

Memory  
BP 180/110

Mr. Anuj Uphaar Kujur  
40/M

O/E  
BP-180/100  
CVS  
CNS / NAD  
R

No clo chakken / DOI  
Break lesser  
Low salt-diet

- Tab. Magsart - AM C  
(ATTM) 25/11/23 x 5 day

- Tab.  
BP monitoring 12hr  
Prognosis explained

- Tab. Ebszola 0.25 HS  
x 5 days

25/11/23



Adv  
- 2D Echo -> cardiology opinion  
- fundus  
- Admission

RFT  
RBS  
CBC  
U&E  
Lipid profile

ID: 157

25-11-2023 11:42:36 AM

MR ANUJ UPHAR KUJUR  
Male 40Years

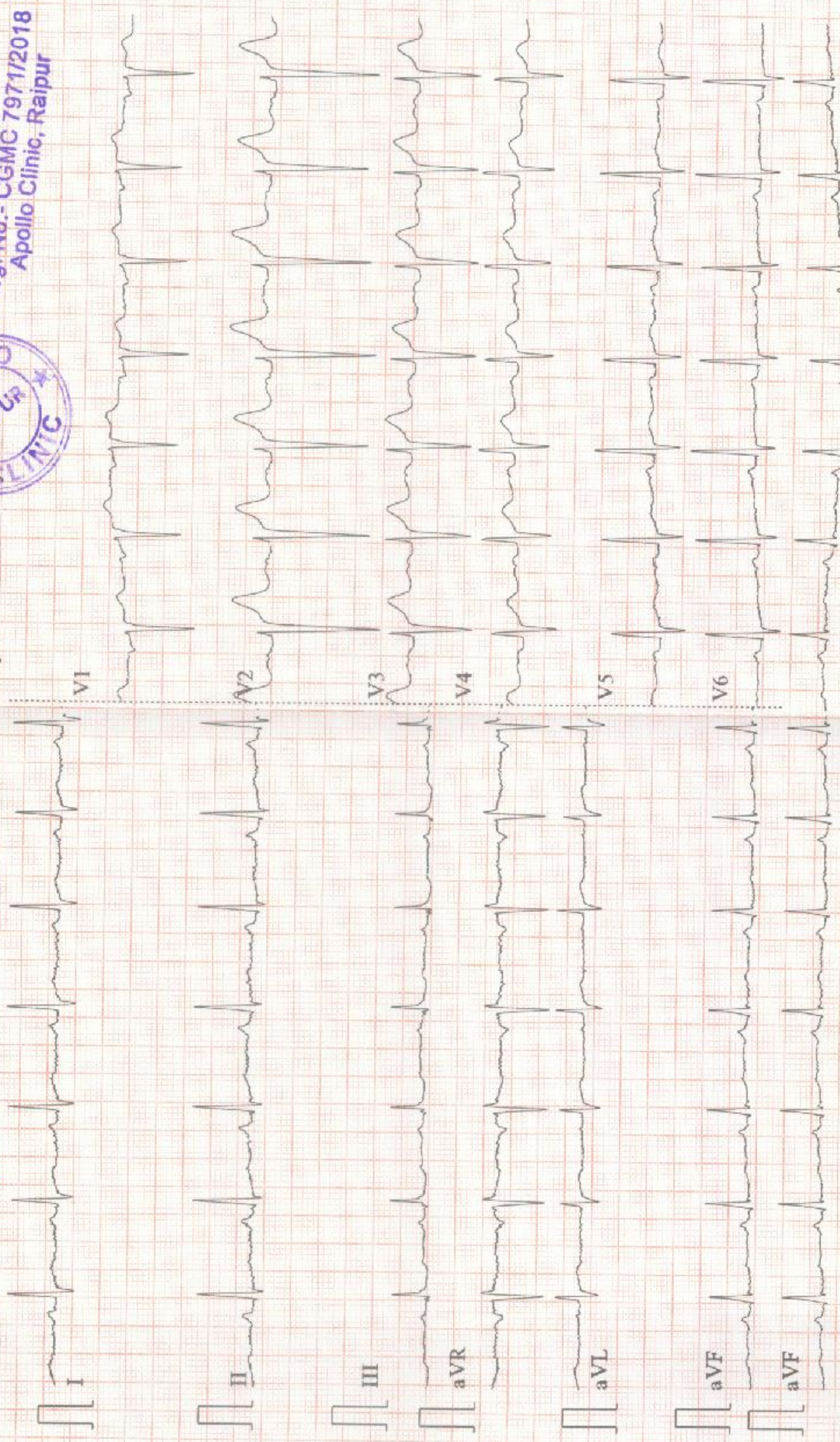
HR : 87 bpm  
P : 92 ms  
PR : 160 ms  
QRS : 94 ms  
QT/QTc : 340/409 ms  
P/QRS/T : 55/60/41 °  
RV5/SVI : 1.003/1.154 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG



