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Dr. Animesh Choudhary
MD (Internal Medicine), FCC, FAGE, PGDC, PGCDM, PGDDR
Ex Physician - AIIMS, New Delhi, Fortis Escorts Raipur
Reg. No. CGMC 3583/2011

• मधुमेह • वातरोग • गठियारोग • हृदयरोग • थायराइड • श्वसन रोग • दमा • मोटापा

BP - 130/70
P - 68/mt
H - 169 c.m
Wt - 90 kg

Mr. Kamal Joshi
Age - 45y/m
20/02/24
K/C/O BP (TRIOLMESARCH 40 / METALORYP 50)
Regular check up

CBC - 14.7/5.79/5.55/120
LFT - 21/30/84
Lipid - 170/135/41/102
FBS - 102, PP - 143
Creat - 1.16
Urea - 12
HBA1C - 6.1
T3 - 1.27
T4 - 7.70
TSH - 2.100
Vit D - 38.06
PSA - 0.300
Vit B12 - 198

℞

- Cap liqui D3 once a week x8 week
- Cap Carodin-1622 रोज़ 1 × 30d
- Tab MYOSPAS BD × 5 dy 1-0-1
- Tab Gabapin-NT (400/10) 1/2 tab रात में 8-9 बजे × 10d

Lumbar belt (Day time)

Review after 5 dy

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

Dr. Sweety Lath
BDS (Cosmetic Dental Surgeon)

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Dr. Vivek Lath
Chief Dental Consultant
BDS, MDS, Diplomate (WCOI, Japan)
Professor, MCDRC - Durg
Reg. No. CGDC/14/PG/45

Mr. Kamal Joshi 17/2/24

45/M.

c/c → Pt complains of food lodgement in upper left back region of jaw.

O/E → Stains ++
Calculus +
Proximal Caries $\bar{c}$ +5
Crown and RCT treated $\bar{c}$ +4

Adv → Restoration $\bar{c}$ +5
Oral Prophylaxis

Dr. Vivek

X-Ray - 150

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ID: 225
MR KAMAL JOSHI
Male 45Years

