

- 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. Prem Kumar Vaishnav
43/m.

23/12/20

Case pt complains of decrease in mouth opening

History: pt has habit of chewing gutka and tobacco since 15 years.

O/E: - stain +++ cal +

- Restricted mouth opening due to stiffness of buccal mucosa of cheek on both sides
- ulceration of left buccal mucosal.

Provisional diagnosis: Oral submucous fibrosis

Advice: - oral prophylaxis.

- Medication for treatment of OSMF

- Quitting of habit.

1) mouth



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Prem Kumar Vaishnav

Date 23/12/23

Sex/Age M/43 year

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NO				
NYSTAGMUS				
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>12/6</u> (LE):- <u>12/6</u>				
NIGHT BLINDNESS <u>NAD</u>				
	SPH	CYL	AXIS	ADD
RIGHT	<u>Plano</u>			<u>+1.50</u>
LEFT	<u>Plano</u>			<u>+1.50</u>
REMARKS :-				
<u>Mg</u>				

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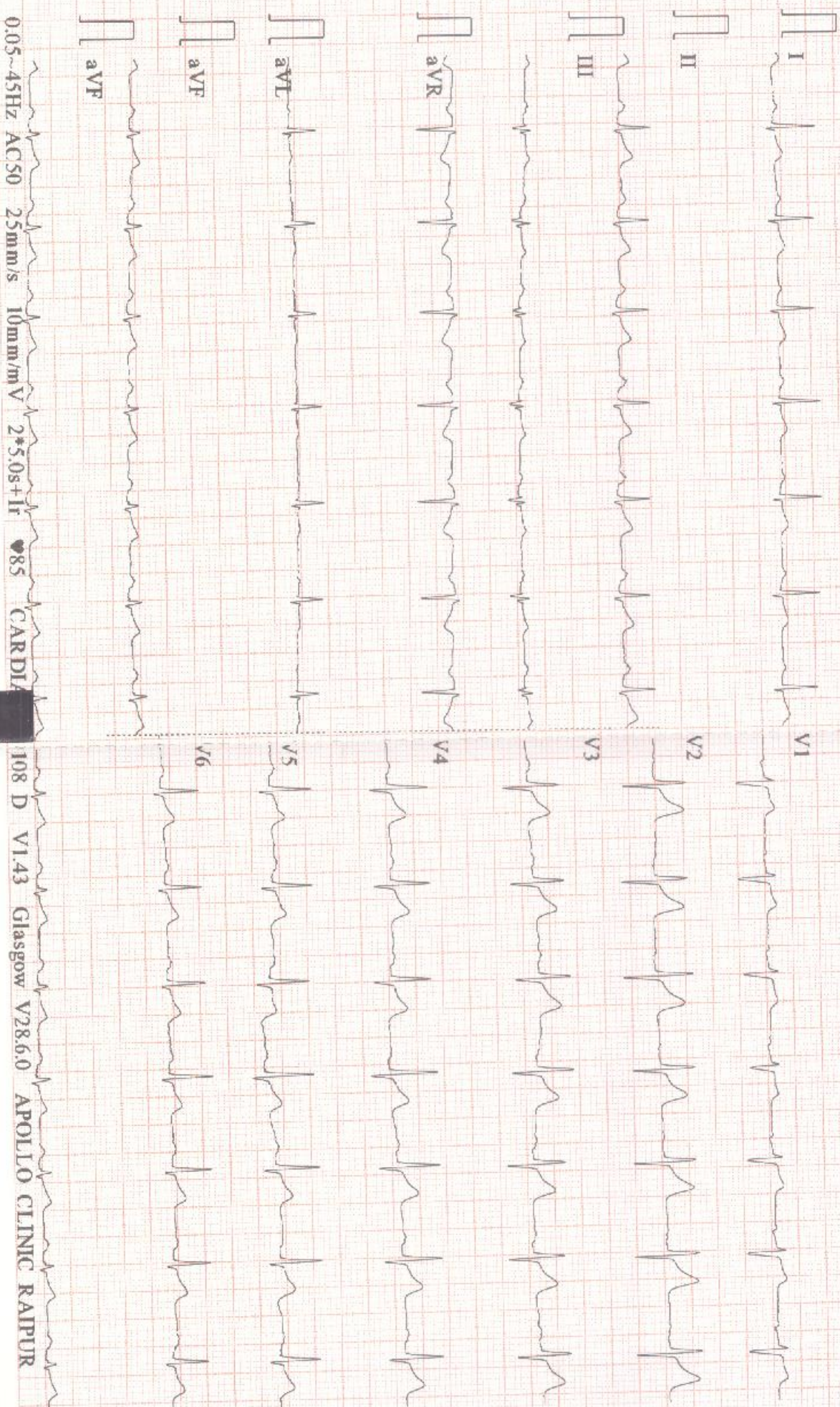
23-12-2023 10:37:45 AM

MR PREM KUMAR VAISHNAV
Male 43Years

HR	: 85	bpm
P	: 108	ms
PR	: 172	ms
QRS	: 72	ms
QT/QTc	: 330/393	ms
P/QRS/T	: 60/24/57	°
RV5/SV1	: 0.785/0.475	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



108 D V1.43 Glasgow V28.60 APOLLO CLINIC RAIPUR

PATIENT NAME:- MR.PREM KUMAR VAISHNAV
REF BY :- BOB

AGE/SEX:- 43 YRS/M
DATE:-23.12.2023

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 ORALIY

Pancreas & Paraaortic Region: Normal.

