

2/10/23

Saurabh Singh
Age - 35 y/m

BP - 130/80

P - 70/A

H - 176 C.M

WT - 74 Kg

No 1716

Dr. NIN. COPD

R

T₀₃

Chinpa 24 mo



← 15 da



A

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. Saurabh Singh
35/m.

2/10/2023

Q: Case for routine dental check up.

A: stain pt cal +

A: seal properly lines.



[Handwritten signature]

Apollo Clinic

LICENSEE : SAMRIDDI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Raipur (C.G.)

Email : raipur1@apolloclinic.com

Online appointments: www.as-apollo.com | Online reports: <https://phr.apolloclinic.com>



0771 4033341/42

www.apolloclinic.com

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Sangeetha Singh

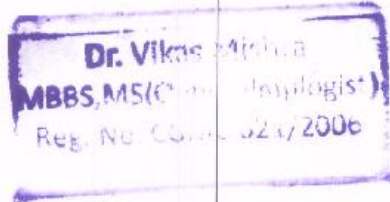
Date 7/10/23

Sex/Age 35/m

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT - NO				
NYSTAGMUS - NO				
COLOUR VISION - Normal				
FUNDUS:(RE):- normal (LE):- normal				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):- 6/6 (LE):- 6/6				
NEAR VISION:(RE):- 14/6 (LE):- 14/6				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT	-	-	-	-
LEFT	-	-	-	-
REMARKS :-				
<p align="center">funders - normal</p> <p align="center"> vn $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$ near 14/6 (BE) </p>				



Patient Name : Mr. SAURABH SINGH THAKUR
UHID/ MR No : 7121
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 05:39PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 10/10/2023 10:56AM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	15.1	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	45.30	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	90.2	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	12.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	9.93	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	68	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	25	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes	05	%	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



Page 5 of 7

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Mr. SAURABH SINGH THAKUR
UHID/ MR No : 7121
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 05:39PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 10/10/2023 10:56AM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	298	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)	A		
RhD factor (Rh Typing)	POSITIVE		

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 6 of 7


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Mr. SAURABH SINGH THAKUR
UHID/ MR No : 7121
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 05:39PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 10/10/2023 10:56AM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE (FASTING)			
Glucose- Fasting	117.0	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen	11	mg/dl	7 - 20
METHOD: Spectrophotometric			
Creatinine	0.92	mg/dl	0.6-1.4
METHOD: Spectrophotometric			
Uric Acid	3.62	mg/dL	2.6 - 7.2
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 1 of 7


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Mr. SAURABH SINGH THAKUR
UHID/ MR No : 7121
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 05:39PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 10/10/2023 10:56AM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.5	%	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: $eAG(mg/dl) = 28.7 \cdot A1c - 46.7$
 - 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
path

Page 4 of 7

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Mr. SAURABH SINGH THAKUR
UHID/ MR No : 7121
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 05:39PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 10/10/2023 10:56AM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	175.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	195.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	39.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	97	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	39	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.49		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 2 of 7

Amal
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Mr. SAURABH SINGH THAKUR
 UHID/ MR No : 7121
 Visit Date : 07/10/2023
 Sample Collected On : 07/10/2023 05:39PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 35 Y. Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 10/10/2023 10:56AM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.9	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.70	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	26	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	39	U/L	0 - 41
ALKALINE PHOSPHATASE	56	U/L	25-147
Total Proteins Method: Spectrophotometric	6.7	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.1	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 7

Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : Mr. SAURABH SINGH THAKUR
UHID/ MR No : 7121
Visit Date : 07/10/2023
Sample Collected On : 07/10/2023 05:39PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 10/10/2023 10:56AM

IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
T3, T4, TSH			
T3 (Total) by CLIA,serum	1.25	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	11.80	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	1.74	mIU/ml	0.34- 5.6
Clinical Use · 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			

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
 path



Page 7 of 7

DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : Mr. SAURABH SINGH THAKUR
 UHID/ MR No : 7121
 Visit Date : 07/10/2023
 Sample Collected On : 07/10/2023 05:39PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 35 Y. Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 10/10/2023 10:56AM

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)	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	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 correlated clinically

Lab Technician / Technologist
 path

Page 1 of 2

DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Apollo Clinic

LICENSEE : SAMRIDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

+91 96918 26363

+0771 4033341/42