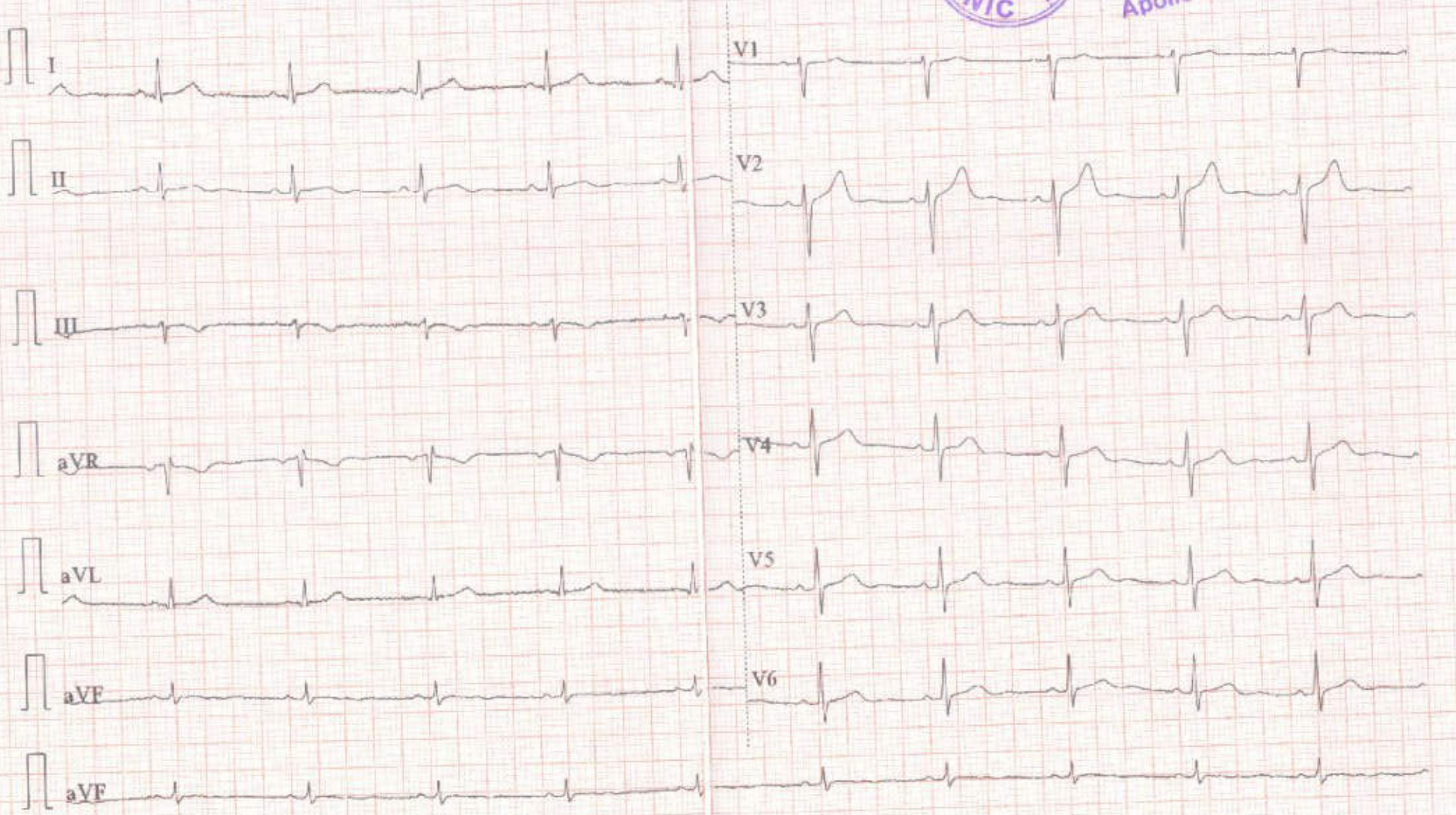
17-02-2024 10:18:20 AM

HR	: 64	bpm	
P	: 84	ms	
PR	: 136	ms	
QRS	: 80	ms	
QT/QTc	: 388/401	ms	
P/QRS/T	: 35/9/0	°	
RV5/SV1	: 0.731/0.671	mV	

Diagnosis Information:
Sinus rhythm
Inferior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by:

APOLLO CLINIC RAIPUR
Dr. Animesh Choudha
MD Medicine
Reg. No. CGMC 3583/20
Apollo Clinic, Rain



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥64 CA[redacted]RT 9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

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EXAMINATION OF EYES :-(BY OPHTALMOLOGIST)

Patient Name Mr. Kamal Joshi Date 17/02/24

Sex/Age M/45 yrs MR No ..... Employee Id .....

EXTERNAL EXAMINATION	
SQUINT	NO
NYSTAGMUS	
COLOUR VISION	NORMAL
FUNDUS:(RE):- WNL	(LE):- WNL
INDIVIDUAL COLOUR IDENTIFICATION	Good
DISTANT VISION:(RE):- 6/12 c/c 6/6	(LE):- 6/6
NEAR VISION:(RE):- N8 c/c N6	(LE):- N8 c/c N6
NIGHT BLINDNESS	NAD

	SPH	CYL	AXIS	ADD
RIGHT	-0.75	1.50	170°	+1.75 SPH
LEFT	—	—	—	+1.75

REMARKS :-

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

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NAME OF PATIENT: MR. KAMAL JOSHI | AGE: 45YRS /MALE

REFERRED BY: UNION BANK | DATE: 17/02/2024.

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.

Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
Reg. No. CGMC-2324/10

APOLLO CLINIC RAIPUR

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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PATIENT NAME:- MR. KAMAL JOSHI
REF BY :- UNION BANK

AGE/SEX: 45 YRS/M
DATE:- 17.02.2024

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 cc cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.63X10.83cm	10.83X5.29cm
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 17.900** gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadernopathy seen.

IMPRESSION:

GRADE – II FATTY LIVER

Advised clinical correlation/further evaluation if clinically indicated.

APOLLO CLINIC RAIPUR

Dr. Zeesh... Consultant Reg. No. CG...

