

Mr. Suresh Kaushik 4841M

10/02/24

Ht - 163 cm.

wt - 76 kg

BP - 140/80

P - 86 bpm

CBC - 14.6 / 6.87 / 5.25 / 130

HBA1C - 5.5

FBS - 89, PP - 125.0

Lipid - 137 / 94 / 42 / 76.20

KFT - 13, 1.20

LFT - 24 / 31 / 89

TSH -

USG - GD-FL

Cystone 1.64 cm

for general checkup

— Cap Acelinich ^{नाइट 2011}
+ 30 mg

— Rencu e Reports

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



Ad
→ Ciprofloxacin
surgery
— Cell Abef

- 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. Duresh Kanshik
48/M

10/2/24

Chc → Pt has come for routine dental checkup

O/E → Stains + Calculus +

Amalgam filling = 7/678

GIC filling = 6/1

Ceramic crown = 1/6

Metal crown = 7/1

Adv → Oral Prophylaxis

1/1



MR SURESH KAUSHIK
Male 48Years

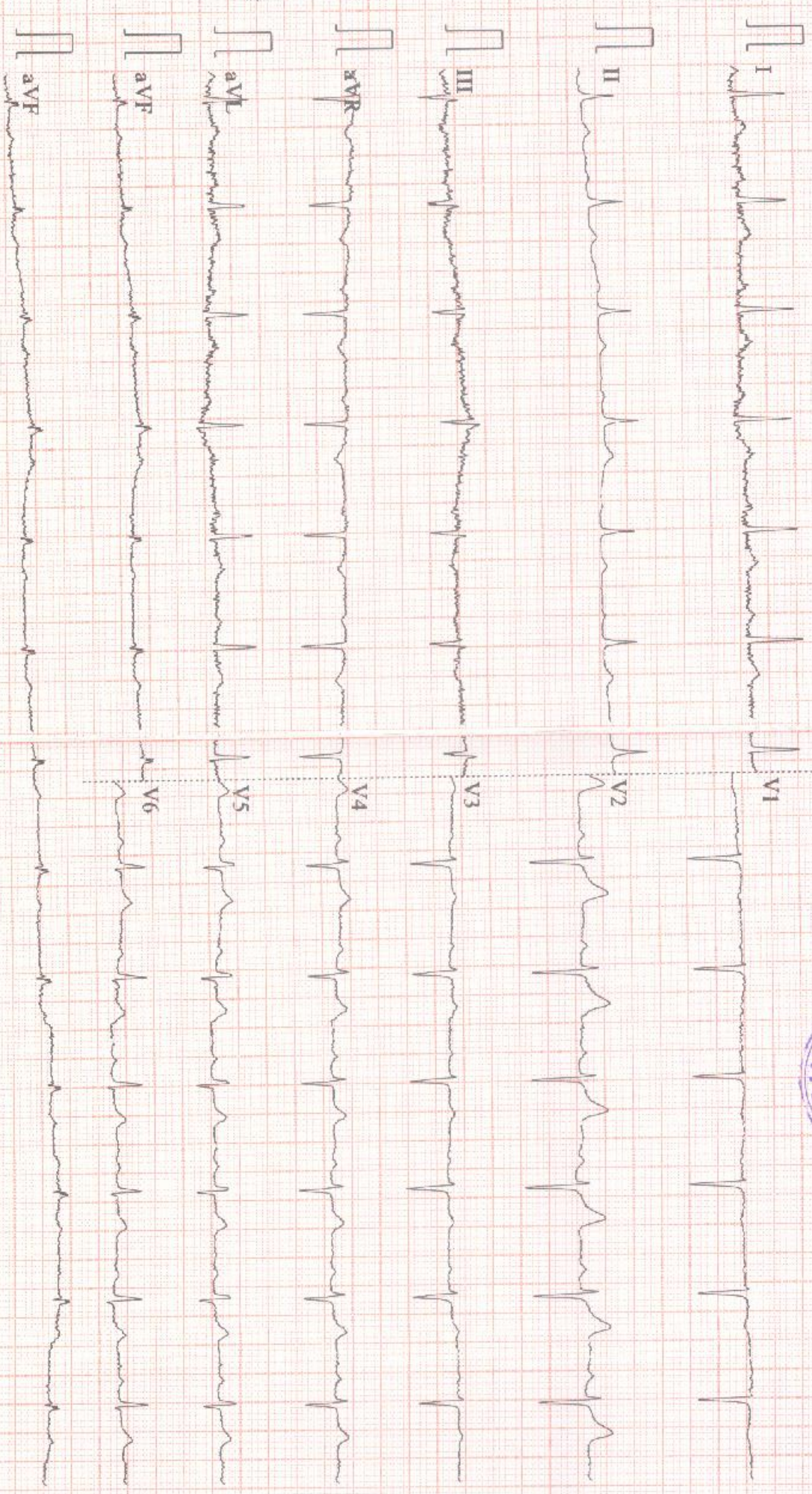
PR : 96 ms
PR : 180 ms
QRS : 76 ms
QT/QTc : 360/410 ms
P/QRS/T : -8/10/0 °
RV5/SV1 : 0.271/0.859 mV

Sinus rhythm
Possible anterior infarct - age undetermined
Inferior T wave abnormality is nonspecific
Abnormal ECG

Report Confirmed by:



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2017
Apollo Clinic, Raipur



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 78 CA

RT 9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

PATIENT NAME:- MR. SURESH KAUSHIK
REF BY :- BOB

AGE/SEX: 48 YRS/M
DATE:- 10.02.2024

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 : A SMALL STONE 1.64 CM

Pancreas & Paraortic Region : Normal.