Dr. Ankit Sharma  
MD Medicine  
Reg. No.- CGMC 7971/2018  
Apollo Clinic, Raipur

Report Confirmed by



**PATIENT NAME:- MR. ANUJ UPHAR KUJUR**  
**REF BY :- UNION BANK**

**AGE/SEX: 40YRS/M**  
**DATE:- 25.11.2023**

**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	8.43X4.72cm	8.48X4.89cm
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 23.656 cc gm 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. Zeeshan Ateeb Dani**  
MBBS  
Consultant  
**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. 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.

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

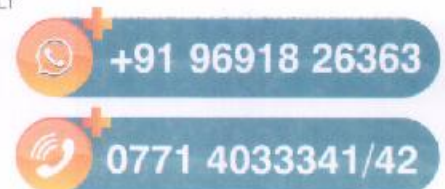
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Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com



**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**

Patient Name Mr. Anuj Upadhyay

Date 25/11/23

Sex/Age M / 40 years

MR No .....

Employee Id .....

EXTERNAL EXAMINATION				
SQUINT				
NO				
NYSTAGMUS				
COLOUR VISION				
NORMAL				
FUNDUS:(RE):-		<u>wnr</u>	(LE):-	<u>wnr</u>
INDIVIDUAL COLOUR IDENTIFICATION				
Good				
DISTANT VISION:(RE):-		<u>5/60 etc. 6/9</u>	(LE):-	<u>4/60 etc. 6/9</u>
NEAR VISION:(RE):-		<u>No</u>	(LE):-	<u>No</u>
NIGHT BLINDNESS				
NAD				
	SPH	CYL	AXIS	ADD
RIGHT	<u>-6.0</u>	<u>-4.50</u>	<u>100'</u>	
LEFT	<u>-8.0</u>	<u>-6.0</u>	<u>70'</u>	
REMARKS :- <u>Mild Kataract</u>				

Dr. Vikas Mishra  
 MBBS, MS (Ophthalmologist)  
 Reg. No. CGMC 621/2006





भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India  
Government of India

नामांकन क्रम / Enrollment No.: 1025/12304/26861

To  
18/07/2011 अनुज उपहार कुजूर  
Anuj Uphar Kujur  
S/O Urban Kujur  
near mission chowk G.E.L. missino compound  
po-lohardaga Lohardaga  
Lohardaga Lohardaga  
Jharkhand 835302

28938279



UG289382799IN



आपका आधार क्रमांक / Your Aadhaar No. :

**4353 8087 2795**

आधार – आम आदमी का अधिकार



भारत सरकार  
GOVERNMENT OF INDIA



अनुज उपहार कुजूर  
Anuj Uphar Kujur  
जन्म वर्ष / Year of Birth : 1983  
पुरुष / Male

**4353 8087 2795**



आधार – आम आदमी का अधिकार

**Patient Name** : Mr. MR ANUJ UPHAR KUJUR  
**UHID/ MR No** : 7690  
**Visit Date** : 25/11/2023  
**Sample Collected On** : 25/11/2023 06:25PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 40 Y Male  
**OP Visit No** : OPD-UNIT-II-1  
**Reported On** : 25/11/2023 07:54PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>CBC - COMPLETE BLOOD COUNT</b>			
Haemoglobin(HB) Method: CELL COUNTER	12.8	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.58	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	<b>38.40</b>	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	<b>68.8</b>	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	<b>22.9</b>	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	14.2	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.58	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	71	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	17	%	15.0 - 45.0
Monocytes	08	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	04	%	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 2 of 3

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

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**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 40 Y Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 25/11/2023 07:54PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	131	lacs/cu.mm	150-400
Method: CELL COUNTER			

- 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.
- Test conducted on EDTA whole blood.