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 [illegible] this report is not for medico-legal purposes.

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ECHOCARDIOGRAPHY REPORT

NAME : MR. KAMAL JOSHI	Age/Sex: 45Yrs/male	ECG : SINUS RHYTHM
OPD/ IPD : OPD	STUDY DATE: 20 /02/2024	REGN. NO. : FRAI.00000
Ref.By Dr : UNION BANK		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	2.8	2.0 – 3.7	IVS Thickness	ED = 1.4 ES = 1.7	0.6 – 1.1
AorticValve Opening	1.8	1.5 – 2.6	PW Thickness	ED = 1.4 ES = 1.7	0.6 – 1.1
LA Dimension	3.4	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	3.8	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.3	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.
COCENTRIC LVH PRESENT
LV DIASTOLIC DYSFUNCTION GRADE I
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.

APOLLO CLINIC RAIPUR

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

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Patient Name	: **MR KAMAL JOSHI**	**Age/Gender**	: 45 Y Male
UHID/ MR No	: 9196	**OP Visit No**	: **OPD-UNIT-II-2**
Visit Date	: 17/02/2024	**Reported On**	: 18/02/2024 01:01PM
Sample Collected On	: 17/02/2024 05:43PM		
Ref. Doctor	: **SELF**		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	14.7	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.79	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	44.10	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	76.2	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	**25.4**	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	12.4	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.55	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	61	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	28	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	03	%	1-6%
Monocytes	08	%	4.0 - 12.0
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

End of Report

Results are to be corelated clinically

Lab Technician / Technologist

path

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Patient Name	: MR KAMAL JOSHI	**Age/Gender**	: 45 Y Male
UHID/ MR No	: 9196	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 17/02/2024	**Reported On**	: 18/02/2024 01:01PM
Sample Collected On	: 17/02/2024 05:43PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	120	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)	B
RhD factor (Rh Typing)	POSITIVE

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Ref. Doctor	: **SELF**		
Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	**143.0**	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	102.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	12	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.16	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotomatric	4.4	mg/dL	2.6 - 7.2

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Sample Collected On	: 17/02/2024 05:43PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	170.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	135.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotomatric HDL Cholesterol	41.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotomatric LDL Cholesterol	102	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotomatric VLDL Cholesterol	27	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.15		3.5-5
Methode: Spectrophotometric			

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UHID/ MR No	: 9196	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 17/02/2024	**Reported On**	: 18/02/2024 01:01PM
Sample Collected On	: 17/02/2024 05:43PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

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) Mathod: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	21	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	30	U/L	0 - 41
ALKALINE PHOSPHATASE	84	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.6	mg/dl	3.4 - 5.0
Globulin Mathod: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Mathod: Calculated	2.0	%	1.1 - 2.2

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Patient Name	: Mr.KAMAL JOSHI	Collected	: 17/Feb/2024 06:24PM
Age/Gender	: 45 Y 0 M 0 D /M	Received	: 17/Feb/2024 06:55PM
UHID/MR No	: DSUS.0000006430	Reported	: 17/Feb/2024 08:08PM
Visit ID	: DSUSOPV7496	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDHI 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	6.1	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. 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.
4. 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.
5. 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.MANKAMAL KUMAR
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:B1118349908

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UHID/ MR No	: 9196	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 17/02/2024	**Reported On**	: 18/02/2024 01:01PM
Sample Collected On	: 17/02/2024 05:43PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

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	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 corelated clinically

Lab Technician / Technologist
path

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Patient Name	: Mr.KAMAL JOSHI	Collected	: 17/Feb/2024 12:34PM
Age/Gender	: 45 Y 0 M 0 D /M	Received	: 17/Feb/2024 01:43PM
UHID/MR No	: DSUS.0000006425	Reported	: 17/Feb/2024 02:24PM
Visit ID	: DSUSOPV7490	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)	1.27	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	7.70	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.100	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

DR MANKAL KUJUR
M.B.B.S, M.D(Pathology)
Consultant Pathologist

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic
LICENSEE: SAMRIDDHI AROGYAM PVT. LTD.
Apollo Clinic®, Tara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)
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SIN No:IM0698417

