

NAME OF PATIENT: MR. SHAILENDRA KUMAR BORKAR

AGE: 45YRS/MALE

REFERRED: BOB

DATE: 14/10/2023

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

(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.

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0771 4033341/42

ID: 869
MR SHAILENDRA KUMAR
Male 45Years

13-10-2023 04:21:20 PM

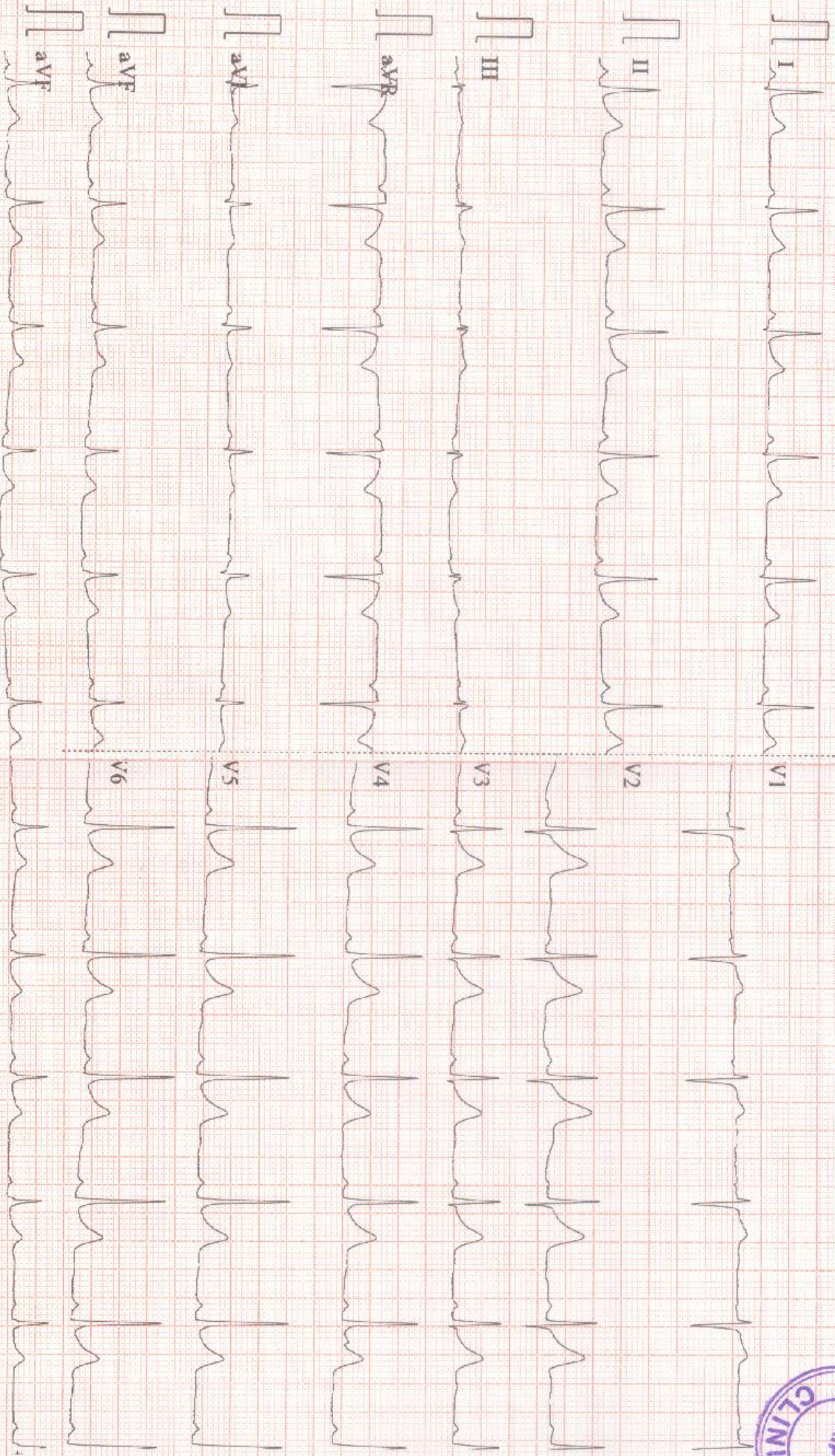
HR : 67 bpm
P : 98 ms
PR : 144 ms
QRS : 82 ms
QT/QTc : 388/410 ms
P/QRS/T : 31/41/43 °
RV5/SV1 : 1.631/0.819 mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:

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



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 67 CARDI

108 D V143 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

PATIENT NAME:- MR. SHAILENDRA KUMAR BORKAR
REF BY :- BOB

AGE/SEX:- 45YRS/M
DATE:-13.10.2023

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 ORALLY)

Pancreas & Paraaortic Region: Normal.

