

Patient Name : MR HARISH PANDYA
 UHID/ MR No : 8604
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:21PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 57 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 13/01/2024 08:23PM


BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	102.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	95.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	14	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.10	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	5.7	mg/dL	2.6 - 7.2

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 1 of 6


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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Patient Name : MR HARISH PANDYA
 UHID/ MR No : 8604
 Visit Date : 13/01/2024
 Sample Collected On : 13/01/2024 02:21PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 57 Y Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 13/01/2024 08:23PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	134.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	148.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	41.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease >60
Method: Spectrophotometric			
LDL Cholesterol	63.40	mg/dl	Optimal< 100 Near Optimal : 100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	29.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.27		3.5-5
Method: Spectrophotometric			

End of Report

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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	25	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) : B
 RhD factor (Rh Typing) : POSITIVE

End of Report

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Lab Technician / Technologist
path

Page 4 of 6


 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

BRUCE: Stage 2(3:00)



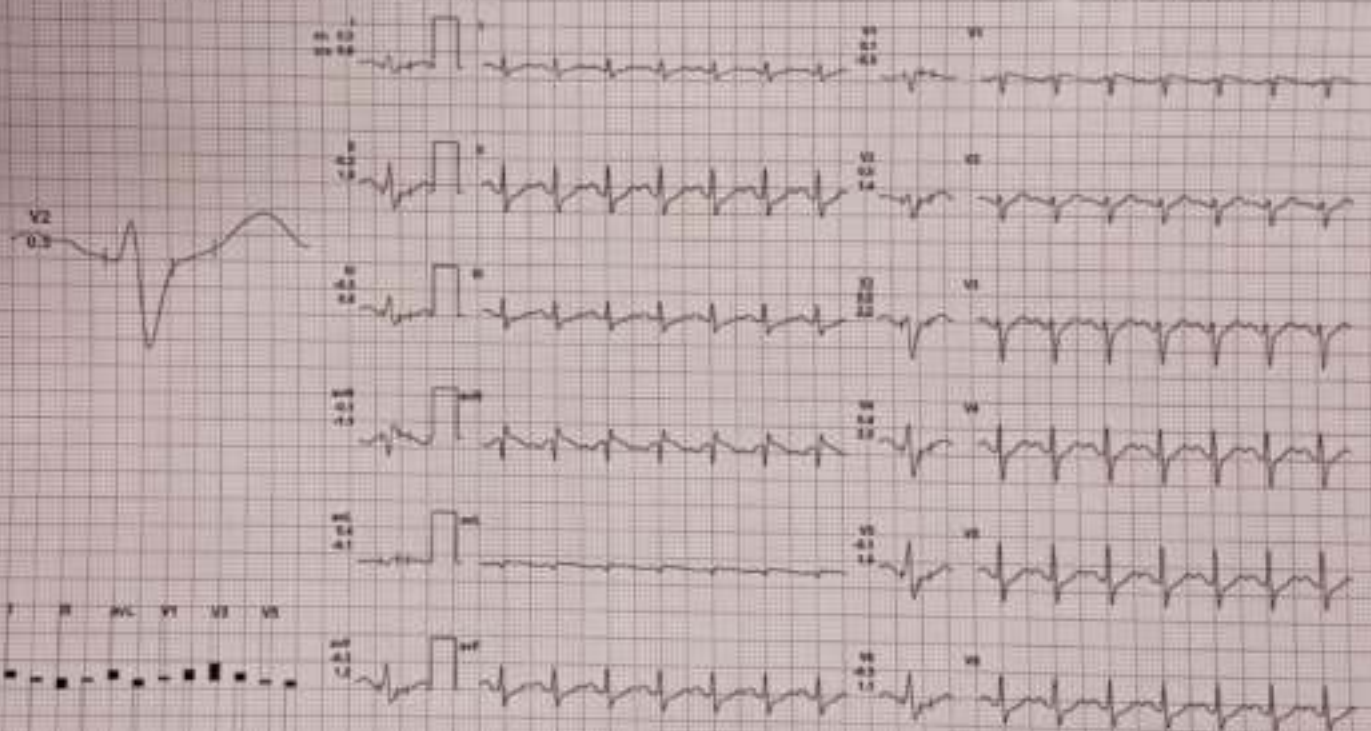
37 / MR HARISH / 57 Yrs / M / 177 Cms / 83 Kg / HR: 138

Date: 10/01/2024

METS: 1.5 (38% of THR) BP: 126/88 mmHg Combined Meds: B/C O/R Neph O/R PP 0.05 Hz/L 25 Hz

Ex Time: 00:00 4.2 Km/h 12.0%
Stress Test: 1.2 Grade

4X (60 Hz Print)



REMARKS

37 / MR HARISH / 57 Yrs / M / 177 Cms / 70 Kg / HR : 94

BRUCE:Supine(0:09)