Spleen : Is normal size measures cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.5X4.27cm	9.96X4.89cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal

Prostate: is enlarged in size measures weight 19.561 cc gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION;

- FATTY LIVER GRADE - II
- GALL BLADDER STONE 1.64 CM

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD

Consultant Radiologist
DR. ZEESHAN ATEEB DANI
(MD)

CONSULTANT RADIOLOGIST

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

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 purpose.

LICENSE NO. SAMRIDDHI/ARCC/AN/PT/11/11
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

101 06010 26363

0771 4033341

NAME OF PATIENT: MR. SURESH KAUSHIK

AGE: 48YRS /MALE

REFERRED BY: BOB

DATE: 10/02/2024.

CHEST X - RAY PA VIEW

FINDINGS:

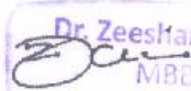
- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

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
(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.

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Suresh Koushik

Date 10/02/

Sex/Age 47y/m

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		NO		
NYSTAGMUS				
COLOUR VISION		Defective		
FUNDUS:(RE):-	<u>WNL</u>	(LE):- <u>WNL</u>		
INDIVIDUAL COLOUR IDENTIFICATION		Defective		
DISTANT VISION:(RE):-	<u>6/6P 6/6 6/6</u>	(LE):- <u>6/12 6/6 6/6</u>		
NEAR VISION:(RE):-	<u>N18 6/6 N6</u>	(LE):- <u>N18 6/6 N6</u>		
NIGHT BLINDNESS		NAD		
	SPH	CYL	AXIS	ADD
RIGHT		<u>-0.50</u>	<u>90</u>	<u>+1.75</u>
LEFT		<u>-0.75</u>	<u>90</u>	<u>+1.75</u>
REMARKS :-				



Dr. V. S. ...
MBBS, MS (Ophthalmologist)
Reg. No. GMC 621/2006

ECHOCARDIOGRAPHY REPORT

NAME : MR. SURESH KAUSHIK	Age/Sex: 48Yrs/male	ECG : SINUS RHYTHM
OPD/ IPD : OPD	STUDY DATE: 10/02/2024	REGN. NO. : FRAI.00000
Ref.By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.8	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	3.2	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.
 LV DIASTOLIC DYSFUNCTION GRADE I
 NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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

Apollo Clinic

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENSEE : SAMRIDDI AROGYAM PVT. LTD.

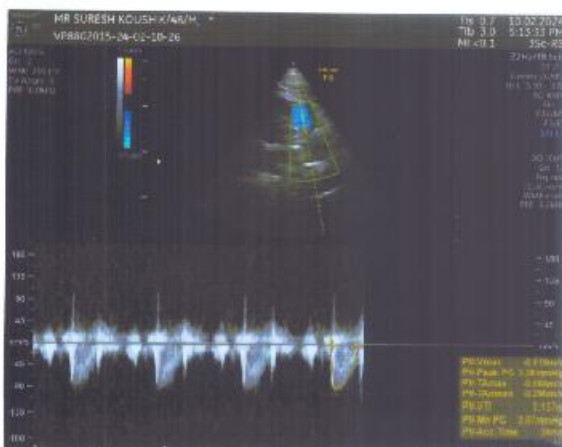
Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

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

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

+91 96918 26363

0771 4033341



Patient Name : MR SURESH KAUSHIK
UHID/ MR No : 9059
Visit Date : 10/02/2024
Sample Collected On : 10/02/2024 12:14PM
Ref. Doctor : SELF
Sponsor Name :

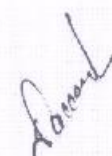
Age/Gender : 48 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 10/02/2024 04:25PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	14.6	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	6.87	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	41.0	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	59.7	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	21.3	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	35.6	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	14.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.25	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	63	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	29	%	15.0 - 45.0
Monocytes	06	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



Patient Name : MR SURESH KAUSHIK
UHID/ MR No : 9059
Visit Date : 10/02/2024
Sample Collected On : 10/02/2024 12:14PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 10/02/2024 04:25PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	130	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 7 of 7


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

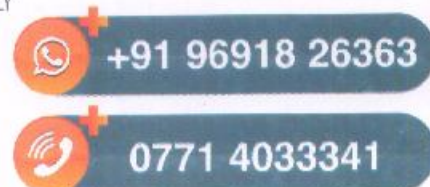
*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENSEE : SAMRIDDHI 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



Patient Name : MR SURESH KAUSHIK
UHID/ MR No : 9059
Visit Date : 10/02/2024
Sample Collected On : 10/02/2024 12:14PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 10/02/2024 04:25PM

