

wt - 115 kg
Ht - 174 cm
BP - 140/80
P - 100/min
CBC - 14.5 / 4.87 / 5.87 / 1226 / 13
Chol - 131.0 / 92.0 / 40.0 / 92.6
LFT - 30 / 24 / 63
HbA1c - 5.6
Creatinine - 0.98
UAcid - 3.62
RBS - F - 98.0 / PP - 119.0

Mr. Damodar Daves

Age - 41 y / m

No H10 DM/HTM

§
- Hence = Report

- PFT
- Fasting C-peptide
- Ser ut Bil - Ser ut D
- Ser IRON PROFILE



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

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. Samant Dever

25/3/2023

4/1/21

clean It came for oral dental check up.

OPD

stain + ed +

partially exposed \bar{c} $\frac{1}{8}$

Admz

~~ex~~ exhibit \bar{c} $\frac{1}{8}$



[Handwritten signature]

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MR DAMANI DEVES
Male 41 Years

20/03/2023 11:35:41 AM

HR : 95 bpm
P : 110 ms
PR : 134 ms
QRS : 78 ms
QT/QTc : 348/438 ms
P/QRS/T : 34/49/18 °
RV5/SVI : 1.272/0.934 mV



Diagnosis Information:

Sinus rhythm
Normal ECG

Dr. Animesh Choudhary
MD Medicine

Reg. No. CGMC 3583/2011

Apollo Clinic, Raipur

Report Confirmed by:



CAR

T 9108 D V1.43

Glasgow V28.6.0

APOLLO CLINIC RAIPUR

NAME OF PATIENT: MR. DAMANI DEVES

AGE: 41 YRS / MALE

REFERRED BY : B.O.B.

DATE: 25/03/2023

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
Consultant Radiologist
Reg. No. CGMC-2324/2009
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.

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Damini Deves

Date 25/3/23

Sex/Age 41y/m

MR No

Employee Id

EXTERNAL EXAMINATION		NM		
SQUINT		NO		
NYSTAGMUS		NO		
COLOUR VISION		NORMAL		
FUNDUS:(RE):-	NM	(LE):-	NM	
INDIVIDUAL COLOUR IDENTIFICATION		CORRECT		
DISTANT VISION:(RE):-	6/60 e 4/66	(LE):-	5/60 e 4/66	
NEAR VISION:(RE):-	N8 e 4/10	(LE):-	N8 e 4/10	
NIGHT BLINDNESS		NM		
	SPH	CYL	AXIS	ADD
RIGHT	-2.25	-0.75	80	+1.25
LEFT	-3.0	-0.75	100	+1.25
REMARKS :-				



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



PATIENT DETAILS

NAME:	DAMINI DEVES	REFERENCE NO:	RWUDTPSH0410423
D / S / W O:		Age: 41 Yr	Gender: MALE
Address:	RAIPUR	Contact No:	
Sample received on:	26/03/2023 @ 14:30	Reported on:	27/03/2023 @ 12:50
Repeat Sample, if any:	NA	Reported on:	NA
Referred by:	APOLLO CLINIC	Hospital / Lab ID:	APOLLO CLINIC
		STATUS:	FINAL
		STATUS:	FINAL

HORMONAL ASSAY

Test	Specimen	Result	Units	Reference Range
# Thyroid Panel, TFT, TOTAL:				
• Triiodothyronine, T3	Blood, Serum	1.23	ng / ml	0.87 – 1.78
• Thyroxine, T4	""	8.01	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, TSH	""	3.27	µIU / ml	0.4 – 5.0

Indicative Interpretation:

TSH	Free T4	Free or total T3	Probable Inference
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or Normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	Non-thyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome

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Lab Incharge

Dr Mritunjai Saraf

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

MD Pathology, Consultant Pathologist

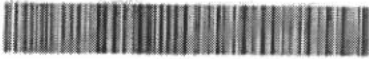
Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Method: Automated chemiluminescent based assay.

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NOTE: Test results are as per the submitted sample & represent indicative values meant only to be clinically correlated and assist physicians to make medical decisions. Any discrepancy must be notified via email within 24hrs of reporting time. This report is not valid for medico-legal purposes.