Date: 13/01/2024

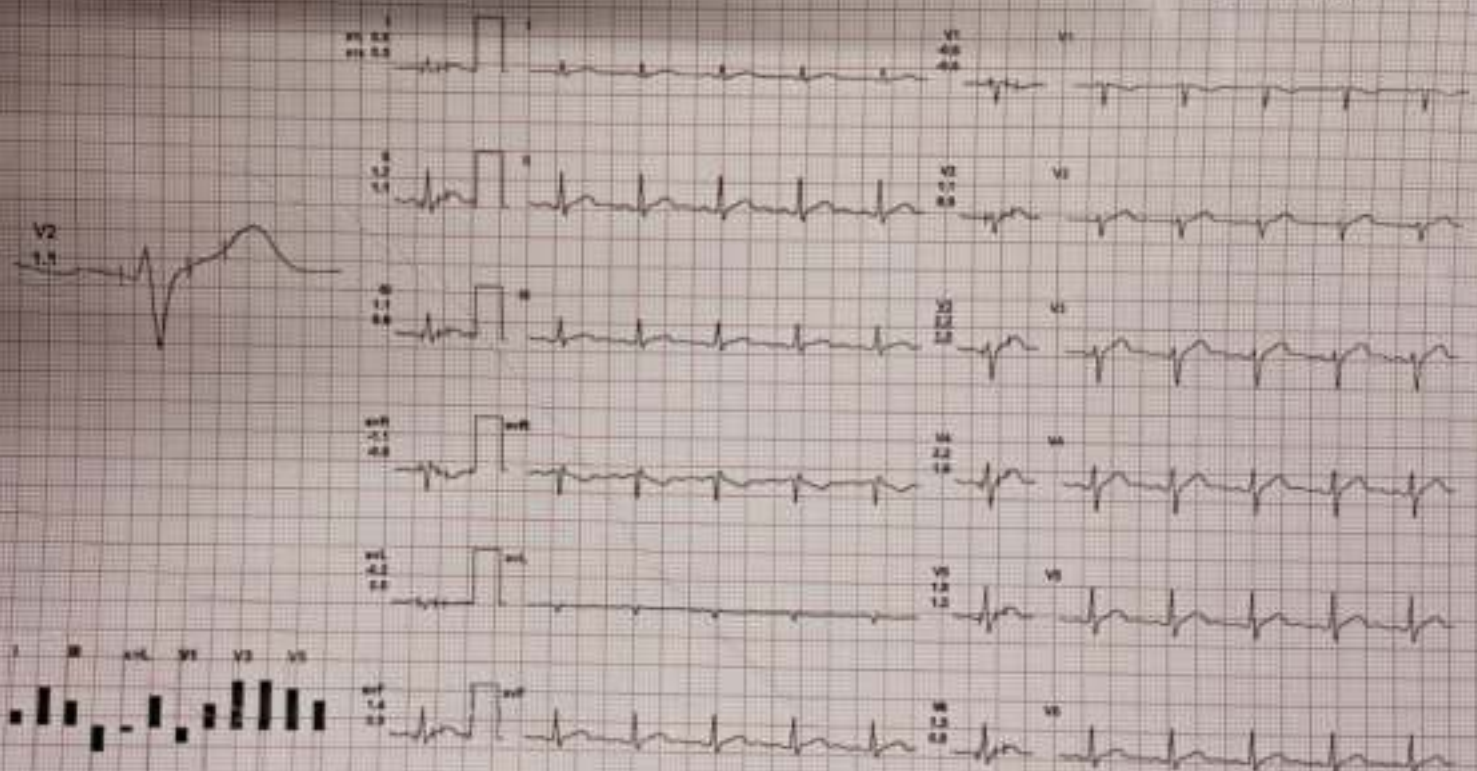
MCTD: 1.0/94 bpm 33% of T=94 BP: 120/66 mmHg Combined Mediators/BLG On/Notch On/ HF 0.05 Hz/LF 25 Hz

ExTime: 00:00 0.0 Amps, 0.0%

28 minutes, 3.0 Cycle/s

4X

ECG Post 2



REMARKS:

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Dr. Harish Pandey

Date 13/01/24

Sex/Age M/52/07

MR No

Employee Id

EXTERNAL EXAMINATION		
SQUINT		NO
NYSTAGMUS		
COLOUR VISION		NORMAL
FUNDUS: (RE):-	WNL	(LE):- WNL
INDIVIDUAL COLOUR IDENTIFICATION		Good
DISTANT VISION: (RE):-	6/6	(LE):- 6/6
NEAR VISION: (RE):-	M ₁₂ 6/6 N ₆	(LE):- M ₁₂ 6/6 N ₆
NIGHT BLINDNESS		NAD
	SPH	CYL
RIGHT		
LEFT		
		ADD
		+2.25 ✓
		+2.25 ✓

REMARKS :-

M-1

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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

15/1/2024

Mr. Harish Pandya
57/M.

C/O's Pt came for routine dental check up..