Spleen: Is normal in size and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.32X4.46cm	10.42X5.00cm
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 abomen within normal limit.**

Advised clinical correlation/further evaluation if clinically indicated.




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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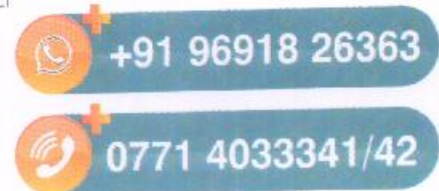
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NAME OF PATIENT: MR. PREM KUMAR VAISHNAV

AGE: 43YRS/MALE

REFERRED BY: BOB

DATE: 23/12/2023.

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-2324/20 (MD)
CONSULTANT RADIOLOGIST

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 **0771 4033341/42**

Patient Name : MR PREM KUMAR VAISHNAV
 UHID/ MR No : 8203
 Visit Date : 23/12/2023
 Sample Collected On : 23/12/2023 03:28PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 43 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 23/12/2023 05:40PM

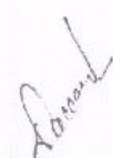
HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	15.7	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.97	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	46.0	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	92.6	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	31.6	pg	26 - 34
MCHC (Mean Corpuscular Hb Conc.) Method: CELL COUNTER	34.1	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	15.3	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.0	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	53	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	34	%	15.0 - 45.0
Monocytes Method: CELL COUNTER	06	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	07	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 5 of 6


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR PREM KUMAR VAISHNAV
UHID/ MR No : 8203
Visit Date : 23/12/2023
Sample Collected On : 23/12/2023 03:28PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 43 Y. Male
OP Visit No : OPD-UNIT-II-1
Reported On : 23/12/2023 05:40PM

HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	194	lacs/cu.mm	150-400
Method: CELL COUNTER			

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
2. Test conducted on EDTA whole blood.

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 6 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR PREM KUMAR VAISHNAV
UHID/ MR No : 8203
Visit Date : 23/12/2023
Sample Collected On : 23/12/2023 03:28PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 43 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 23/12/2023 05:40PM

HAEMATOTOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

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 4 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY



Patient Name : MR PREM KUMAR VAISHNAV
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Age/Gender : 43 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 23/12/2023 05:40PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	185.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	107.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	13	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.29	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.5	mg/dL	2.6 - 7.2

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
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Page 1 of 6

Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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UHID/ MR No : 8203
Visit Date : 23/12/2023
Sample Collected On : 23/12/2023 03:28PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 43 Y Male
OP Visit No : OPD-UNIT-II-4
Reported On : 23/12/2023 05:40PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	164.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	135.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	39.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	98	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	27	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.21		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Dr. Anand
DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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 Sponsor Name :

Age/Gender : 43 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 23/12/2023 05:40PM

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	0.3	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	28	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	34	U/L	0 - 41
ALKALINE PHOSPHATASE	79	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

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Lab Technician / Technologist
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Page 3 of 6

Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR PREM KUMAR VAISHNAV
 UHID/ MR No : 8203
 Visit Date : 23/12/2023
 Sample Collected On : 23/12/2023 03:28PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 43 Y. Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 23/12/2023 05:40PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Budding yeast	Not Seen	/hpf	
Physical Examination			
Chemical Examination			
Microscopic Examination			
Specific Gravity	1.020		1.001 - 1.030
Volum of urine	30ML		
Reaction (pH)	6.5		
Urobilinogen	Absent		Absent
Ketone Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Nitrite (Urine)	Absent		Absent
Appearance	Clear		Clear
RBC (Urine)	NIL	/hpf	0 - 2
Bacteria	Not Seen	/hpf	Not Seen
Crystals	Not Seen	/hpf	Not Seen
Epithelial Cell	1-2	/hpf	0 - 5
Pus cells	2-4	/hpf	0 - 5
Colour	Pale Yellow		Colourless

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 1 of 2

(Signature)
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : Mr.PREM KUMAR VAISHNAV	Collected : 23/Dec/2023 05:58PM
Age/Gender : 43 Y 0 M 0 D /M	Received : 23/Dec/2023 06:22PM
UHID/MR No : DSUS.0000005905	Reported : 23/Dec/2023 07:52PM
Visit ID : DSUSOPV6868	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	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	13.20	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.900	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.

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

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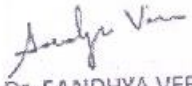
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UHID/MR No : DSUS.0000005905	Reported : 23/Dec/2023 06:58PM
Visit ID : DSUSOPV6868	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.520	ng/mL	0-4	CLIA

*** End Of Report ***



Dr. SANDHYA VERMA
MBBS, MD,(Pathology)
Consultant Pathologist



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