**End of Report**

*Results are to be correlated clinically*

Lab Technician / Technologist  
path

Page 3 of 3

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

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**Sponsor Name** :

**Age/Gender** : 40 Y. Male  
**OP Visit No** : OPD-UNIT-II-4  
**Reported On** : 25/11/2023 07:54PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	20	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

#### End of Report

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Page 1 of 3

DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY





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**Sample Collected On** : 25/11/2023 06:25PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 40 Y. Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 25/11/2023 07:50PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	105.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	94.0	mg/dl	70 - 120

**End of Report**

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**DR DHANANJAY RAMCHANDRA PRASAD**  
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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	167.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	89.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	45	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	122	mg/dl	Optimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	17.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.71		3.5-5
Method: Spectrophotometric			

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**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.9	mg/dl	0.1- 1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.70	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	25	U/L	0 - 40
<b>SGPT (ALT)</b> Method: Spectrophotometric	20	U/L	0 - 41
<b>ALKALINE PHOSPHATASE</b>	85	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.4	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.6	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	1.8	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	2.55	%	1.1 - 2.2

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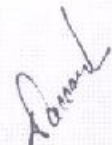
**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HbA1c (Glycosalated Haemoglobin)</b>	5.5	%	Non-diabetic: ≤5.6, Pre-Diabetic 5.7-6.4, Diabetic: ≥6.5

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

**End of Report**  
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### 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	1.020		1.001 - 1.030
Reaction (pH)	5.0		
<b>Chemical Examination</b>			
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
<b>Microscopic Examination</b>			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	2-4	/hpf	0 - 5
Epithelial Cell	2-4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Seen	/hpf	

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

Lab Technician / Technologist  
 path

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

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0771 4033341/42

## ECHOCARDIOGRAPHY REPORT

NAME : MR. ANUJ UPHAR KUJUR	Age/Sex: 40Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 27 /11/2023	REGN. NO. : FRAI.0000020604
Ref.By Dr : UNION BANK		

### M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	3.1	2.0 – 3.7	IVS Thickness	ED = 1.1 ES = 1.5	0.6 – 1.1
AorticValve Opening	1.8	1.5 – 2.6	PW Thickness	ED = 1.1 ES = 1.5	0.6 – 1.1
LA Dimension	3.4	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.6	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 : TRACE TR

Aortic Valve : Normal

Pulmonary Valve : Pulmonary valve appears normal in morphology.

