

BP - 140/90
P - 88/lt
H - 181 cm
wt - 102 kg

Mr. Navneet K. Singh
Age - 48 y/m

06/02/20

NO H10 DMII/HMY

CBC - 14.8/4.9/8.40/192

ESR - 10

HbA1c - 5.6

FBS - 105, PP - 123.0

Urea - 12

Creat - 1.10

Lipid - 191/98/44/127.40

LFT - 30/35/78

T3 - 1.66

T4 - 10.50

TSH - 3.100

- 2 tabs Active Jml - 251 17
30 d)
- 2 tabs Rosuvast - 271 h
+ 30 d)

Dr. Animesh Choudhary

MD Medicine

Reg. No. CGMC 3583/20

Apollo Clinic Raipur



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

Mrs Naveen Kumar Singh
48/M

6/2/2024

Chief Pt came for routine dental check up

Of - stain +++ Cal ++

Generalised spacing in V/C teeth

Admin - oral prophylaxis



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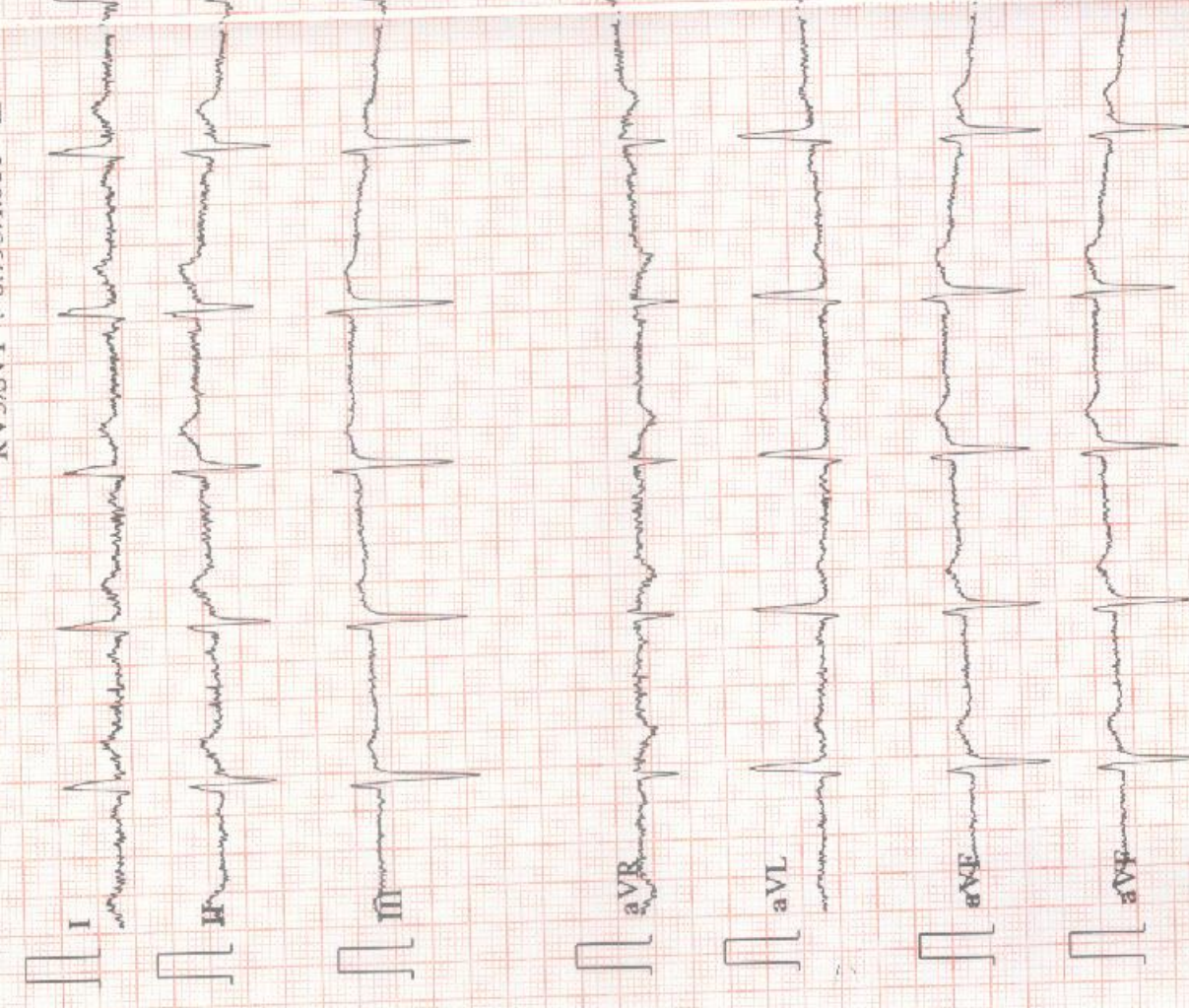
www.apolloclinic.co