o/c's Stain + Calc

Comm = $\frac{6}{6}$

Food lodgement i.r.t $\frac{7}{6}$

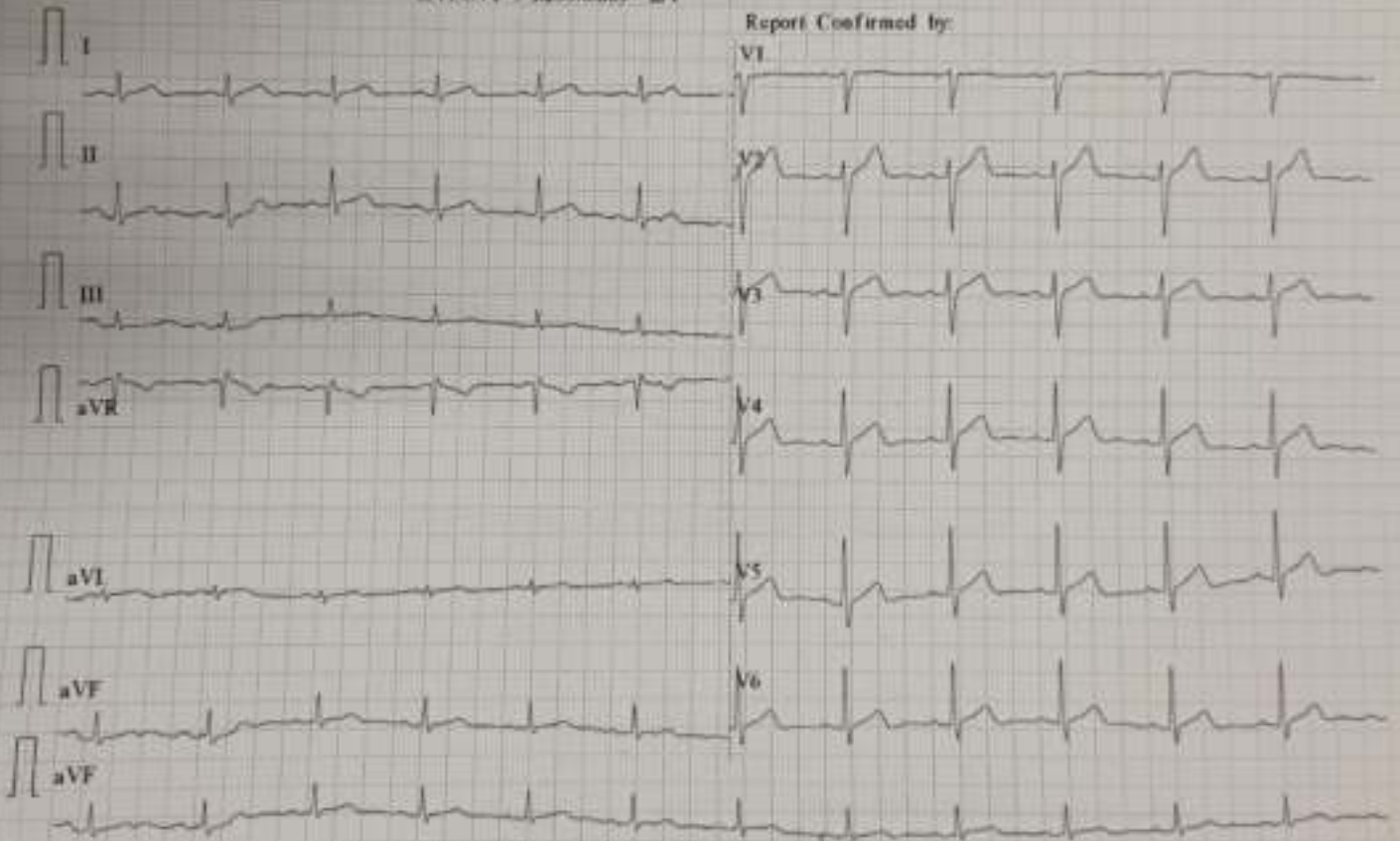
Adv oral prophylaxis

ID: 279
MR. HARISH PANDYA
Male 57Years

13-01-2024 10:20:16 AM
HR : 73 bpm
P : 108 ms
PR : 158 ms
QRS : 88 ms
QT/QTc : 385/428 ms
P:QRS:T : 25:58:39
RV5/SV1 : 1.259/0.689 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



10:30 AM

Physician Information:

A

o/c

o/c

Dr. S
1001-1014

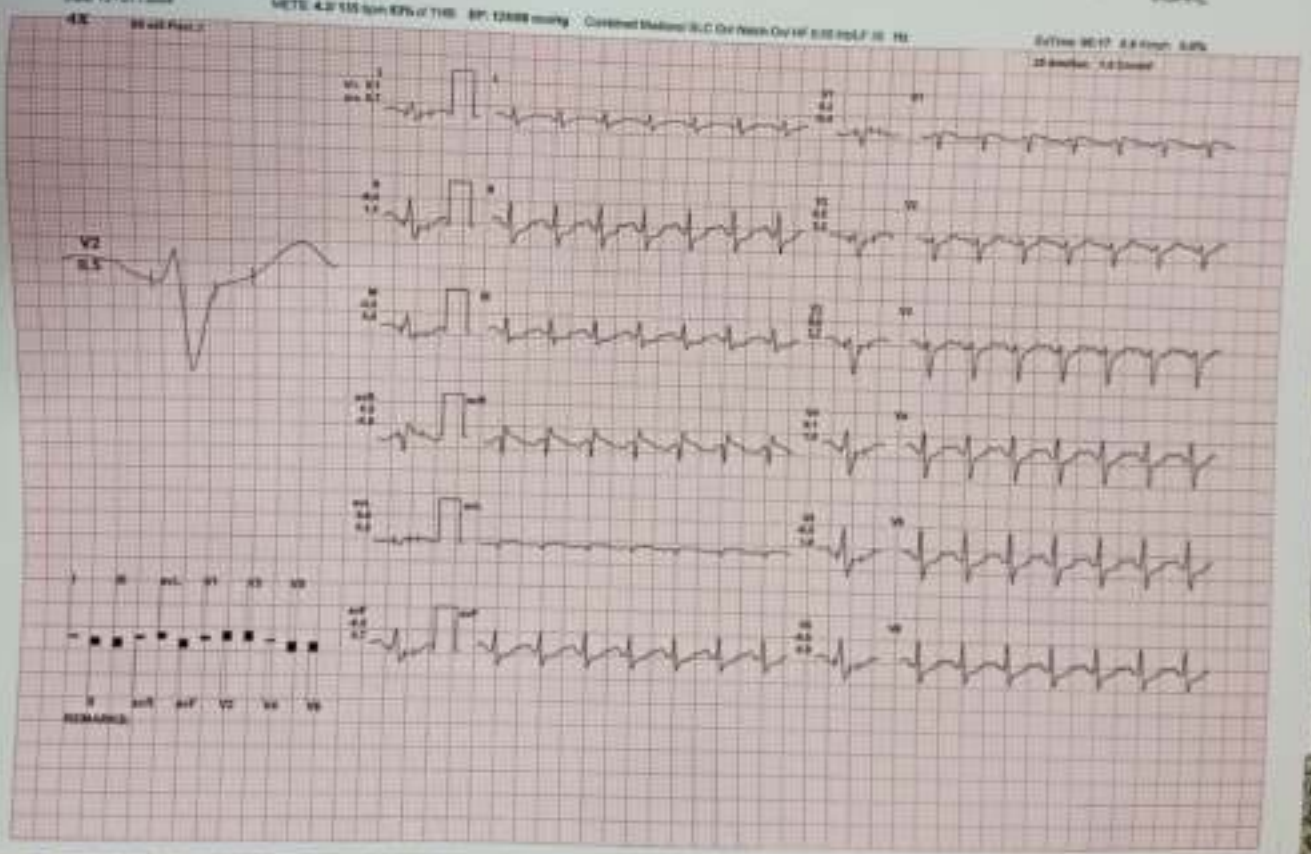
SP / MR HARISH / 57 Yrs / M / 177 Cms / 83 Kg / HR: 135

