

MR ABHILESH KUMAR  
Male 48Years

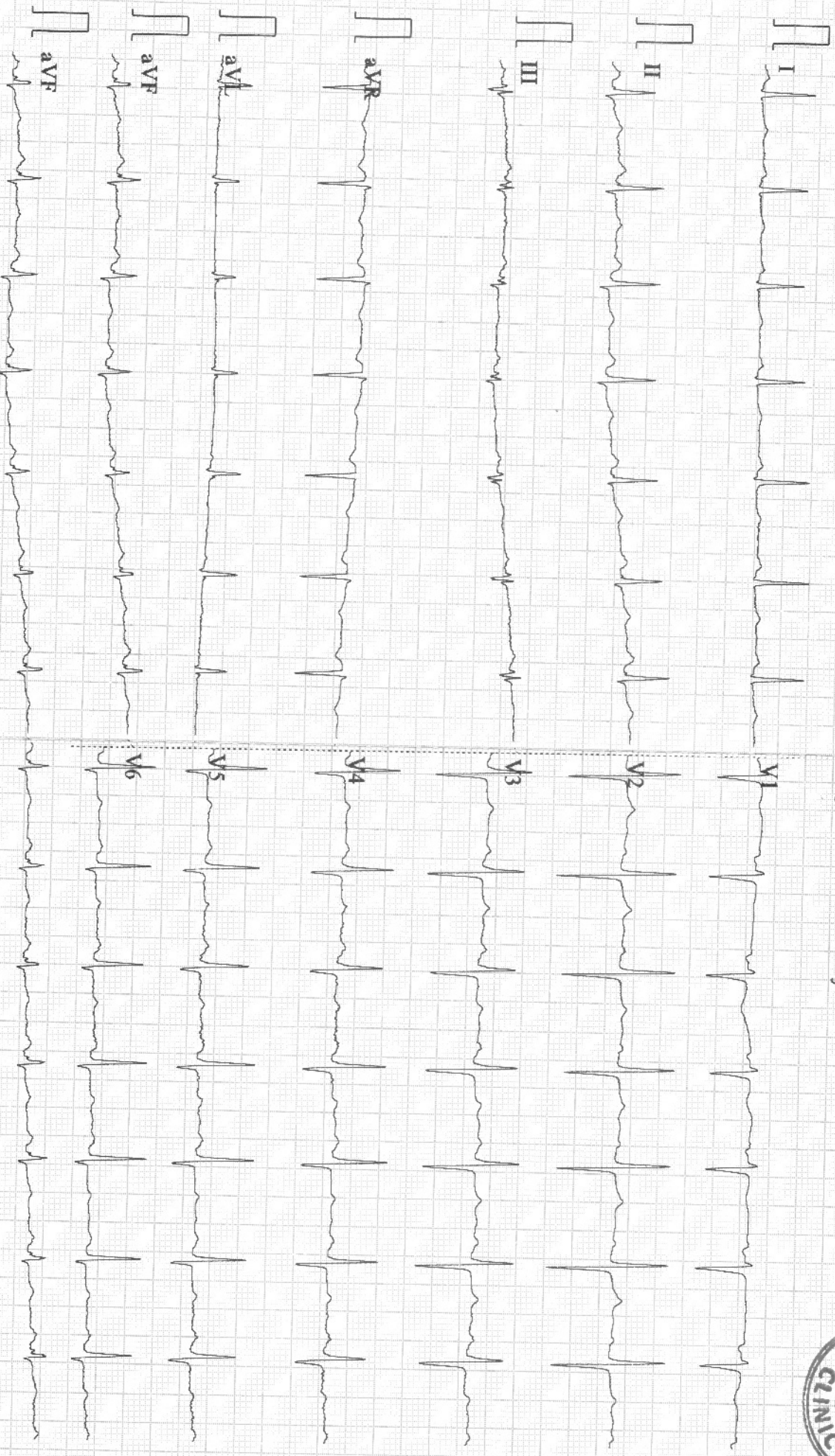
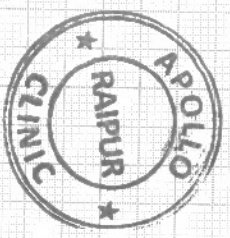
27-05-2023 10:39:44 AM

