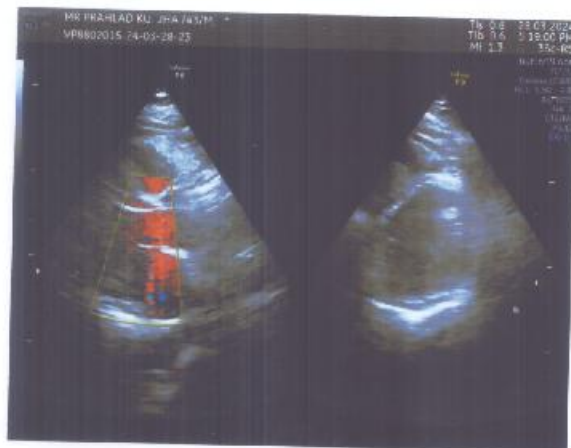
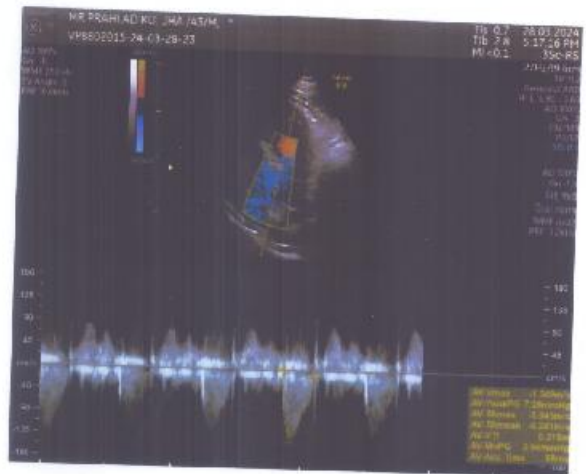
- Left Ventricle : LV Size & contractility is Normal, NO RWMA, Calculated EF IS > 60%
- Left Atrium : LA Size Is Normal
- Right Ventricle : Normal
- Right Atrium : Normal
- IAS/IVS : Intact
- Pericardium : Normal, there is no Pericardial Effusion.
- Mitral Valve : E>A , Normal
- Tricuspid Valve : Normal
- 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 CHEMBER AND NORMAL VALVES.  
 NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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





**PATIENT NAME:- MR. PRAHLAD KUMAR JHA**  
**REF BY :- BOB**

**AGE/SEX: 43 YRS/M**  
**DATE:- 28.03.2024**

**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                             | 10.39X5.47cm | 9.86X5.69cm |
| 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.

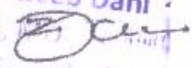
No significant intra-abdominal lymphadenopathy seen.

**IMPRESSION:**

- **GRADE - II FATTY LIVER**

**Advised clinical correlation/further evaluation if clinically indicated.**



**Dr. Zeeshan Ateeb Dani**  
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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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**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST)**

Patient Name Mr. Prabhakar Kumar Jha

Date 28/08/24

Sex/Age M/43 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>6/18 E 6/6</u> | (LE):-    | <u>6/18 E 6/6</u> |
| NEAR VISION:(RE):-               |          | <u>M3 E 4 N6</u>  | (LE):-    | <u>M3 E 4 N6</u>  |
| NIGHT BLINDNESS                  |          |                   |           |                   |
|                                  | SPH      | CYL               | AXIS      | ADD               |
| RIGHT                            |          | <u>-1.75</u>      | <u>90</u> | <u>+1.50</u>      |
| LEFT                             | <u>/</u> | <u>-1.75</u>      | <u>96</u> | <u>+1.50</u>      |
| REMARKS :-                       |          |                   |           |                   |



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