Recovery(0:30)

Date: 13-01-2024

NETS: 4.2 135 bpm 87% of T100 BP: 120/88 mmHg Cerebral Medians: B.C. On Neck: On 1st 0.50 and 2 0.45

ExTime: 00:17 2.8 mmHg 8.0%
25 mmHg 1.0 mmHg



I II III aVR aVL aVF V1 V2 V3 V4 V5 V6
 REMARKS:

Therapeutic Information:

37 / MR. HARISH / 57 Yrs / M / 177 Cm / 83 Kg / 111

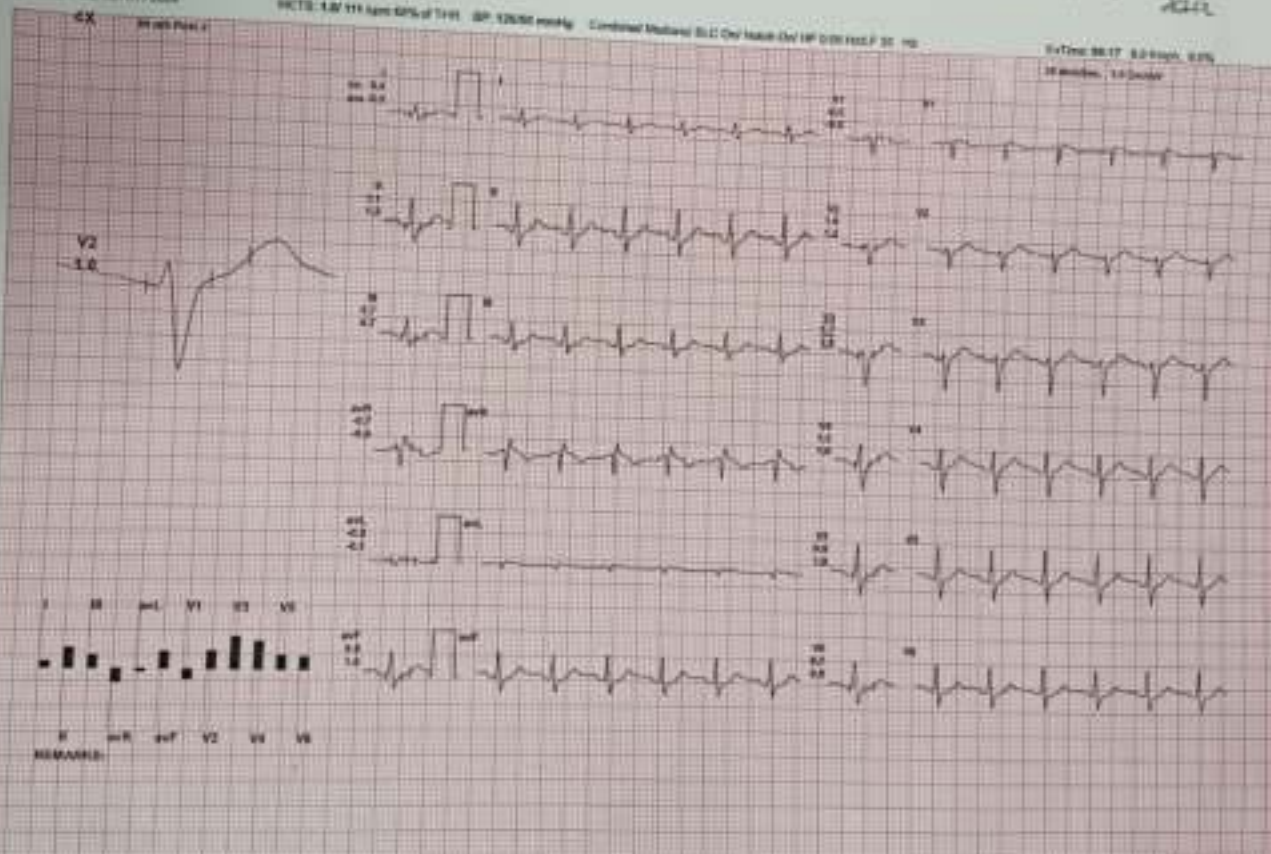
Date: 13/01/2024

HCT: 48.1% SpO2: 97% at RA BP: 126/80 mmHg Cardiac Monitor S12 One Lead On IP D10102.F 20 10