HR : 84 bpm  
P : 124 ms  
PR : 156 ms  
QRS : 94 ms  
QT/QTc : 370/438 ms  
P/QRS/T : 58/22/49 °  
RV5/SV1 : 1.005/0.746 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:

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



0.05~45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r 84 CARD

9108 D V143 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

**NAME OF PATIENT: MR. ABHILESH KUMAR**

**REFERRED: BOB**

**AGE: 48YRS/MALE**

**DATE: 27/05/2023**

**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 Radiologist  
Reg. No. CGMC- 2324/2009  
**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.

**Patient Name** : MR ABHILESH KUMAR CHOUDH/

**UHID/ MR No** : 4605

**Visit Date** : 27/05/2023

**Sample Collected On** : 27/05/2023 02:16PM

**Ref. Doctor** : SELF

**Sponsor Name** :

**Age/Gender** : 48 Y. Male

**OP Visit No** : OPD-UNIT-II-2

**Reported On** : 27/05/2023 05:03PM

### HAEMATOLOGY

| Investigation  | Observed Value | Unit        | Biological Reference Interval |
|--|----------------|-------------|-------------------------------|
| <b>CBC - COMPLETE BLOOD COUNT</b>                          |                |             |                               |
| Haemoglobin(HB)<br>Method: CELL COUNTER                    | 14.3           | gm/dl       | 12 - 17                       |
| Erythrocyte (RBC) Count<br>Method: CELL COUNTER            | <b>3.69</b>    | mill/cu.mm. | 4.20 - 6.00                   |
| PCV (Packed Cell Volume)<br>Method: CELL COUNTER           | 42.90          | %           | 39 - 52                       |
| MCV (Mean Corpuscular Volume)<br>Method: CELL COUNTER      | <b>116.3</b>   | fL          | 76.00 - 100                   |
| MCH (Mean Corpuscular Haemoglobin)<br>Method: CELL COUNTER | <b>38.8</b>    | 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  | 15.7           | %           | 11- 16                        |
| Total Leucocytes (WBC) Count<br>Method: CELL COUNTER       | 5.24           | cells/cumm  | 3.50 - 10.00                  |
| Neutrophils<br>Method: CELL COUNTER                        | 72             | %           | 40.0 - 73.0                   |
| Lymphocytes<br>Method: CELL COUNTER                        | 22             | %           | 15.0 - 45.0                   |
| Monocytes  | 05             | %           | 4.0 - 12.0                    |
| Eosinophils<br>Method: CELL COUNTER                        | 01             | %           | 1-6%                          |
| Basophils<br>Method: CELL COUNTER                          | 00             | %           | 0.0 - 2.0                     |

**End of Report**

*Results are to be correlated clinically*

Lab Technician / Technologist  
path



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**Sponsor Name** :

**Age/Gender** : 48 Y. Male  
**OP Visit No** : OPD-UNIT-II-1  
**Reported On** : 27/05/2023 05:03PM

### HAEMATOLOGY

| Investigation                          | Observed Value | Unit       | Biological Reference Interval |
|--|----------------|------------|-------------------------------|
| Platelet Count<br>Method: CELL COUNTER | 111            | lacs/cu.mm | 150-400                       |

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

**Patient Name** : MR ABHILESH KUMAR CHOUDH/

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**OP Visit No** : OPD-UNIT-II-2

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### HAEMATOLOGY

| Investigation  | Observed Value | Unit   | Biological Reference Interval |
|--|----------------|--------|-------------------------------|
| ESR- Erythrocyte Sedimentation Rate<br>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)

