

Mr. Sanjeev Kumar  
Age - 33 Y/M

03/04/24

BP - 120/80  
PR - 92 bpm  
WT - 70 kg  
HT - 171 cm

Recently Dr. DM

CBC - 15.3, 5.02, 5.92, 110  
RBS - 139.0, 241.0  
Creatinine - 1.20  
Uric Acid - 4.6  
Lipid - 160, 112, 0, 43, 0, 94, 60  
LFT - 25, 32, 95 U/L  
HbA1c - 9.6

- was given e Report

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



Ad → fasting (female)  
← ABP  
← PABP

2 TT (03/02/24) DM  
201/110 BF (110/110)

03/02/24				
04/02/24	✓	✓	-	✓
05/02/24	✓			

Seen By Dr Prashant Roy M.D ENT

MR :- Sanjeev Kumar. 33y/m

Come for Regular ENT Checkup.

No present ENT complaint

On examination Rt Lf

EAC Clear Clear



BIC Trivalent

Nose L-R BIC clear

Throat ppw clear

PR

PR

T3 = 1.08

T4 = 9.70

TSH = 2.7

WNB

pr

ppw clear  
3/2/24



# 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. Sanjeev Kumar  
33/M

3/2/24

Adh + has come for routine dental checkup.

O/E → stain + Cal + p

Buccal pit canis c  $\frac{6}{7}$

Occlusal pit canis c  $\frac{7}{7}$

Adh Oral prophylaxis

Restoration c  $\frac{6}{7}$

*Signature*



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## ECHOCARDIOGRAPHY REPORT

NAME : MR. SANJEEV KUMAR	Age/Sex: 33Yrs/male	ECG : SINUS RHYTHM
OPD/ IPD : OPD	STUDY DATE: 03 /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	3.1	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	2.9	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	3.9	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.4	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.  
NORMAL CARDIAC CHEMBER AND NORMAL VALVES.  
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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

**Apollo Clinic**

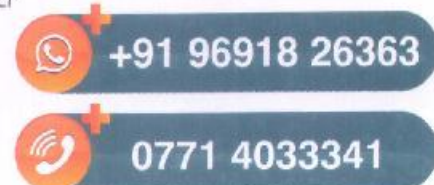
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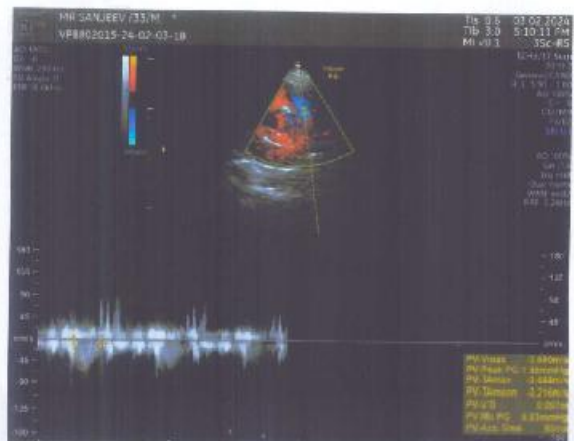
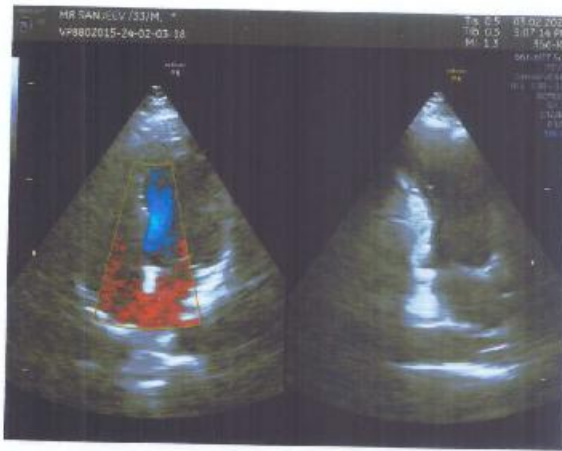
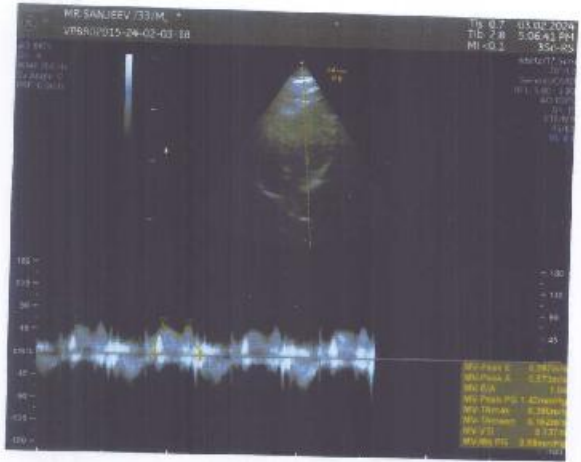
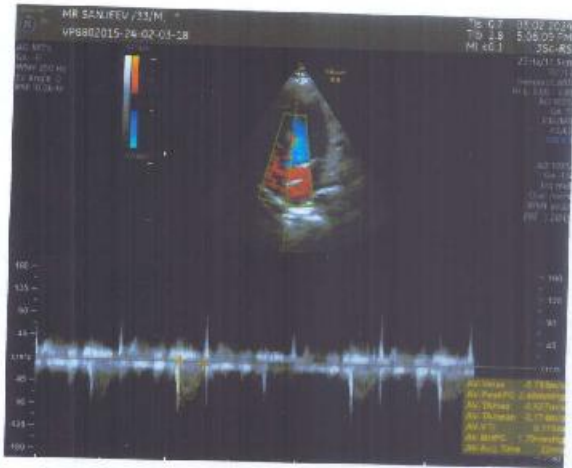
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ID: 77  
MR SANJEEV KUMAR  
Male 33Years