Recovery(1:40)



ExTime: 00:17 8.0 Hours, 0.0%
10 minutes, 1.0 Sec



REMARKS:

37 / MR HARISH / 57 Yrs / M / 177 Cms / 83 Kg / HR : 114

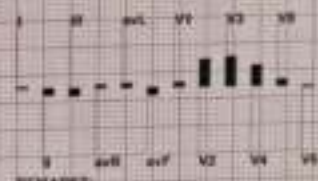
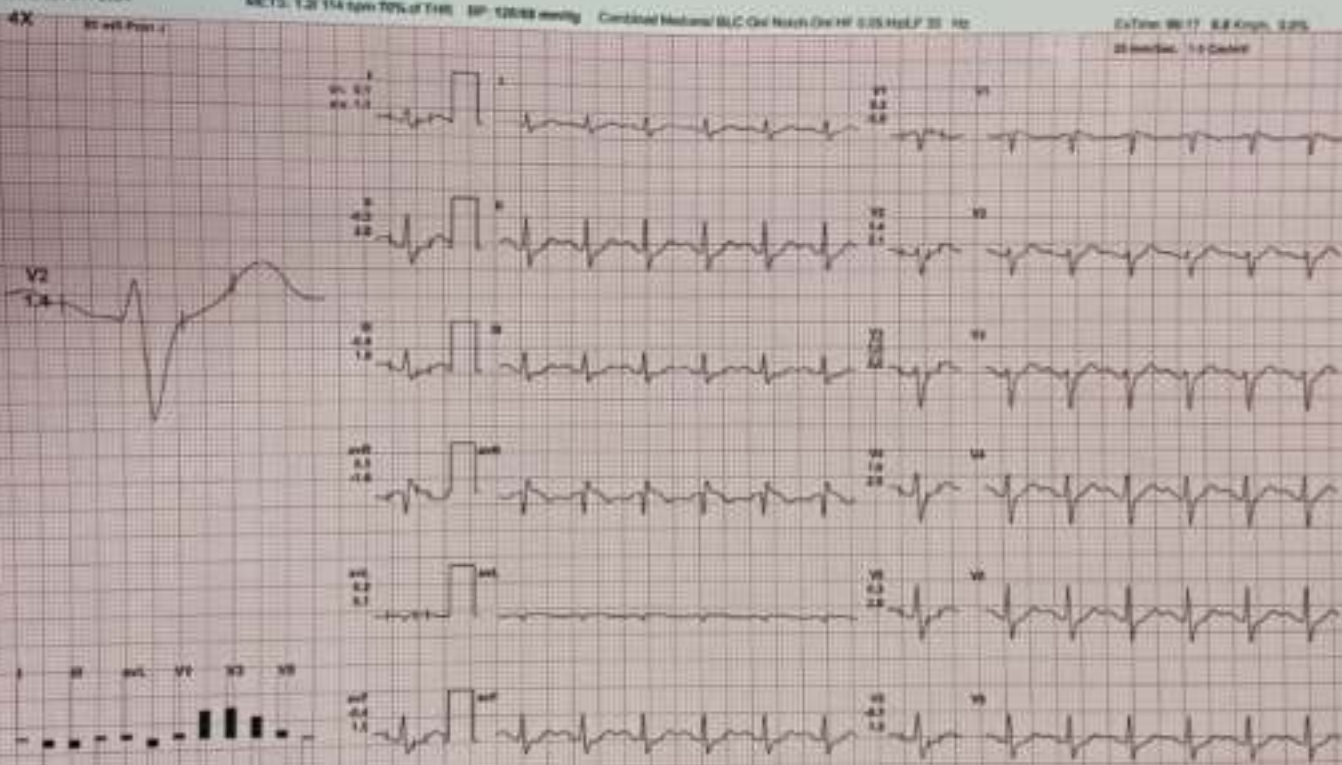
Recovery(1:00)



Date: 13/01/2024

MEETS: 1.20 114 bpm 70% of THR BP: 120/88 mmHg Central Medial B/C Oct Nech Oct HF 0.25 Med/P 20 102

ExTime: 98:17 8.8 Km/h 0.25
20 km/Sec. 1.0 Cadence



REMARKS:

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37 / MR HARISH / 57 Yrs / M / 177 Cms / 83 Kg / HR - 115

BRUCE: Stage 1(3:00)