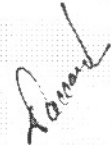
Blood Group (ABO Typing) AB

RhD factor (Rh Typing) POSITIVE

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**OP Visit No** : OPD-UNIT-II-2  
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### BIO CHEMISTRY

| Investigation   | Observed Value | Unit  | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| <b>GLUCOSE - (POST PRANDIAL)</b>                      |                |       |                               |
| Glucose -Post prandial<br>Method: REAGENT GRADE WATER | 124.0          | mg/dl | 70-140                        |
| <b>GLUCOSE (FASTING)</b>                              |                |       |                               |
| Glucose- Fasting<br>SUGAR REAGENT GRADE WATER         | 90.0           | mg/dl | 70 - 120                      |
| <b>KFT - RENAL PROFILE - SERUM</b>                    |                |       |                               |
| BUN-Blood Urea Nitrogen<br>METHOD: Spectrophotometric | 12             | mg/dl | 7 - 20                        |
| <b>Creatinine</b><br>METHOD: Spectrophotometric       | 0.99           | mg/dl | 0.6-1.4                       |
| <b>Uric Acid</b><br>Method: Spectrophotometric        | 3.96           | mg/dL | 2.6 - 7.2                     |

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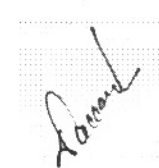
### BIO CHEMISTRY

| Investigation                       | Observed Value | Unit  | Biological Reference Interval  |
|-------------------------------------|----------------|-------|--|
| <b>LIPID PROFILE TEST (PACKAGE)</b> |                |       |  |
| Cholesterol - Total                 | 183.0          | mg/dl | Desirable: < 200<br>Borderline High: 200-239<br>High: >= 240   |
| Triglycerides level                 | 112.0          | mg/dl | Normal : < 150<br>Borderline High : 150-199<br>Very High : >=500   |
| Method: Spectrophotometric          |                |       |  |
| HDL Cholesterol                     | 45.0           | mg/dl | Major risk factor for heart disease: < 40<br>Negative risk factor for heart disease :>60                               |
| Method: Spectrophotometric          |                |       |  |
| LDL Cholesterol                     | 115.60         | 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                    | 22.40          | mg/dl | 6 - 38   |
| Total Cholesterol/HDL Ratio         | 4.07           |       | 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><br>Method: Spectrophotometric  | 0.9            | 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       | 0.70           | mg/dl | 0 - 1                         |
| <b>SGOT (AST)</b><br>Method: Spectrophotometric         | 24             | U/L   | 0 - 40                        |
| <b>SGPT (ALT)</b><br>Method: Spectrophotometric         | 30             | U/L   | 0 - 41                        |
| <b>ALKALINE PHOSPHATASE</b>                             | 69             | U/L   | 25-147                        |
| <b>Total Proteins</b><br>Method: Spectrophotometric     | 6.9            | g/dl  | 6 - 8                         |
| <b>Albumin</b><br>Method: Spectrophotometric            | 4.3            | mg/dl | 3.4 - 5.0                     |
| <b>Globulin</b><br>Method: Calculated                   | 2.6            | g/dl  | 1.8 - 3.6                     |
| <b>A/G Ratio</b><br>Method: Calculated                  | 1.65           | %     | 1.1 - 2.2                     |

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DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

Apollo Clinic

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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)                    | 6.0            |      |                               |
| <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                        | 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 corelated clinically*

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### BIO CHEMISTRY

| Investigation                           | Observed Value | Unit | Biological Reference Interval                             |
|---|----------------|------|---|
| <b>HbA1c (Glycosalated Haemoglobin)</b> | 5.6            | %    | 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 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

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M.D. PATHOLOGY

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27/5/23

Came for Routine checkup.

~~of~~ of E BL m intact & extracted.

Nose - WNL

adu  
Audiometry



↓  
Os

**PATIENT NAME:- MR.ABHILESH KUMAR CHOUDHURY**  
**REF BY :- BOB**

**AGE/SEX: 48YRS/M**  
**DATE:- 27.05.2023**

**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                             | 9.5X4.3cm   | 10.3X5.4cm  |
| 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.

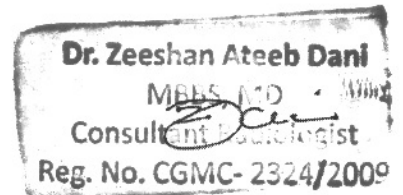
Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

**IMPRESSION:**

**USG abomen within normal limit.**

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



**DR. ZEESHAN ATEEB DANI**  
**(MD)**  
**CONSULTANT RADIOLOGIST**

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