PATIENT DETAILS

NAME:	DAMINI DEVES	REFERENCE NO:	RWUDTPSH0410423
D / S / W O:		Age: 41 Yr	Gender: MALE
Address:	RAIPUR	Contact No:	
Sample received on:	26/03/2023 @ 14:30	Reported on:	27/03/2023 @ 12:50
Repeat Sample, if any:	NA	Reported on:	NA
Referred by:	APOLLO CLINIC	Hospital / Lab ID:	APOLLO CLINIC
		STATUS:	FINAL
		STATUS:	FINAL

BIOCHEMISTRY

Test	Specimen	Result	Units	Reference Range
# Prostate Specific Antigen (PSA), Total, TPSA	Blood, Serum	1.32	ng / ml	< 4.00

COMMENTS:

Prostate specific antigen (PSA) is a protein produced primarily by cells in the prostate, a small gland in males that encircles the urethra and produces a fluid that makes up part of semen. Most of the PSA that the prostate produces is released into this fluid, but small amounts of it are also released into the blood. PSA exists in two main forms in the blood: complexed (cPSA, bound to other proteins) and free (fPSA, not bound). The most frequently used PSA test is the total PSA, which measures the sum of cPSA and fPSA in the blood.

The PSA test may be used as a tumor marker to screen for and to monitor prostate cancer. The goal of screening is to detect prostate cancer while it is still confined to the prostate. However, most experts agree that screening should be done on asymptomatic men only after thorough discussions with their healthcare practitioners on the benefits and risks and after informed decisions are made to undergo screening. Elevated blood levels of PSA are associated with prostate cancer, but they may also be seen with inflammation of the prostate (prostatitis) and benign prostatic hyperplasia (BPH). PSA levels tend to increase in all men as they age, and men of African American heritage may have levels that are higher than other men, even at earlier ages.

% Probability of detecting Prostate cancer on a needle biopsy:

Free : total PSA ratio	50 – 59 years	60 – 69 years	70 years and older
< = 0.10	49%	58%	65%
0.11 – 0.18	27%	34%	41%
0.19 – 0.25	18%	24%	30%
> 0.25	9%	12%	16%

Ref: <https://neurology.testcatalog.org/show/PSAPT>

Patient Name : Mr. DAMANI DEVES
UHID/MR No. : FRAI.0000027276
Visit Date : 25-03-2023 15:59
Sample Collected on : 26-03-2023 08:49
Ref Doctor : Bank of Baroda
Emp/Auth/TPA ID : 254545
Sponsor Name : MEDIWHEEL PVT LTD

Age / Gender : 41Y/Male
OP Visit No : FRAIOPV49673
Reported on : 27-03-2023 10:52
Specimen : Whole Blood (Edta)
Pres Doctor: :

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
COMPLETE BLOOD COUNT			
HAEMOGLOBIN Method: CELL COUNTER	14.5	13.0 - 17.2	gm%
RBC COUNT Method: CELL COUNTER	4.87	3.5 - 5.5	million/cumm
HEMATOCRIT(PCV) Method: CELL COUNTER	44.6	37 - 50	%
MCV Method: CELL COUNTER	91.7	76 - 96	fl
MCH Method: CELL COUNTER	29.9	27 - 32	pg
MCHC Method: CELL COUNTER	32.6	31 - 35	gm/dl
RDW Method: CELL COUNTER	12.5	12 - 15.10	%
TOTAL WBC COUNT Method: CELL COUNTER	5.87	4 - 11	thous/cumm
NEUTROPHIL Method: CELL COUNTER	58	40 - 75	%
LYMPHOCYTE Method: CELL COUNTER	33	20 - 40	%
EOSINOPHIL Method: CELL COUNTER	04	01 - 06	%
MONOCYTE Method: CELL COUNTER	05	02 - 08	%
BASOPHIL Method: CELL COUNTER	00	00 - 01	%
PLATELET COUNT Method: CELL COUNTER	226	150 - 450	lacs/cumm
ERYTHROCYTE SEDIMENTATION RATE (ESR)			
ERYTHROCYTE SEDIMENTATION RATE (ESR) Method: Westergren	13	00 - 20	mm/hr