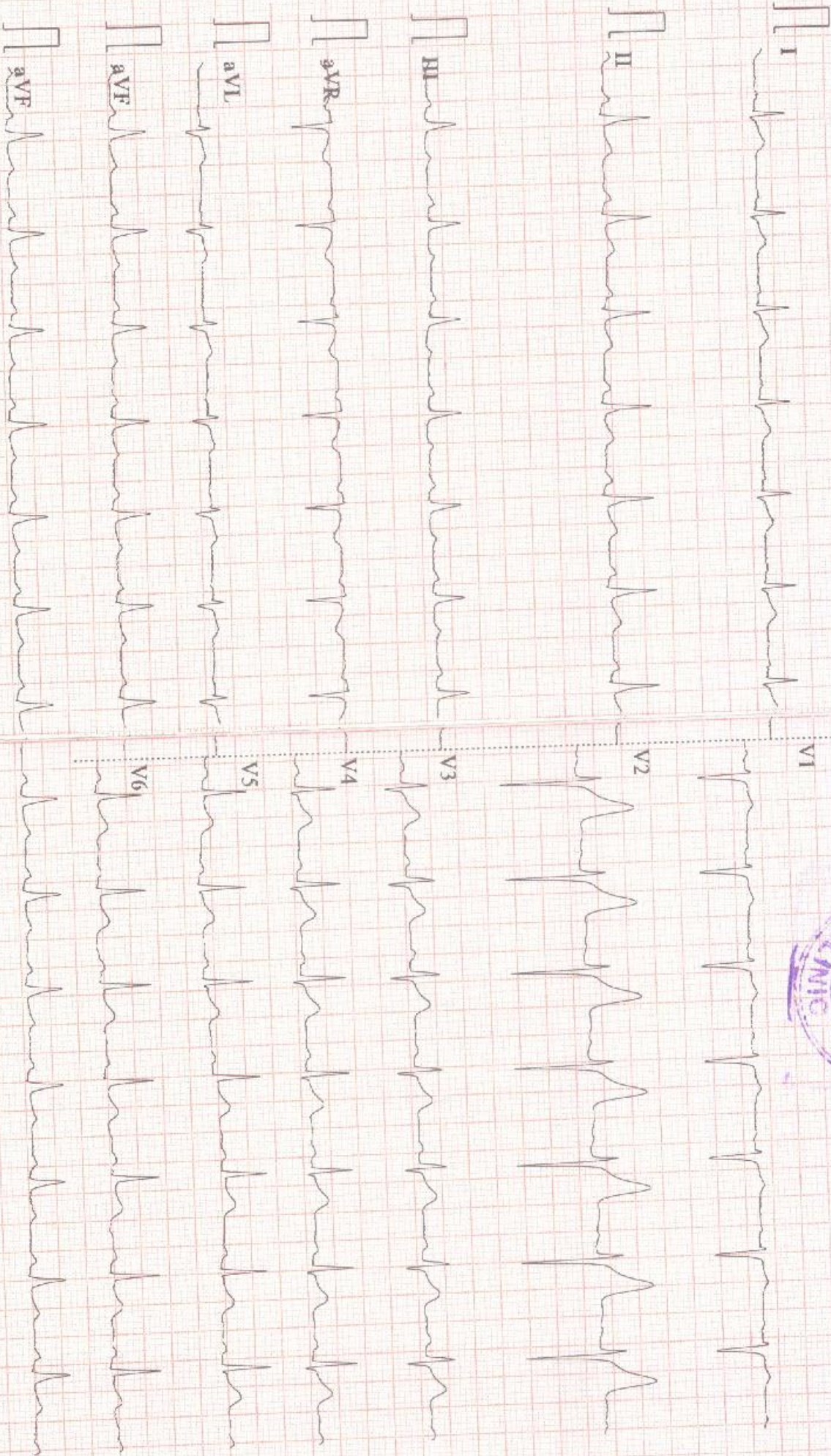
HR : 87 bpm  
P : 98 ms  
PR : 152 ms  
QRS : 100 ms  
QT/QTc : 350/421 ms  
P/QRS/T : 75/65/47 °  
RV5/SV1 : 0.832/0.834 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG