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Patient Name	: Mr.KAMAL JOSHI	Collected	: 17/Feb/2024 12:34PM
Age/Gender	: 45 Y 0 M 0 D /M	Received	: 17/Feb/2024 01:43PM
UHID/MR No	: DSUS.0000006425	Reported	: 17/Feb/2024 02:24PM
Visit ID	: DSUSOPV7490	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
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	38.06	ng/mL	30-100	CLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:

Inadequate exposure to sunlight.
Dietary deficiency.
Vitamin D malabsorption.
Severe Hepatocellular disease.
Drugs like Anticonvulsants.
Nephrotic syndrome.

Increased levels:

Vitamin D intoxication.

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , *SERUM*	198	pg/mL	180–914	CLIA

Comment:

- Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes.
- The most common cause of deficiency is malabsorption either due to atrophy of gastric mucosa or diseases of terminal ileum.

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Patient Name	: Mr.KAMAL JOSHI	Collected	: 17/Feb/2024 12:34PM
Age/Gender	: 45 Y 0 M 0 D /M	Received	: 17/Feb/2024 01:43PM
UHID/MR No	: DSUS.0000006425	Reported	: 17/Feb/2024 02:24PM
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DEPARTMENT OF IMMUNOLOGY

Patients taking vitamin B12 supplementation may have misleading results.

- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12 .
- The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.
- Increased levels can be seen in Chronic renal failure, Congestive heart failure, Leukemias, Polycythemia vera, Liver disease etc.

DR.MAIKAL KUJUR
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Consultant Pathologist

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MC-2438

Patient Name	: Mr.KAMAL JOSHI	Collected	: 17/Feb/2024 12:34PM
Age/Gender	: 45 Y 0 M 0 D /M	Received	: 18/Feb/2024 12:59PM
UHID/MR No	: DSUS.0000006425	Reported	: 18/Feb/2024 02:34PM
Visit ID	: DSUSOPV7490	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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , *SERUM*	0.300	ng/mL	0-4	CLIA

*** End Of Report ***

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PhD.(Biochemistry)
Consultant Biochemist

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Mr. Kamal Dec 43y

7.00 am.	-	दूध + प्रोटीन पाउडर / सोया पाउडर
9.00 am.	-	सैंडविच (पनीर/चीज)/पनीर पराठा/ब्रेड (आटे वाला)
		+ आमलेट/उबला अण्डा/दाल का चीला (मूंग, उड़द, चना)/ उबला हुआ कार्न
11.00 am.	-	मिल्क शेक/बादाम शेक/बनाना शेक/फल/अंकुरित सलाद
1.00 pm.	-	2-3 रोटी + 1 कप चांवल
		1 कप दाल + 1 कप दही
		1 कप सब्जी (बीन्स/राजमा/पनीर/सोयाबीन)
		1 प्लेट सलाद/दही सलाद/रायता
4.00 pm.	-	चाय + बिस्किट/ड्राय फ्रुटस / मूंगफली चिकी/दूध + केला
.00 pm.	-	सुप (पालक/मिक्स वेज) / टमाटर
.00 pm.	-	2-3 रोटी + 1 कप चांवल
		1 कप दाल + 1 कप सब्जी
		1 प्लेट सलाद
0.00 pm.	-	दूध + प्रोटीन पाउडर / सोया पाउडर
पयोग करें	-	अनाज, दालें, फल (अंगुर/तरबूज/केला), ड्रायफुटस, हरी सब्जीयाँ,
		हरी पत्तेदार सब्जी, राजमा,
		छोले, बीन्स, कच्चा लहसुन, कच्चा प्याज, सोयाबीन, दूध, पनीर, दही, मठा, चीज,
		अंडा, मछली, चिकन,
हेज करें	-	तेलीय भोजन, मिर्च, मसालेदार भोजन, अचार, चटनी, मुरब्बा, कोल्ड ड्रिंक्स,
		फास्ट फूड, मैदे से बने खाद्य पदार्थ .....

(1). Take a High fibre diet / High Protein

(2) Take 4 water 8/12 glass