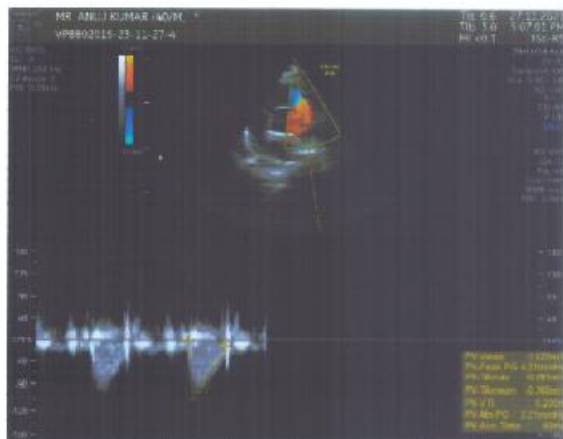
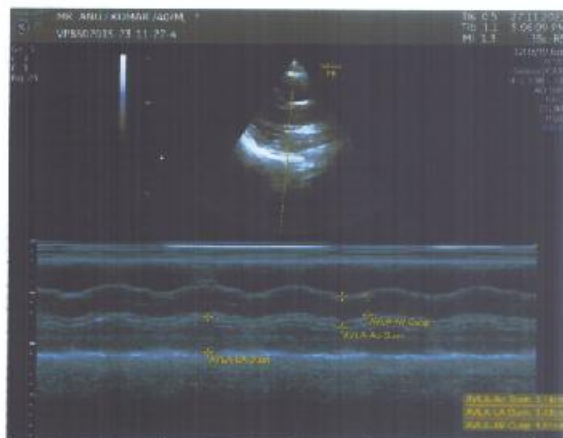
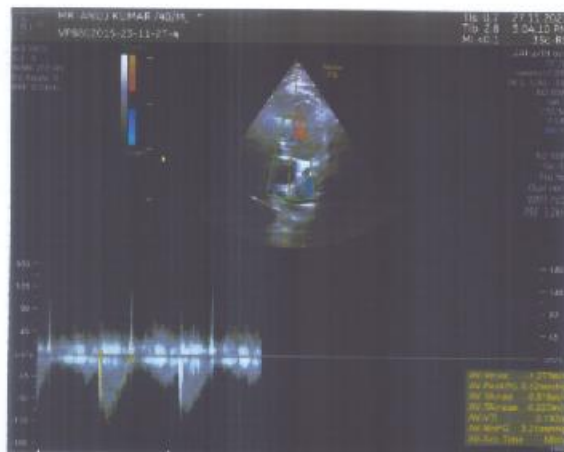
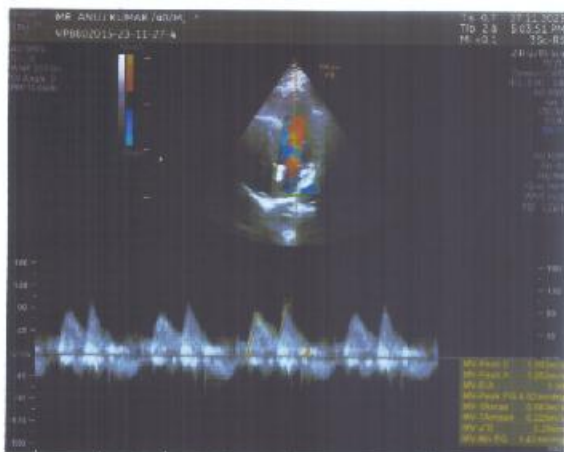
Systemic venous : IVC normal in size with normal Inspiratory collapse.

Diastolic Function : DRA-I

**FINAL IMPRESSION** : NO RWMA AT REST.  
NORMAL LV SYSTOLIC FUNCTION.  
TRACE TRICUSPID REGURGITATION  
LV DIASTOLIC DYSFUNCTION GRADE I  
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



**DR. DEEPA NDAS**  
MBBS, DIP. CARDIOLOGY  
CONSULTANT DEPT. OF NIC



Patient Name : Mr.ANUJ UPHAR KUJUR	Collected : 26/Nov/2023 12:43PM
Age/Gender : 40 Y 0 M 0 D /M	Received : 26/Nov/2023 12:46PM
UHID/MR No : DSUS.0000005657	Reported : 26/Nov/2023 02:35PM
Visit ID : DSUSOPV6552	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)	1.84	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	15.20	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	5.240	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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**DEPARTMENT OF IMMUNOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM</b>	0.290	ng/mL	0-4	CLIA

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

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



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**Dr. Sweety Lath**

BDS (Cosmetic Dental Surgeon)



**Dr. Vivek Lath**

Chief Dental Consultant  
BDS, MDS, Diplomate (WCOI, Japan)  
Professor, MCDRC - Durg  
Reg. No. CGDC/14/PG/45

- 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. Anuj uphar kujur  
40/M.

25/11/23

cler. Pt. came for routine dental check up.

6/2 stain + calculus

Impacted tooth :  $\frac{1}{8}$

Adv. oral prophylaxis

extract :  $\frac{1}{8}$



*[Handwritten signature]*

Apollo Clinic

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**NAME OF PATIENT: MR. ANUJ UPHAR KUJUR**

**AGE 40YRS / MALE**

**REFERRED BY: UNION BANK**

**DATE:25/11/2023.**

**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  
Consultant  
**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.**