

Mr. Shmkey Goyal
Age - 32Y/M

WT - 75 kg
BP - 84/60
SP - 130/70
H - 170 cm

Came for Routine checkup

Adm
①

• D Rine Cole.
once week
x 8 wks

Dr. Ankit Sharma
MD Medicine
Reg. No. CCMC 7571/2018
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. Shubh Goyal

25/3/2023

32/21

Plt complains of sensitivity in lower right
back teeth region -

o/c

Stain + Cal +

Proximal pit of 7/

Attrition + Disobaccab cap of 6/

Ad

Restoration of 7/



Apollo Clinic

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

Email : raipur1@apolloclinic.com

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PATIENT NAME:- MR. SHANKEY GOYAL
REF BY :- BOB

AGE/SEX: 32YRS/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	9.98X4.71cm	10.51X4.63cm
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 **24.6 gm** shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- **GRADE – I PROSTATOMEGLY**

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS, MD
Consultant Radiologist
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only and is 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.

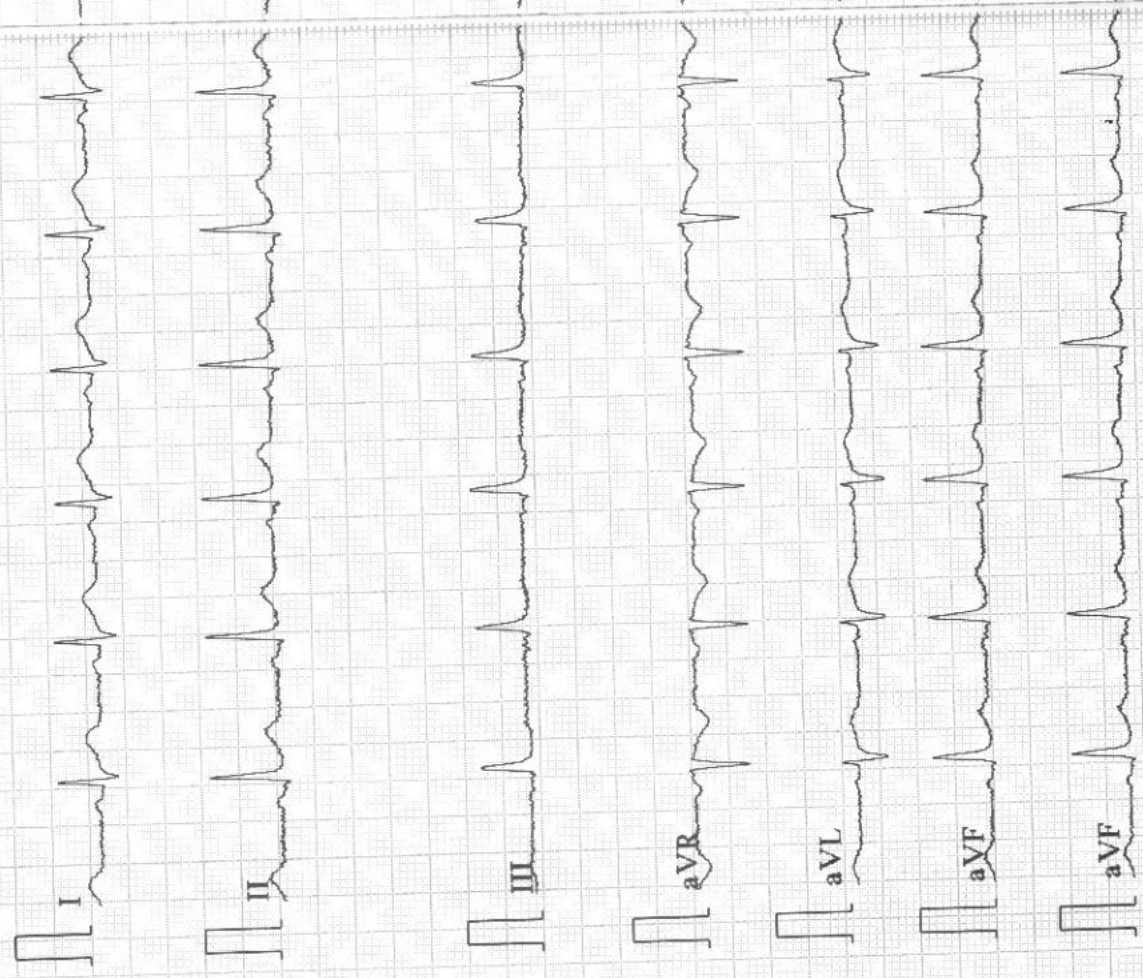
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ID: 254