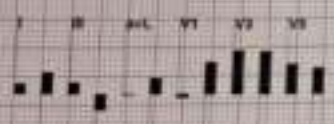
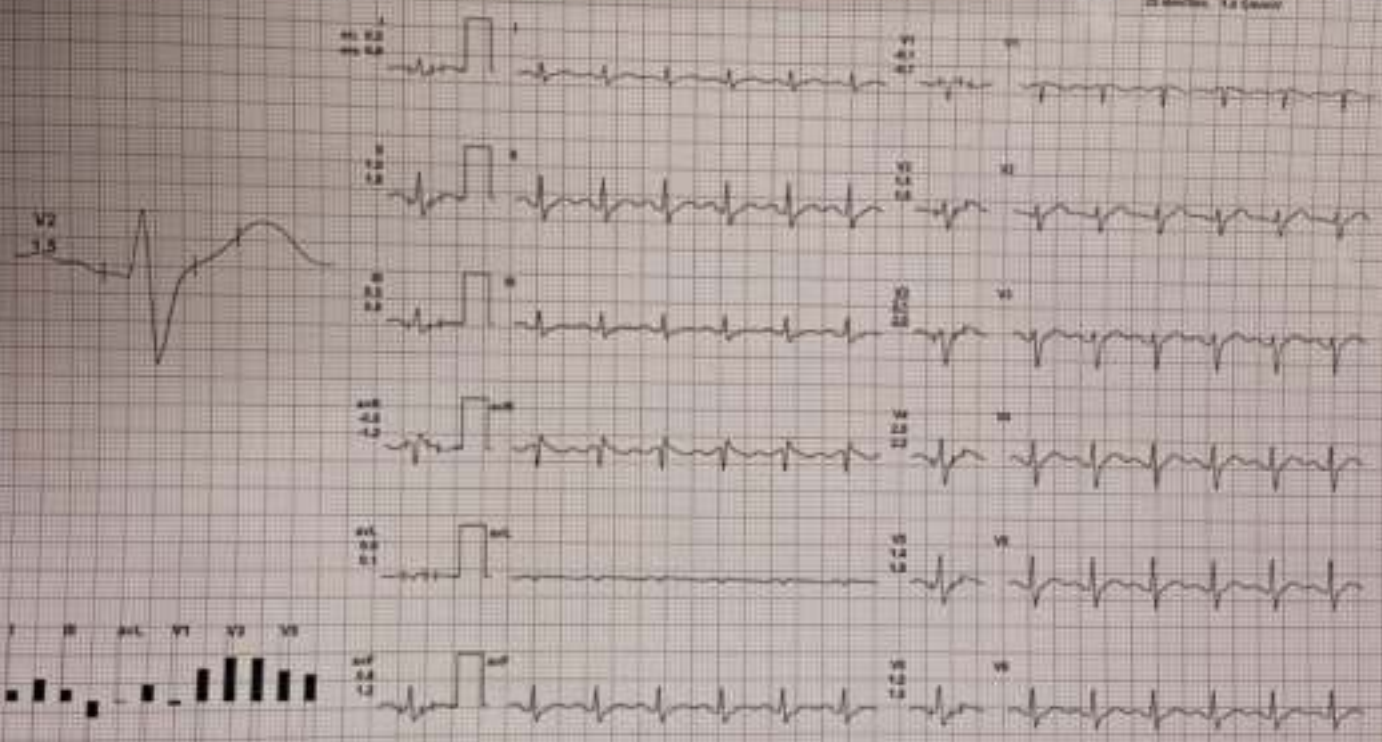


Date: 13/01/2024

WET: 4.17 115 bpm 71% at 1100 BP: 122/82 mmHg Combined Meds: SLC Dof Natch Div HF 0.05 HgLP 20 40

ExTime 03:00 2.7 kmph 16.0%
25 km/100 1.8 km/hr

6.5 75 mV Print 1



REMARKS:

37 / MR HARISH / 57 Yrs / M / 177 Cms / 83 Kg / HR : 144

PeakEx



Date: 13 / 01 / 2024

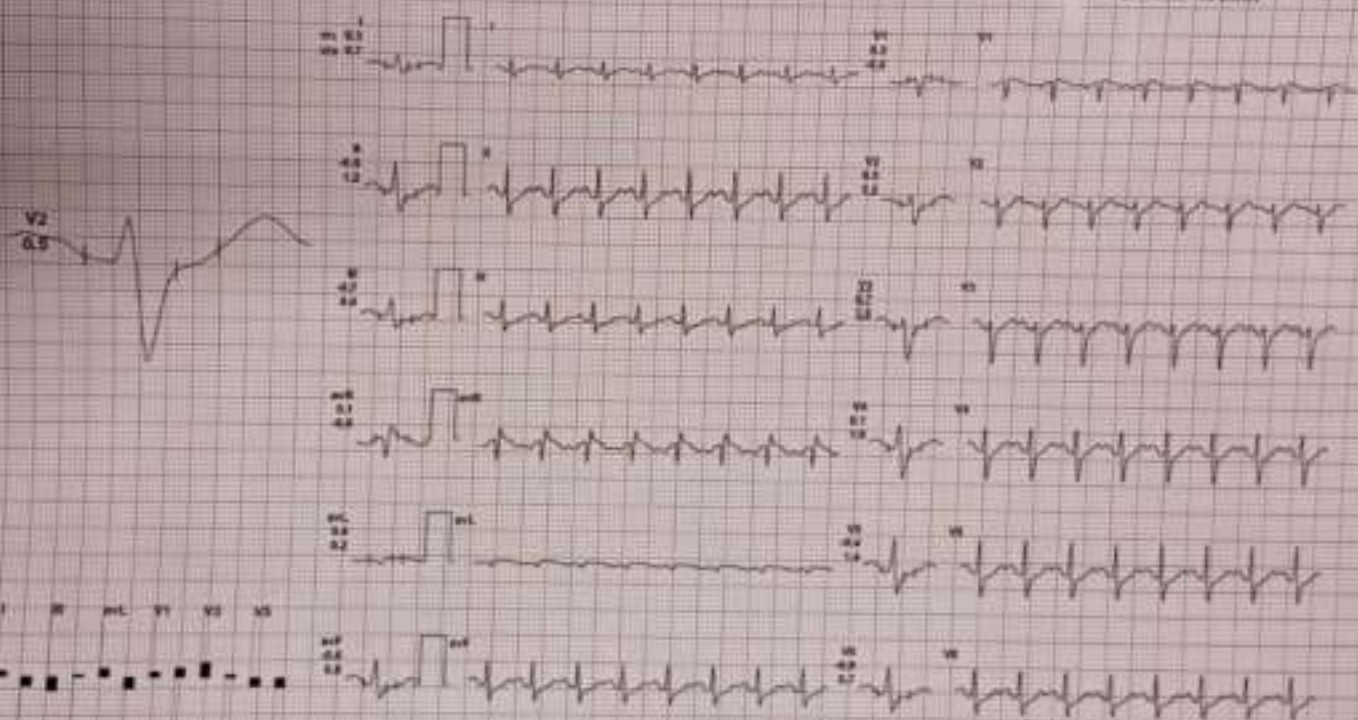
METS: 7.6 | 144 bpm 82% of THR | BP: 120/58 mmHg | Combined Mediana/ SLC Cov/ Natch Cov HF (S3) HoLP 35 - 70