Dr. Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/201  
Apollo Clinic, Raipur

Report Confirmed by:



0.05-45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r 87 CARI

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

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

Patient Name Mr. Sanjeev Kumar

Date 3/02/24

Sex/Age M/33y

MR No .....

Employee Id .....

<b>EXTERNAL EXAMINATION</b>				
<b>SQUINT</b>		NO		
<b>NYSTAGMUS</b>				
<b>COLOUR VISION</b>		NORMAL		
<b>FUNDUS:(RE):-</b>		wvl (LE):- wvl		
<b>INDIVIDUAL COLOUR IDENTIFICATION</b>		cwo d		
<b>DISTANT VISION:(RE):-</b>		6/6 (LE):- 6/6		
<b>NEAR VISION:(RE):-</b>		N/G (LE):- N/G		
<b>NIGHT BLINDNESS</b>		NAD		
	<b>SPH</b>	<b>CYL</b>	<b>AXIS</b>	<b>ADD</b>
<b>RIGHT</b>				
<b>LEFT</b>				
<b>REMARKS :-</b>				



**Dr. Vikas Mishra**  
 MBBS, MS(Ophthalmologist)  
 Reg. No. CGMC 624/2006

PATIENT NAME:- MR. SANJEEV KUMAR  
REF BY :- BOB

AGE/SEX:- 33 YRS/M  
DATE:-03.02.2024

**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:** Distended & normal.

**Pancreas & Paraaortic Region:** Normal.

**Spleen:** Is normal in size and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.25X4.54cm	9.04X4.79cm
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.



*(Handwritten signature)*

**DR. ANIL WASTI**  
SONOLOGIST REG.NO. CGMC-1471

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.