Spleen: Is normal in size and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.95X5.11cm	11.36X4.93cm
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

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ECHOCARDIOGRAPHY REPORT

NAME : MR. SHAIENDRA KUMAR BORKAR	Age/Sex: 45Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 13/10/2023	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	3.2	2.0 – 3.7	IVS Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
AorticValve Opening	1.8	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)	4.2	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.6	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.

Diastolic Function : Normal.

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
NORMAL CARDIAC CHEMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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

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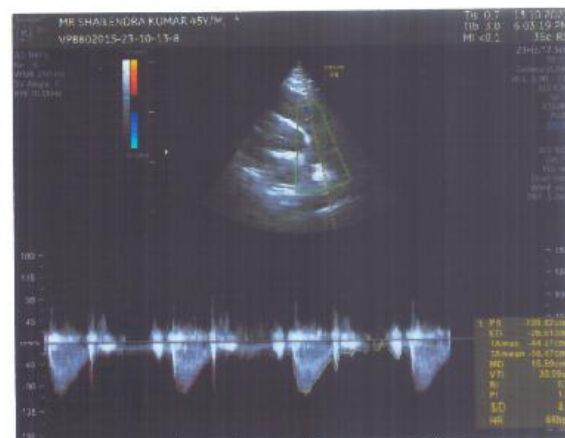
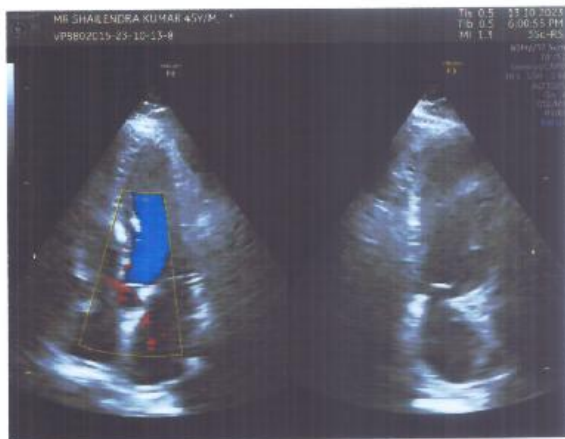
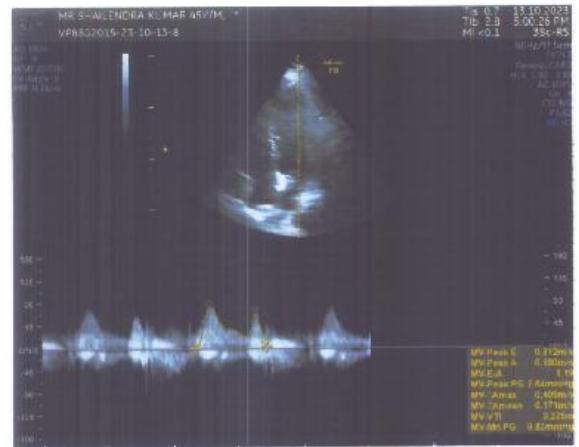
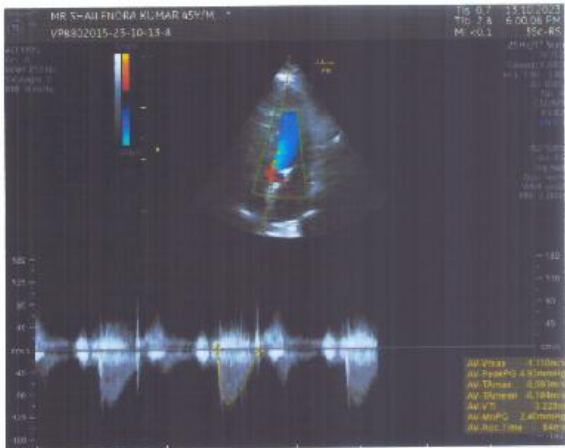
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Patient Name : MR SHAILENDRA KUMAR BORKA
UHID/ MR No : 7099
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 04:24PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 45 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/10/2023 07:05PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	14.5	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.49	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	43.50	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	96.9	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	32.3	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	15.4	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	4.32	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	46	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	50	%	15.0 - 45.0
Monocytes	03	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	01	%	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 6 of 9

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR SHAILENDRA KUMAR BORKI
UHID/ MR No : 7099
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 04:24PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 45 Y Male
OP Visit No : OPD-UNIT-II-4
Reported On : 09/10/2023 07:05PM

HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	325	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 9


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR SHAILENDRA KUMAR BORKU
UHID/ MR No : 7099
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 04:24PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 45 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/10/2023 07:05PM

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) O
RhD factor (Rh Typing) POSITIVE

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
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M.D. PATHOLOGY

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Patient Name : MR SHAILENDRA KUMAR BORKI
UHID/ MR No : 7099
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 04:24PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 45 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/10/2023 07:05PM

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

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%.