HAEMATOLOGY

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

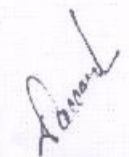
Blood Group (ABO Typing)

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

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 5 of 7


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

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

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY



Patient Name : MR SURESH KAUSHIK
UHID/ MR No : 9059
Visit Date : 10/02/2024
Sample Collected On : 10/02/2024 12:14PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 10/02/2024 04:25PM

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

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 2.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%.
 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam
- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - 2.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%.
 3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 4. 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.
 5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state dete

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 4 of 7

Aravind
DR DHANANJAY RAMCHANDRA PRASA
 M.D. PATHOLOGY

Patient Name : MR SURESH KAUSHIK
UHID/ MR No : 9059
Visit Date : 10/02/2024
Sample Collected On : 10/02/2024 12:14PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y. Male
OP Visit No : OPD-UNIT-II-1
Reported On : 10/02/2024 04:25PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	125.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	89.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	13	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.20	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.7	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



Patient Name : MR SURESH KAUSHIK
 UHID/ MR No : 9059
 Visit Date : 10/02/2024
 Sample Collected On : 10/02/2024 12:14PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 48 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 10/02/2024 04:25PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	137.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	94.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	76.20	mg/dl	Optimal:< 100 Optimal :100 – 129 Borderline High : 130-159 High : 160-189 >=190
Method: Spectrophotometric VLDL Cholesterol	18.80	mg/dl	6 - 38 3.5-5
Total Cholesterol/HDL Ratio	3.26		
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 SURESH KAUSHIK
 UHID/ MR No : 9059
 Visit Date : 10/02/2024
 Sample Collected On : 10/02/2024 12:14PM
 Ref. Doctor : SELF
 Sponsor Name :

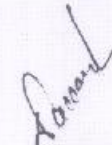
Age/Gender : 48 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 10/02/2024 04:25PM

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	24	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	31	U/L	0 - 41
ALKALINE PHOSPHATASE	89	U/L	25-147
Total Proteins Method: Spectrophotometric	6.9	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.6	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.0	%	1.1 - 2.2

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASA
 M.D. PATHOLOGY

Patient Name : MR SURESH KAUSHIK
UHID/ MR No : 9059
Visit Date : 10/02/2024
Sample Collected On : 10/02/2024 12:14PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 10/02/2024 04:25PM

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	1.020		1.001 - 1.030
Reaction (pH)	6.0		
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	2-4	/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	

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 1 of 2

Dhananjay
DR DHANANJAY RAMCHANDRA PRASA
M.D. PATHOLOGY

Apollo Clinic

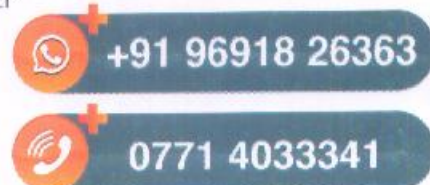
*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENSEE : SAMRIDDHI 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



Patient Name : Mr.SURESH KAUSHIK	Collected : 10/Feb/2024 05:44PM
Age/Gender : 48 Y 0 M 0 D /M	Received : 10/Feb/2024 05:52PM
UHID/MR No : DSUS.0000006370	Reported : 10/Feb/2024 06:46PM
Visit ID : DSUSOPV7421	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)	1.0	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.30	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	1.940	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

- 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 ***



Patient Name : Mr.SURESH KAUSHIK	Collected : 10/Feb/2024 05:45PM
Age/Gender : 48 Y 0 M 0 D /M	Received : 10/Feb/2024 05:52PM
UHID/MR No : DSUS.0000006371	Reported : 10/Feb/2024 06:37PM
Visit ID : DSUSOPV7422	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	Blo. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.440	ng/mL	0-4	CLIA

*** End Of Report ***



Apollo Clinic

DR. MANJIV KUIJUR
 M.B.B.S, M.D (Pathology)
 Consultant Pathologist

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENSEE - SAMRIDDHI AROGYAM PVT. LTD.
 Apollo Clinic, Tera Complex, A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)
 Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com
 Online reports: https://phr.apolloclinic.com

 **+91 96416 43463**

 **0771 4033341**

Patient Name : MR SURESH KAUSHIK
 UHID/ MR No : 9059
 Visit Date : 10/02/2024
 Sample Collected On : 10/02/2024 12:14PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 48 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 10/02/2024 06:51PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
---------------	----------------	------	-------------------------------

Stool Examination :

TEST

RESULT

Physical Examination

Colour	yellowish		
Consistency	Semi-solid		
Mucus	Absent		
Blood	Absent		

Microscopic Examination


Pus Cells	1 -2	/ Hpf	
RBC cells	Absent	/ Hpf	
Ova	Not Found		
Epithelial cells	1- 2	/hpf	
Cyst	Not Found		

Chemical Examination

Occult Blood	Negative		
Reducing substance	Negative		

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASA
 M.D. PATHOLOGY

Page 1 of 1

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

LICENSEE : SAMRIDDHI 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



+91 96918 26363



0771 4033341