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

**AGE: 33YRS / MALE**

**REFERRED BY: BOB**

**DATE: 03/02/2024.**

**CHEST X - RAY PA VIEW**

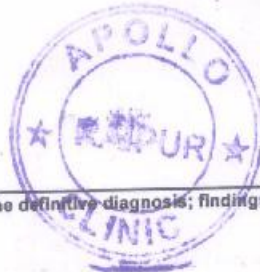
**FINDINGS:**

- 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.**



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**Patient Name** : MR SANJEEV KUMAR  
**UHID/ MR No** : 8962  
**Visit Date** : 03/02/2024  
**Sample Collected On** : 03/02/2024 01:54PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 33 Y Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 03/02/2024 03:27PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB) Method: CELL COUNTER	15.3	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.02	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	45.90	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	91.4	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	30.5	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	11.9	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.92	celis/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	58	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	37	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	01	%	1-6%
Monocytes	04	%	4.0 - 12.0
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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### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	110	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

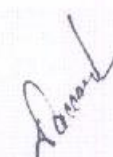
### Blood Group (ABO Typing)

Blood Group (ABO Typing) : O  
RhD factor (Rh Typing) : POSITIVE

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

Lab Technician / Technologist  
path

Page 5 of 5

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

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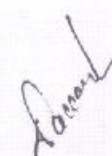
**Age/Gender** : 33 Y. Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 03/02/2024 03:27PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	241.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	139.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	11	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	1.20	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	4.6	mg/dL	2.6 - 7.2

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

Lab Technician / Technologist  
path



Page 1 of 5

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

Apollo Clinic

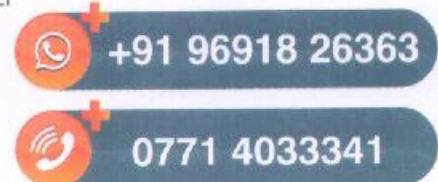
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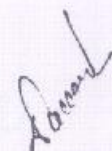
**Age/Gender** : 33 Y Male  
**OP Visit No** : OPD-UNIT-II-1  
**Reported On** : 03/02/2024 03:27PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	160.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	112.0	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	94.60	mg/dl	Optimal:< 100                      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189                      Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	22.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.72		3.5-5
Method: Spectrophotometric			

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

Lab Technician / Technologist  
 path



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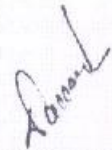
### CLINICAL PATHOLOGY

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	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	Not Seen	/hpf	

**End of Report**

*Results are to be corelated clinically*

Lab Technician / Technologist  
path



Patient Name : Mr.SANJEEV KUMAR	Collected : 03/Feb/2024 01:10PM
Age/Gender : 33 Y 0 M 0 D /M	Received : 03/Feb/2024 01:52PM
UHID/MR No : DSUS.0000006299	Reported : 03/Feb/2024 02:51PM
Visit ID : DSUSOPV7335	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO :	Patient location : Raipur,Raipur

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	9.6	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	229	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



**DR. MANIK KIJUR**  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist

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Patient Name : Mr.SANJEEV KUMAR	Collected : 03/Feb/2024 01:10PM
Age/Gender : 33 Y 0 M 0 D /M	Received : 03/Feb/2024 01:36PM
UHID/MR No : DSUS.000006299	Reported : 03/Feb/2024 04:24PM
Visit ID : DSUSOPV7335	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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.09	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	9.70	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.710	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 \*\*\*

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Apollo Clinic

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY



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**Patient Name** : MR SANJEEV KUMAR  
**UHID/ MR No** : 8962  
**Visit Date** : 03/02/2024  
**Sample Collected On** : 03/02/2024 01:54PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 33 Y. Male  
**OP Visit No** : OPD-UNIT-II-4  
**Reported On** : 03/02/2024 03:27PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	1.2	mg/dl	0.1- 1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.3	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.90	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	25	U/L	0 - 40
<b>SGPT (ALT)</b> Method: Spectrophotometric	32	U/L	0 - 41
<b>ALKALINE PHOSPHATASE</b>	95	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.7	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.2	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	2.0	%	1.1 - 2.2

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

Lab Technician / Technologist  
path