End of the report

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

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Dr. PRIYANKA R SAHA
M.B.B.S, MD

Patient Name : Mr. DAMANI DEVES
 UHID/MR No. : FRAI.0000027276
 Visit Date : 25-03-2023 15:59
 Sample Collected on : 26-03-2023 08:49
 Ref Doctor : Bank of Baroda
 Emp/Auth/TPA ID : 254545
 Sponsor Name : MEDIWHEEL PVT LTD

Age / Gender : 41Y/Male
 OP Visit No : FRAIOPV49673
 Reported on : 27-03-2023 10:52
 Specimen : EDTA Blood
 Pres Doctor: :

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
BLOOD GROUP AND RH TYPE			
BLOOD GROUP Method: Slide Test	O	A, B, O, AB	
RH:	Negative	POSITIVE, NEGATIVE	
TEST NAME			
GLUCOSE - (FASTING)			
GLUCOSE - (FASTING) Method: REAGENT GRADE WATER	98.0	60 - 120	mg/dl
GLUCOSE - (POST PRANDIAL)			
GLUCOSE - (POST PRANDIAL) Method: REAGENT GRADE WATER	119.0	70 - 140	mg/dl
KFT - RENAL PROFILE-SERUM			
BUN : Method: Spectrophotometric	11	7 - 20	mg/dL
Creatinine . Method: Jaffe	0.98	0.6 - 1.2	mg/dL
Uric Acid Method: Enzymatic	3.62	2.6 - 7.2	mg/dL
GLYCOSYLATED HEMOGLOBIN (HBA1C)			
GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD.. Method: TURBIDOMETRY	5.6	Non-diabetic: <= 5.6 Pre-diabetic: 5.7 - 6.4 Diabetic: >= 6.5	%

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
Kamlesh_Kumar



Dr. PRIYANKA R SAHAI
M.B.B.S, MD
PATHOLOGIST

Apollo Clinic

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Patient Name : Mr. DAMANI DEVES
UHID/MR No. : FRAI.0000027276
Visit Date : 25-03-2023 15:59
Sample Collected on : 26-03-2023 08:49
Ref Doctor : Bank of Baroda
Emp/Auth/TPA ID : 254545
Sponsor Name : MEDIWHEEL PVT LTD

Age / Gender : 41Y/Male
OP Visit No : FRAIOPV49673
Reported on : 27-03-2023 10:52
Specimen : Serum
Pres Doctor: :

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LFT WITH GGT			
TOTAL BILIRUBIN (DPD) Method: Enzymatic	1.0	0.1 - 1.2	mg/dl
DIRECT BILIRUBIN (DPD) Method: Spectrophotometric	0.3	0.05 - 0.3	mg/dl
INDIRECT BILLIRUBIN Method: Spectrophotometric	0.8	0.1 - 1	mg/dl
SGPT/ALT (IFCC) Method: Enzymatic	30	6 - 40	U/L
SGOT/AST (IFCC) Method: Enzymatic	24	6 - 32	U/L
S.ALKALINE PHOSPHATASE Method: Spectrophotometric	63	25 - 147	IU/L
GGT (IFCC) Method: Spectrophotometric	78	5 - 80	U/L
TOTAL PROTEIN (BIURET) Method: Spectrophotometric	6.5	6 - 8	g/dl
ALBUMIN (BCG) Method: Spectrophotometric	4.0	3.5 - 5.0	g/dl
S.GLOBULIN Method: Spectrophotometric	2.5	1.5 - 3.6	g/dl
S.A/G RATIO Method: Spectrophotometric	1.6		

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
Kamlesh_Kumar



Dr. PRIYANKA R SAHAI
M.B.B.S, MD
PATHOLOGIST

Patient Name : Mr. DAMANI DEVES
UHID/MR No. : FRAI.0000027276
Visit Date : 25-03-2023 15:59
Sample Collected on : 26-03-2023 08:49
Ref Doctor : Bank of Baroda
Emp/Auth/TPA ID : 254545
Sponsor Name : MEDIWHEEL PVT LTD