ExTime: 55:17 | 8.8 Kpm | 14.0%

22 min/Sec | 1.2 D/min

4X

30 min/Lead



REMARKS:

ExStart



37 / MR HARISH / 57 Yrs / M / 177 Cms / 83 Kg / HR : 94

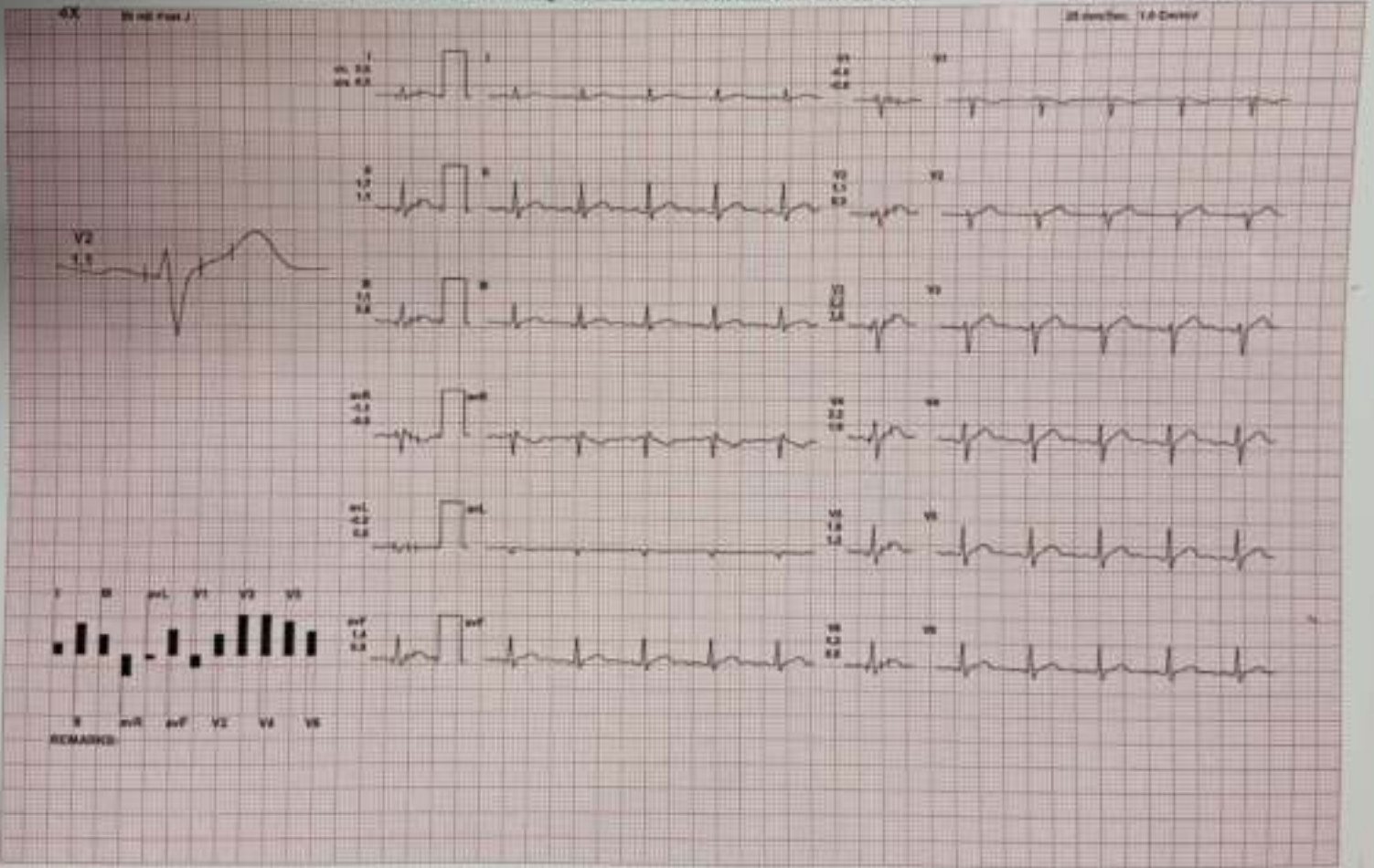
Date: 12/01/2024

MEETS: 1.0/94 (pm 50% of T140) SpO₂: 128/82 mmHg Combined Medflow/SLC: O₂/Rash O₂/HF 0.00 HULF 25 Hz

ExTime: 00:00 - 0.0 Km/h, 0.0%

28 Amplitude: 1.0 Divisor

4X 30 sec Max J



REMARKS: I II aVL aVF V1 V2 V3 V4 V5 V6

Patient Name : Mr.HARISH PANDEY	Collected : 13/Jan/2024 06:10PM
Age/Gender : 57 Y 0 M 0 D /M	Received : 13/Jan/2024 06:19PM
UHID/IR No : DSUS.0000006107	Reported : 14/Jan/2024 05:06PM
Visit ID : DSUSOPV7113	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)	0.85	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	7.50	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.220	µIU/mL	0.35-5.5	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in µIU/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, Inefficient 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 ***