ID: 99

MR NAVEEN KUMAR SINGH
Male 48Years

06-02-2024 10:45:26 AM

HR	:	71	bpm
P	:	116	ms
PR	:	152	ms
QRS	:	108	ms
QT/QTc	:	376/409	ms
P/QRS/T	:	18/-50/47	°
RV5/SV1	:	0.795/1.081	mV

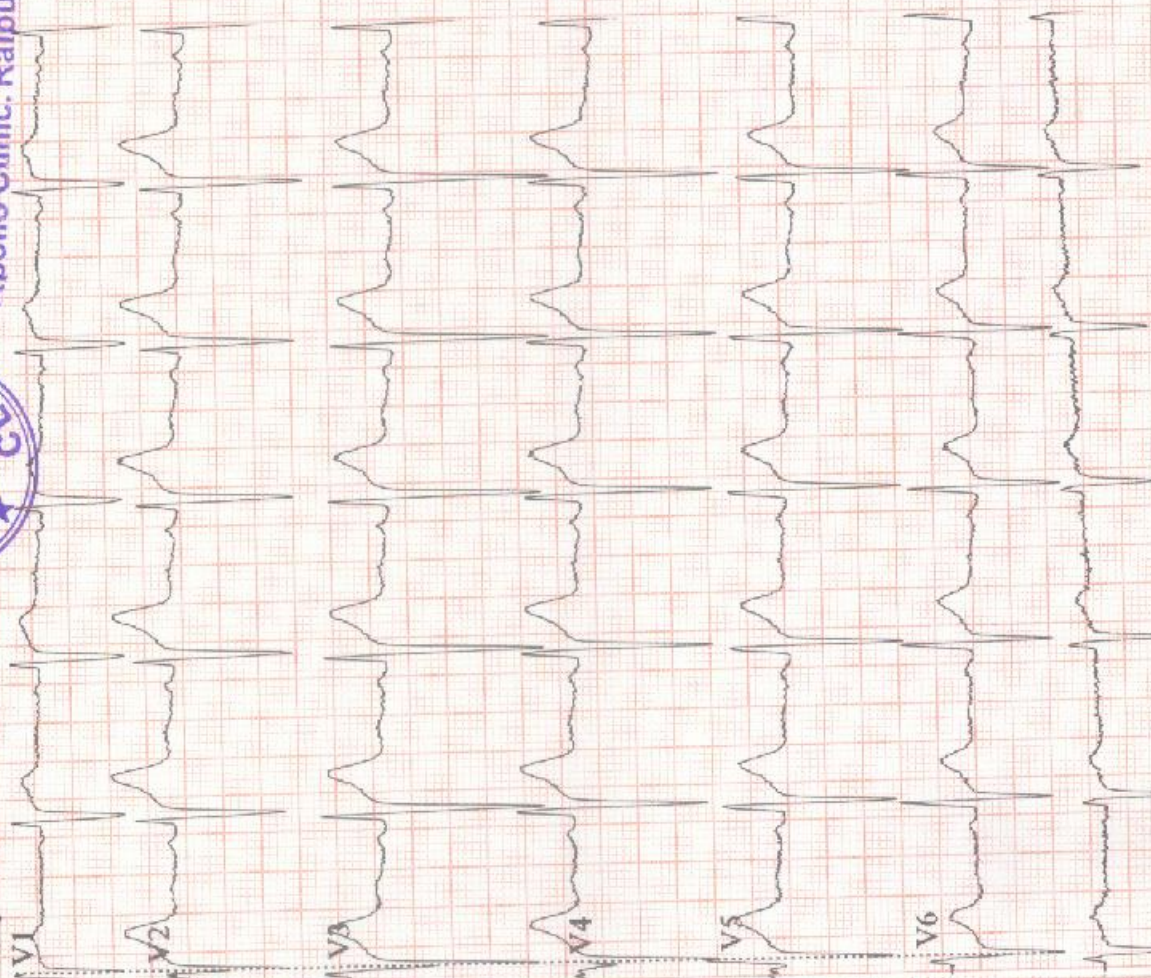


Diagnosis Information:

Sinus rhythm
 Left anterior fascicular block
 Left ventricular hypertrophy by voltage only
 Borderline ECG



Report Confirmed by:



NAME OF PATIENT: MR. NAVEEN KUMAR SINGH

AGE: 48YRS / MALE

REFERRED BY: BOB

DATE: 06/02/2024.