MR SHANKEY GOYAL
Male 32 Years

HR	: 78	bpm
P	: 102	ms
PR	: 136	ms
QRS	: 106	ms
QT/QTc	: 380/433	ms
P/QRS/T	: 31/70/29	°
RV5/SV1	: 0.948/0.631	mV



Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by: *



Dr. Vatsa Sharma
MD, MBBS (Medicine) 013
Reg. No. C.G.M.C. 2707/2009
Apollo Clinic, Raipur

ECHOCARDIOGRAPHY REPORT

NAME : MR.SHANKEY GOYAL	Age/Sex: 32Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 27/03/2023	REGN. NO. : FRAI.00000
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 = 0.9 ES = 1.2	0.6 – 1.1
AorticValve Opening	1.8	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.2	0.6 – 1.1
LA Dimension	3.1	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.5	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.7	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.
- Diastolic Function : Normal.
- FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
NORMAL CARDIAC CHEMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



DR. DEEPA DAS
MBBS, D.P. CARDIOLOGY
CONSULTANT DEPT. OF NIC

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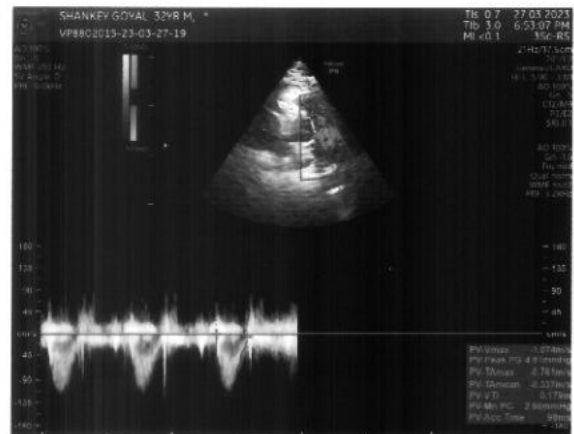
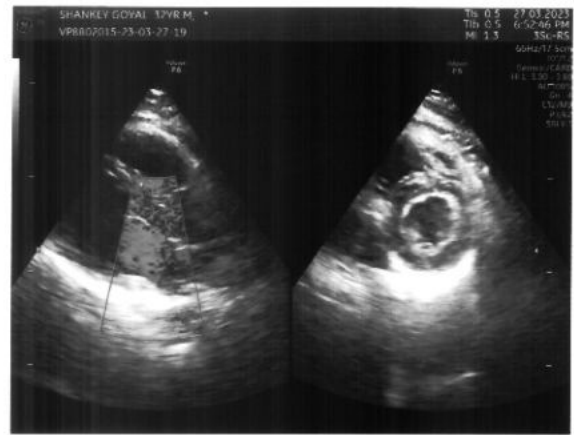
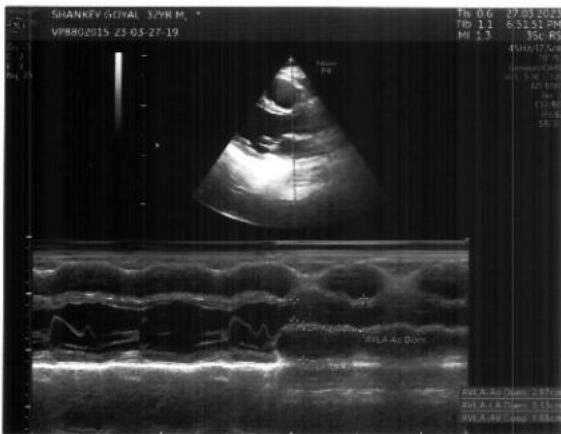
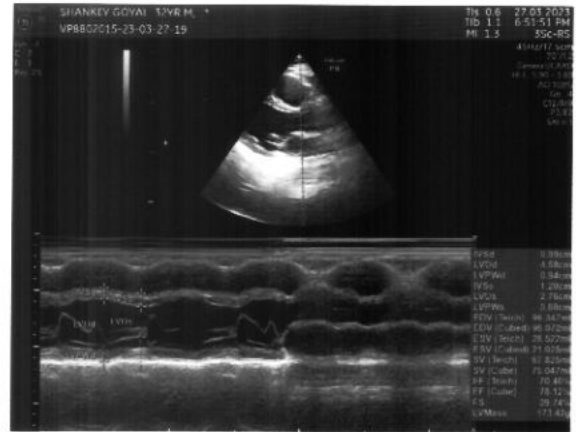
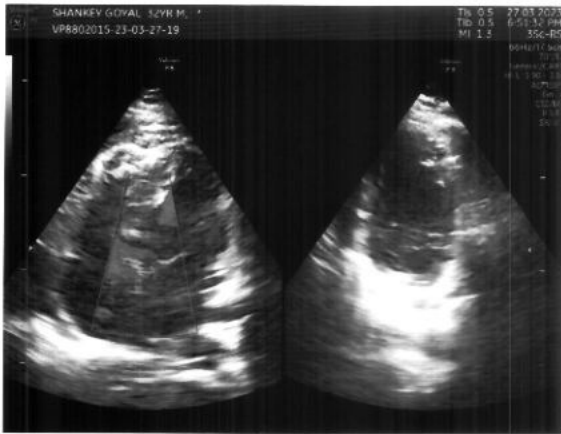
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The
Apollo Clinic
Shankar Nagar
Raipur