Page 1 of 1



Sandhya Verma
Dr. SANDHYA VERMA
MBBS, MD, (Pathology)
Consultant Pathologist
SIN No: 3M06800519

PATIENT NAME:- MR. HARISH PANDYA
REF BY :- BOB

AGE/SEX: 57 YRS/M
DATE:- 13.01.2024

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	10.85X4.85cm	11.53X5.15cm
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:

- GRADE - II FATTY LIVER

Advised clinical correlation/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. 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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Report



RAIPUR Email:

37 / MR HARSH / 57 Yrs / M / 177 Cms / 83 Kg
Date: 13 / 01 / 2024

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% T-R	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	094	56 %	120/80	112	00	
Ex/Start	00:12	0:03	00.0	00.0	01.0	094	56 %	120/80	112	00	
BRUCE Stage 1	03:12	3:00	02.7	10.0	04.7	115	71 %	122/82	140	00	
BRUCE Stage 2	06:12	3:00	04.0	12.0	07.1	136	85 %	128/88	178	00	
Peak Ex	06:29	0:17	05.5	14.0	07.4	144	88 %	128/88	184	00	
Recovery	06:59	0:30	00.8	00.0	04.2	135	83 %	128/88	172	00	
Recovery	07:29	1:00	00.8	00.0	01.2	114	70 %	128/88	145	00	
Recovery	08:09	1:40	00.0	00.0	01.0	111	68 %	126/80	138	00	

FINDINGS :

Exercise Time : 06:17
 Max HR Attained : 144 bpm 88% of Target 163
 Max BP Attained : 128/88 (mm/Hg)
 Max WorkLoad Attained : 7.4 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT :

STRESS TEST IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY

Doctor : DR DEEPAN DAS MBBS DIP CARDIO

Mr. Harish pandya 57YIM

16/01/24

Ht - 177cm

Wt - 83kg

BP - 130/90

P - 80b/min

For Regular Health checkup

KNO OM 12 (Glucosom score 00)

CBC - R.4 | 4.61 | 4.66 | 092 | 15

FBS - 95.0 | PP - 102.0

RFT - 14 | 1.10 | 5.7

Lipid - 134.0 | 148.0 | 41.0 | 63.40

LFT - 25 | 34 | 106

TSH - 2.220, T3-0.85, T4-7.50

HBA1C - 6.0

PSA - 0.320

USG - RTFL

Tm - Nil for kidney stones

Unread - 5.7

! Continue focusing medicine
- Tab Thyro 50 1 on
* Tab metoprolol 50 x 3 mo on

Dr. Animesh

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 Sponsor Name :

Age/Gender : 57 Y Male
 OP Visit No : OPD-UNIT-II-G
 Reported On : 13/01/2024 08:23PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	1.1	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.3	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.80	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	25	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	34	U/L	0 - 41
ALKALINE PHOSPHATASE	106	U/L	
Total Proteins Method: Spectrophotometric	6.5	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.82	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Rs. One Thousand Six Hundred Eighty Seven Only

Patient Name : MR HARISH PANDYA
UHID/ MR No : 8604
Visit Date : 13/01/2024
Sample Collected On : 13/01/2024 02:21PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 57 Y Male
OP Visit No : OPD-UNIT-II-I
Reported On : 13/01/2024 08:23PM

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	1.020		1.001 - 1.030
Reaction (pH)	6.0		
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	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	Not Seen

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Results are to be correlated clinically

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Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 57 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 13/01/2024 08:23PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	12.4	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.61	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	37.20	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	80.7	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	26.9	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	4.68	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	60	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	32	%	15.0 - 45.0
Monocytes	06	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

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Page 5 of 6

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name	: MR HARISH PANDYA	Age/Gender	: 67 Y Male
UHID/ MR No	: 8604	OP Visit No	: OPD-UNIT-II-1
Visit Date	: 13/01/2024	Reported On	: 13/01/2024 08:23PM
Sample Collected On	: 13/01/2024 02:21PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	232	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.

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M.D. PATHOLOGY

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Patient Name : Mr.HARISH PANDEY	Collected : 13/Jan/2024 06:10PM
Age/Gender : 57 Y 0 M 0 D M	Received : 13/Jan/2024 07:00PM
UHID/MR No : DSUS.000006107	Reported : 13/Jan/2024 07:58PM
Visit ID : DSUSOPV7113	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDH AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	6.0	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	126	mg/dL		Calculated

Comment:

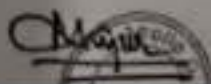
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)

*** End Of Report ***



DR. ANSHU KIJUR
Apollo Clinic M.D.(Pathology)
LIC Consultant Pathologist

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

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0771 4033341/42

Re: One Thousand Six Hundred Eighty Seven

NAME OF PATIENT: MR. HARISH PANDYA

AGE: 57YRS / MALE

REFERRED BY: BOB

DATE: 13/01/2024.

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

(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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Apollo Clinic

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Patient Name	: Mr. HARSH PANDYA	Collected	: 13/Jan/2024 08:34PM
Age/Gender	: 57 Y 0 M 0 D M	Received	: 13/Jan/2024 08:36PM
UHID/MR No	: DSUS.0000006109	Reported	: 13/Jan/2024 09:07PM
Visit ID	: DSUSOPV7115	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
TOTAL PROSTATIC SPECIFIC ANTIGEN (TPSA) , SERUM	0.320	ng/mL	0-4	CLIA

*** End Of Report ***



Sanjiv Verma

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