

wt - 86 kg
H - 171 cm
BP - 150/90
P - 100/min

Mrs. Rajesh Kumar 27/11/23
Age - 40y

For Annual Health check

CBC - 12.0/5.18/6.73/178/10
RBS - F 115.0/PP - 138.0
Creatinine - 1.0
U.Acid - u/L
Lipid - 145.0/100.0/46.0/79
LFT - 26/30/74
TSH - 2.090

no chest xray
up 2
Healthy and OH MY

- Tab Acebro plus BD x 10d
- Tab Alapan Am 1m x 5d
- Tab Plomoket 5d BD x 5d
- Cap meclam 10d x 300
- Tab Clu x 10d शर
- or
Clacur



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

NAME OF PATIENT: MR. RAJESH KUMAR SORENG

AGE 40YRS / MALE

REFERRED BY: BOB

DATE:11/11/2023.

CHEST X - RAY PA VIEW

FINDINGS:

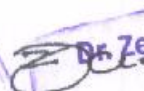
- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.




Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
CCMR-2021/2023
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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ID: 120

RAJESH KUMAR

Male 40Years

Pacemaker : Yes

11-11-2023 11:01:43 AM

HR : 86 bpm
 P : 118 ms
 PR : 174 ms
 QRS : 82 ms
 QT/QTc : 356/426 ms
 P/QRS/T : 32/17/21 °
 RV5/SV1 : 1.147/0.917 mV

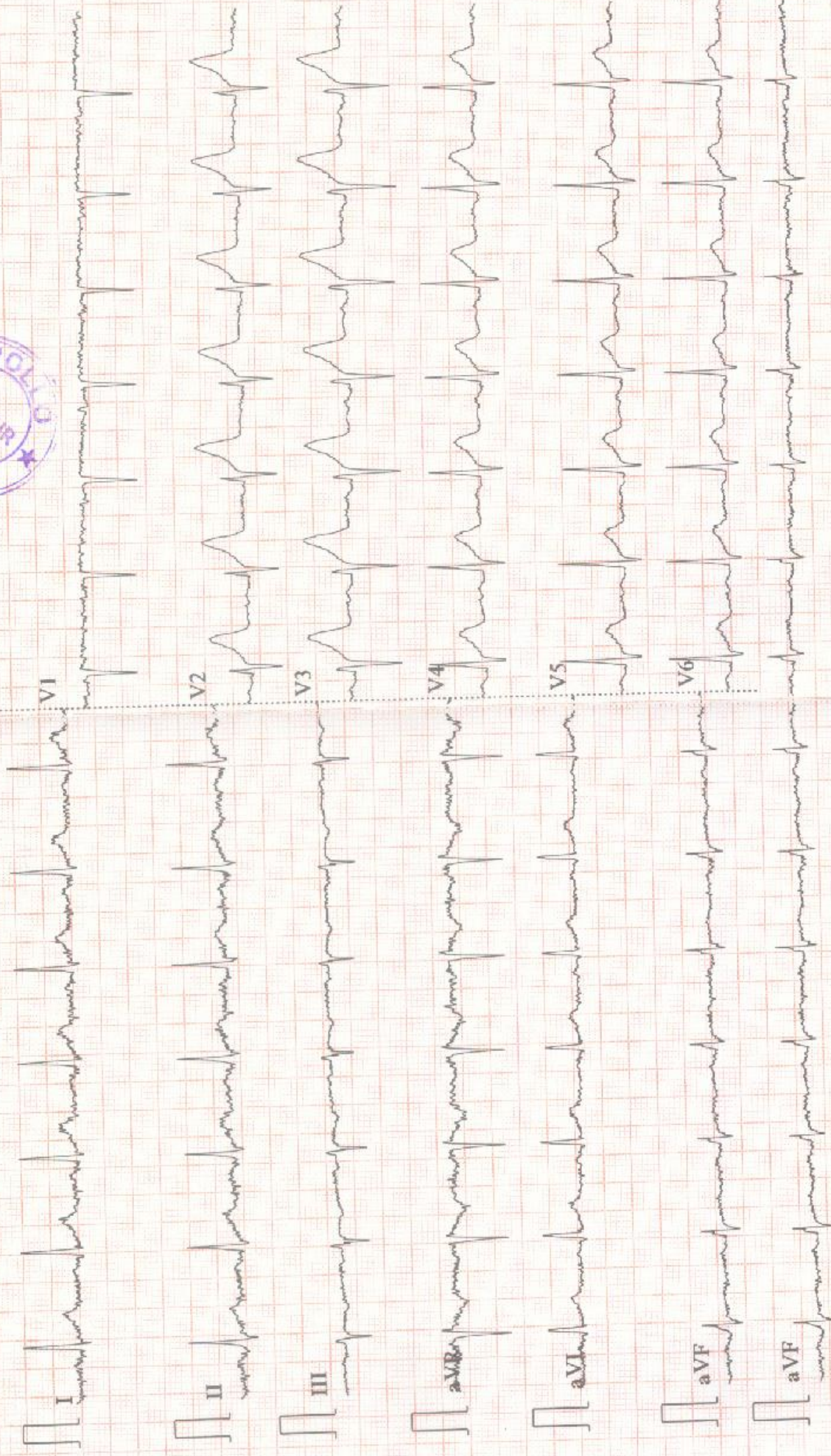
Diagnosis Information:

Sinus rhythm
Normal ECG

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



Report Confirmed by



PATIENT NAME:- MR. RAJESH KUMAR SORENG
REF BY :- BOB

AGE/SEX:- 40YRS/M
DATE:-27.11.2023

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: Distended & normal.