Age / Gender : 41Y/Male
OP Visit No : FRAIOPV49673
Reported on : 27-03-2023 10:52
Specimen : Urine
Pres Doctor: :

DEPARTMENT OF LABORATORY MEDICINE


URINE ROUTINE EXAMINATION

Test	Result	Bio. Ref. Interval
PHYSICAL EXAMINATION:		
Volume of urine	30 ml	
Colour	Pale Yellow	
Specific Gravity	1.010	1.001 - 1.030
Deposit	Absent	Absent
Appearance	Clear	Clear
pH	7.0	5.0 - 7.5
CHEMICAL EXAMINATION:		
Protein	Absent	Absent
Sugar	Absent	Absent
Ketone Bodies	Absent	Absent
Blood	Absent	Absent
Leukocytes	Absent	Absent
Urobilinogen	Absent	Absent
Bili Pigments	Absent	Absent
MICROSCOPIC EXAMINATION:		
Pus Cell	1 - 2	0 - 5 / hpf
Red Blood Cells	Not Seen	0 - 2 / hpf
Epithelial Cells	Not Seen	0 - 5 / hpf
Cast	Not Seen	Not seen
Crystals	Not Seen	Not seen

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
Kamlesh_Kumar


 Dr. PRIYANKA R SAHAI
 M.B.B.S, MD
 PATHOLOGIST

Patient Name : Mr. DAMANI DEVES
UHID/MR No. : FRAI.0000027276
Visit Date : 25-03-2023 15:59
Sample Collected on : 26-03-2023 08:49
Ref Doctor : Bank of Baroda
Emp/Auth/TPA ID : 254545
Sponsor Name : MEDIWHEEL PVT LTD

Age / Gender : 41Y/Male
OP Visit No : FRAIOPV49673
Reported on : 27-03-2023 10:52
Specimen : Serum
Pres Doctor: : .

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE TEST (PACKAGE)			
Total Cholesterol Method: Spectrophotometric	131.0	00 - 200	mg/dl
Triglyceride Method: Spectrophotometric	92.0	60 - 150	mg/dl
HDL Method: Spectrophotometric	40.0	35 - 60	mg/dl
LDL Method: Spectrophotometric	72.6	60 - 130	mg/dl
VLDL Method: Spectrophotometric	18.4	10 - 50	mg/dl
Cholesterol/HDL Method: Spectrophotometric	3.27		

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
Kamlesh_Kumar



Dr. PRIYANKA R SAHAI
M.B.B.S, MD
PATHOLOGIST

PATIENT NAME:- MR. DEVES DAMANI

REF BY :- BOB

AGE/SEX: 41YRS/M

DATE:- 25.03.2023

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	11.3X4.3cm	11X5.3cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal

Prostate: is enlarged in size measures weight 27 gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- GRADE - I PROSTATOMEGLY
- GRADE - II FATTY LIVER

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MbbS, MD
Consultant
DR. ZEESHAN ATEEB DANI
(MD)

CONSULTANT RADIOLOGIST

Apollo Clinic

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

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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ECHOCARDIOGRAPHY REPORT

NAME : MR. DAMANI DEVES	Age/Sex: 47Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 01/04/2023	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	2.9	2.0 – 3.7	IVS Thickness	ED = 1.1 ES = 1.5	0.6 – 1.1
AorticValve Opening	1.8	1.5 – 2.6	PW Thickness	ED = 1.1 ES = 1.5	0.6 – 1.1
LA Dimension	3.9	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.7	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.9	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 , TRACE MR
- Tricuspid Valve : TRACE TR
- Aortic Valve : Normal
- Pulmonary Valve : Pulmonary valve appears normal in morphology.
- Systemic venous : IVC normal in size with normal Inspiratory collapse.
- Diastolic Function : LV DIASTOLIC DYSFUNCTION GRADE I

FINAL IMPRESSION : NO RWMA AT REST.
 NORMAL LV SYSTOLIC FUNCTION.
 LV DIASTOLIC DYSFUNCTION GRADE I
 TRACE TR, TRACE MR
 NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION