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
Reg. No. CGMC 282413089
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. Naveen Kumar Singh

Date 6/02/21

Sex/Age M/48yrs

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>wnl</u> (LE):- <u>wnl</u>				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):- <u>6/6</u> (LE):- <u>6/6</u>				
NEAR VISION:(RE):- <u>N6E6N6</u> (LE):- <u>N6E6N6</u>				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT				<u>+1.75</u>
LEFT		<u>P.L</u>	<u>0</u>	<u>+1.75</u>
REMARKS :-				



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

PATIENT NAME:- MR. NAVEEN KUMAR SINGH
REF BY :- BOB

AGE/SEX: 48 YRS/M
DATE:- 06.02.2024

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 : Distended & normal.

Pancreas & Paraaortic Region : Normal.

Spleen : Is normal size measures cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.90X5.44cm	11.19X5.39cm
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 36.762 cc gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- GRADE - I PROSTATOMEGALY
- GRADE - II FATTY LIVER

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MCh
Consultant Radiologist
Reg. No. CGMC-2324/2008
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

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Patient Name : MR NAVEEN KUMAR SINGH
UHID/ MR No : 8994
Visit Date : 06/02/2024
Sample Collected On : 06/02/2024 11:43AM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 48 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 06/02/2024 02:44PM

HAEMATOTOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	14.8	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.91	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	44.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	90.4	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	30.1	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	12.7	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	8.40	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	55	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	35	%	15.0 - 45.0
Monocytes Method: CELL COUNTER	07	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Basophils 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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Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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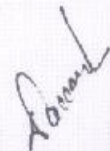
HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	192	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
Results are to be corelated clinically

Lab Technician / Technologist
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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) : O
RhD factor (Rh Typing) : POSITIVE

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.6	%	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 glycosylated 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 glycosylated 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
Results are to be correlated clinically

Lab Technician / Technologist
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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	123.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	105.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	12	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.10	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.32	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Visit Date : 06/02/2024
Sample Collected On : 06/02/2024 11:43AM
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Sponsor Name :

Age/Gender : 48 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 06/02/2024 02:44PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	191.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	98.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	127.40	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	19.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.34		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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M.D. PATHOLOGY

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

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.6	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	30	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	35	U/L	0 - 41
ALKALINE PHOSPHATASE	78	U/L	25-147
Total Proteins Method: Spectrophotometric	6.6	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.1	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.14	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



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Reported On : 06/02/2024 02:44PM

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	1.010		1.001 - 1.030
Reaction (pH)	5.0		
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	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

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

+91 96918 26363

0771 4033341

Patient Name : Mr.NAVEEN KUMAR SINGH	Collected : 07/Feb/2024 10:44AM
Age/Gender : 48 Y 0 M 0 D /M	Received : 07/Feb/2024 01:31PM
UHID/MR No : DSUS.000006328	Reported : 07/Feb/2024 02:24PM
Visit ID : DSUSOPV7370	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)	1.66	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	10.50	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.100	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



Patient Name : Mr.NAVEEN KUMAR SINGH	Collected : 07/Feb/2024 10:44AM
Age/Gender : 48 Y 0 M 0 D /M	Received : 07/Feb/2024 01:31PM
UHID/MR No : DSUS.0000006328	Reported : 07/Feb/2024 03:08PM
Visit ID : DSUSOPV7370	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	0.570	ng/mL	0-4	CLIA

*** End Of Report ***



ECHOCARDIOGRAPHY REPORT

NAME : MR. NAVEEN KUMAR SINGH	Age/Sex: 48Yrs/male	ECG : SINUS RHYTHM
OPD/ IPD : OPD	STUDY DATE: 06 /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)
Aortic Root Diameter	3.0	2.0 – 3.7	IVS Thickness	ED = 1.3 ES = 1.6	0.6 – 1.1
Aortic Valve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 1.3 ES = 1.6	0.6 – 1.1
LA Dimension	3.6	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.2	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.5	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.
CONCENTRIC LVH /DRA -I.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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