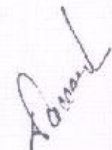
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam

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 corelated clinically

Lab Technician / Technologist
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Page 4 of 9

DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR SHAILENDRA KUMAR BORKU
UHID/ MR No : 7099
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 04:24PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 45 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/10/2023 07:05PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	105.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.93	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.2	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 9

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR SHAILENDRA KUMAR BORKI
UHID/ MR No : 7099
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 04:24PM
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Sponsor Name :

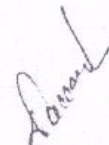
Age/Gender : 45 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 09/10/2023 07:05PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	145.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	118.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	43.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	78.40	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	23.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.37		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Page 2 of 9

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR SHAILENDRA KUMAR BORKA
UHID/ MR No : 7099
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 04:24PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 45 Y. Male
OP Visit No : OPD-UNIT-II-1
Reported On : 09/10/2023 07:05PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.7	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.50	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	30	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	37	U/L	0 - 41
ALKALINE PHOSPHATASE	77	U/L	25-147
Total Proteins Method: Spectrophotometric	6.4	g/dl	6 - 8
Albumin Method: Spectrophotometric	3.9	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.5	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.5	%	1.1 - 2.2

End of Report
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 UHID/ MR No : 7099
 Visit Date : 07/10/2023
 Sample Collected On : 07/10/2023 04:24PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 45 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 09/10/2023 07:05PM

IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
PSA - TOTAL			
PSA-TOTAL	0.36	ng/ml	
Borderline : 4 - 10			

10 - 49 years: 1.5
 50 - 59 " : 2.5
 60 - 69 " : 4.5
 70 - 79 " : 7.5

1. PSA is detected in serum of males with normal, benign hypertrophic and malignant prostatitis.

2. Measurement of serum PSA level is not recommended as a screening procedure for the diagnosis of cancer, because elevated PSA levels also are observed in patients with benign prostatic hypertrophy.

3. The fact that PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy when used in conjunction with other diagnostic indices.

METHOD: Fluorometric Immunoassay (Done with mini VIDAS Bio Merieux France)

PATHOLOGIST *All Reports Require Clinical Interpretation, please consult your Doctor

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 8 of 9

Ashwini
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name	: MR SHAILENDRA KUMAR BORKA	Age/Gender	: 45 Y. Male
UHID/ MR No	: 7099	OP Visit No	: OPD-UNIT-II-2
Visit Date	: 07/10/2023	Reported On	: 09/10/2023 07:05PM
Sample Collected On	: 07/10/2023 04:24PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
T3, T4, TSH			
T3 (Total) by CLIA,serum	1.0	ng/mL	0.79-1.58
Clinical Use · Diagnose and monitor treatment of Hyperthyroidism Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, Increased TBG Decreased Levels: Nonthyroidal illness, Hypothyroidism, Nutritional deficiency, Systemic illness, Decreased TBG			
T4(Total) by CLIA,serum	8.40	mcg/dl	4.5-12.0
Clinical Use · Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease. Increased Levels: Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy Decreased Levels: Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.			
TSH (Ultrasensitive) CLIA Serum	5.67	mIU/ml	0.34- 5.6
Initial test of thyroid function in patients with suspected thyroid dysfunction · Assess thyroid status in patients with abnormal total T4 concentrations · Distinguish Euthyroid hyperthyroxinemias from hypothyroidism. Increased Levels: Thyroid hormone resistance, Hyperthyroidism Decreased Levels: Primary hypothyroidism, Secondary hypothyroidism Clinical Use · Initial test of thyroid function in patients with suspected thyroid dysfunction			

Note: Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues. In addition severe systemic illness which affects the thyroid binding proteins can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction.

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Page 9 of 9

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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UHID/ MR No : 7099
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 04:24PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 45 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/10/2023 07:05PM

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	1.015		1.001 - 1.030
Reaction (pH)	6.5		
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	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



BP - 130/70
P - 68/4
H - 1600 m
WT - 68 kg

Mr. Shailendra K. Borkar
Age - 45 y/m 13/10/23

For Annual Health Checkup

KHO HMM (telmus cr40/6.4
1 has
Conc 2.17 on
STATRO ASP 10/21

CBC - 14.5/4.49/4.32/325
HBA1C - 5.6
PBS - 105
Creat - 0.93
Lipid - 145/118/43/78.40
LFT - 30/37/77
PSA - 0.36
T3 - 1.0
T4 - 8.40
TSH - 5.67

B
- tub ~~telmus~~
BLIOMEAR - 7 ~~43~~
2.5/40
aft STATRO
Brelfash
- Cap meal dm ~~नाले~~ 30 days



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