Pancreas & Paraaortic Region: Normal.

Spleen: Is normal in size and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.35X4.95cm	10.93X5.44cm
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

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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Asis - A urticaria
H/O - Intake of Alcohol and cig.

R

① Tab. Deserue M - (alo)
1 tab once a day after meal.

② Deserue Calo Lotin -
Regula - twice.
(U)

③ Clonate + cream - (1 month)
→ 2 times. (STOP)
Ablu + Udi

④ Venesia mesidant - (R)
mess
Regula (m)



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Rajesh K. Soreng

Date 27/11/23

Sex/Age 40 y/m

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		NO		
NYSTAGMUS				
COLOUR VISION		NORMAL		
FUNDUS:(RE):-	<u>WNL</u>	(LE):- <u>WNL</u>		
INDIVIDUAL COLOUR IDENTIFICATION		<u>Good</u>		
DISTANT VISION:(RE):-	<u>6/9 6/6 6/6</u>	(LE):- <u>6/6 6/6 6/6</u>		
NEAR VISION:(RE):-	<u>N6 6 6 N6</u>	(LE):- <u>N6 6 6 N6</u>		
NIGHT BLINDNESS		<u>NAD</u>		
	SPH	CYL	AXIS	ADD
RIGHT	<u>-0.75</u>		<u>—</u>	<u>+1.50</u>
LEFT	<u>-0.25</u>		<u>—</u>	<u>+1.50</u>
REMARKS :-				

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



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Patient Name : Mr. RAJESH KUMAR SORENG	Collected : 11/Nov/2023 12:50PM
Age/Gender : 40 Y O M O D /M	Received : 11/Nov/2023 01:07PM
UHID/MR No : DSUS.0000005525	Reported : 11/Nov/2023 04:26PM
Visit ID : DSUSOPV6377	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)	0.98	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	5.40	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.090	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

*** End Of Report ***

Sandhya Verma
Dr. SANDHYA VERMA

MBBS, MD, (Pathology)

Consultant Pathologist

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0771 4033341/42

Patient Name : MR RAJESH KUMAR SORENG
 UHID/ MR No : 7550
 Visit Date : 11/11/2023
 Sample Collected On : 11/11/2023 03:02PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 40 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 11/11/2023 03:36PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	12.0	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.18	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	36	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	69.5	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	23.2	pg	26 - 34
MCHC (Mean Corpuscular Hb Conc.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	12.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.73	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	65	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	27	%	15.0 - 45.0
Monocytes Method: CELL COUNTER	04	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	04	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Patient Name : MR RAJESH KUMAR SORENG
UHID/ MR No : 7550
Visit Date : 11/11/2023
Sample Collected On : 11/11/2023 03:02PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 11/11/2023 03:36PM

HAEMATOLOGY


Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	178	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 correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Patient Name : MR RAJESH KUMAR SORENG
UHID/ MR No : 7550
Visit Date : 11/11/2023
Sample Collected On : 11/11/2023 03:02PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y. Male
OP Visit No : OPD-UNIT-II-1
Reported On : 11/11/2023 03:36PM

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) : A
RhD factor (Rh Typing) : POSITIVE

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 4 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR RAJESH KUMAR SORENG
 UHID/ MR No : 7550
 Visit Date : 11/11/2023
 Sample Collected On : 11/11/2023 03:02PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 40 Y. Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 11/11/2023 03:36PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	138.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	115.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	11	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.0	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.1	mg/dL	2.6 - 7.2

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR RAJESH KUMAR SORENG
UHID/ MR No : 7550
Visit Date : 11/11/2023
Sample Collected On : 11/11/2023 03:02PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 11/11/2023 03:36PM

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	100.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	46.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	79	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	20	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.15		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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 **0771 4033341/42**

Patient Name : MR RAJESH KUMAR SORENG
 UHID/ MR No : 7550
 Visit Date : 11/11/2023
 Sample Collected On : 11/11/2023 03:02PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 40 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 11/11/2023 03:36PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	26	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	30	U/L	0 - 41
ALKALINE PHOSPHATASE	74	U/L	25-147
Total Proteins Method: Spectrophotometric	7.1	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.8	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	2.0	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 3 of 6

Dr. Dhananjay Ramchandra Prasad
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR RAJESH KUMAR SORENG
 UHID/ MR No : 7550
 Visit Date : 11/11/2023
 Sample Collected On : 11/11/2023 03:02PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 40 Y. Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 11/11/2023 03:36PM


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)	6.5		
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	1-2	/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 correlated clinically

Lab Technician / Technologist
 path

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 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

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 **0771 4033341/42**

ECHOCARDIOGRAPHY REPORT

NAME : MR. RAJESH KUMAR SORENG	Age/Sex: 40Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 27 /11/2023	REGN. NO. : FRAI.0000020604
Ref.By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.7	2.0 – 3.7	IVS Thickness	ED = 1.2 ES = 1.5	0.6 – 1.1
AorticValve Opening	1.8	1.5 – 2.6	PW Thickness	ED = 1.2 ES = 1.5	0.6 – 1.1
LA Dimension	3.2	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.0	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 : TRACE TR

Aortic Valve : Normal

Pulmonary Valve : TRACE PR.

Systemic venous : IVC normal in size with normal Inspiratory collapse.

Diastolic Function : DRA-I

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
TRACE TR & TRACE PR
MILD CONCENTRIC LVH/DRA-I
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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

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