Sub: for not opting eye & stool test

I am Shankar Rajal, employee of Bank of
Baroda giving my consent form not opting
eye & stool test & ENT


Shankar Rajal
25/03/2023



Patient Name : Mr. Shankey Goyal
UHID/MR No. : FRAI.0000027265
Visit Date : 25-03-2023 14:00
Sample Collected on : 26-03-2023 09:00
Ref Doctor : Bank of Baroda
Emp/Auth/TPA ID : 45576865
Sponsor Name : MEDIWHEEL PVT LTD

Age / Gender : 32Y/Male
OP Visit No : FRAIOPV49661
Reported on : 27-03-2023 17:15
Specimen : Whole Blood (Edta)
Pres Doctor: :

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
COMPLETE BLOOD COUNT			
HAEMOGLOBIN	14.4	13.0 - 17.2	gm%
Method: CELL COUNTER			
RBC COUNT	5.45	3.5 - 5.5	million/cumm
Method: CELL COUNTER			
HEMATOCRIT(PCV)	44.9	37 - 50	%
Method: CELL COUNTER			
MCV	82.4	76 - 96	fl
Method: CELL COUNTER			
MCH	26.5*	27 - 32	pg
Method: CELL COUNTER			
MCHC	32.1	31 - 35	gm/dl
Method: CELL COUNTER			
RDW	13.9	12 - 15.10	%
Method: CELL COUNTER			
TOTAL WBC COUNT	6.47	4 - 11	thous/cumm
Method: CELL COUNTER			
NEUTROPHIL	54	40 - 75	%
Method: CELL COUNTER			
LYMPHOCYTE	33	20 - 40	%
Method: CELL COUNTER			
EOSINOPHIL	06	01 - 06	%
Method: CELL COUNTER			
MONOCYTE	07	02 - 08	%
Method: CELL COUNTER			
BASOPHIL	00	00 - 01	%
Method: CELL COUNTER			
PLATELET COUNT	258	150 - 450	lacs/cumm
Method: CELL COUNTER			
ESR	10	00 - 20	mm/hr
Method: CELL COUNTER			

End of the report

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Reported on : 27-03-2023 17:15
Specimen : EDTA Blood
Pres Doctor: :


DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
BLOOD GROUP AND RH TYPE			
BLOOD GROUP Method: Slide Test	A	A, B, O, AB	
RH:	Positive	POSITIVE, NEGATIVE	
<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
GLUCOSE - (FASTING)			
GLUCOSE - (FASTING) Method: REAGENT GRADE WATER	88.0	60 - 120	mg/dl
GLUCOSE - (POST PRANDIAL)			
GLUCOSE - (POST PRANDIAL) Method: REAGENT GRADE WATER	110.0	70 - 140	mg/dl
KFT - RENAL PROFILE-SERUM			
BUN : Method: Spectrophotometric	10	7 - 20	mg/dL
Creatinine . Method: Jaffe	0.96	0.6 - 1.2	mg/dL
Uric Acid Method: Enzymatic	3.1	2.6 - 7.2	mg/dL
GLYCOSYLATED HEMOGLOBIN (HBA1C)			
GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD. Method: TURBIDOMETRY	5.5	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
RITU_JANGDE


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

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Age / Gender : 32Y/Male
OP Visit No : FRAIOPV49661
Reported on : 27-03-2023 17:15
Specimen : Serum
Pres Doctor: :

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE TEST (PACKAGE)			
Total Cholesterol Method: Spectrophotometric	147.0	00 - 200	mg/dl
Triglyceride Method: Spectrophotometric	109.0	60 - 150	mg/dl
HDL Method: Spectrophotometric	43.0	35 - 60	mg/dl
LDL Method: Spectrophotometric	82.2	60 - 130	mg/dl
VLDL Method: Spectrophotometric	21.8	10 - 50	mg/dl
Cholesterol/HDL Method: Spectrophotometric	3.41		

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Specimen : Serum
Pres Doctor: :


DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LFT WITH GGT			
TOTAL BILIRUBIN (DPD) Method: Enzymatic	0.8	0.1 - 1.2	mg/dl
DIRECT BILIRUBIN (DPD) Method: Spectrophotometric	0.2	0.05 - 0.3	mg/dl
INDIRECT BILLIRUBIN Method: Spectrophotometric	0.6	0.1 - 1	mg/dl
SGPT/ALT (IFCC) Method: Enzymatic	35	6 - 40	U/L
SGOT/AST (IFCC) Method: Enzymatic	30	6 - 32	U/L
S.ALKALINE PHOSPHATASE Method: Spectrophotometric	95	25 - 147	IU/L
GGT (IFCC) Method: Spectrophotometric	46	5 - 80	U/L
TOTAL PROTEIN (BIURET) Method: Spectrophotometric	6.4	6 - 8	g/dl
ALBUMIN (BCG) Method: Spectrophotometric	4.3	3.5 - 5.0	g/dl
S.GLOBULIN Method: Spectrophotometric	2.1	1.5 - 3.6	g/dl
S.A/G RATIO Method: Spectrophotometric	2.0		

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Sponsor Name : MEDIWHEEL PVT LTD

Age / Gender : 32Y/Male
OP Visit No : FRAIOPV49661
Reported on : 27-03-2023 17:15
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	6.0	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	2 - 4	0 - 5 / hpf
Red Blood Cells	Not Seen	0 - 2 / hpf
Epithelial Cells	2 - 4	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
RITU_JANGDE


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



PATIENT DETAILS

NAME:	SHANKEY GOYAL	REFERENCE NO:	RWUDTPSH0410427
D / S / W O:		Age: 32 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

BIOCHEMISTRY

Test	Specimen	Result	Units	Reference Range
# Prostate Specific Antigen (PSA), Total, TPSA	Blood, Serum	1.17	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 DETAILS

NAME:	SHANKEY GOYAL	REFERENCE NO:	RWUDTPSH0410427
D / S / W O:		Age:	32 Yr
Address:	RAIPUR	Contact No:	Gender: MALE
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	1.24	ng / ml	0.87 – 1.78
• Thyroxine, T4	""	8.30	µg / dL	6.0 – 12.2
• Thyroid stimulating hormone, TSH	""	2.17	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

Apollo Clinic
Lab Incharge

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Dr Mritunjai Saraf
MD Pathology, Consultant Pathologist