

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Pradeep Kumar Thaxit

Date 11/3/24

Sex/Age M/47

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT		NO		
NYSTAGMUS				
COLOUR VISION		NORMAL		
FUNDUS:(RE):- <u>wal</u>		(LE):- <u>wal</u>		
INDIVIDUAL COLOUR IDENTIFICATION		<u>Good</u>		
DISTANT VISION:(RE):- <u>6/18 e4 6/6</u>		(LE):- <u>6/18 e4 6/6</u>		
NEAR VISION:(RE):- <u>N6</u>		(LE):- <u>N6</u>		
NIGHT BLINDNESS		<u>NAD</u>		
	SPH	CYL	AXIS	ADD
RIGHT	/	-1.50	75'	/
LEFT	/	-1.50	115'	/
REMARKS :-				



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

ID: 387
MR PRADEEP KUMAR
Male 40 years

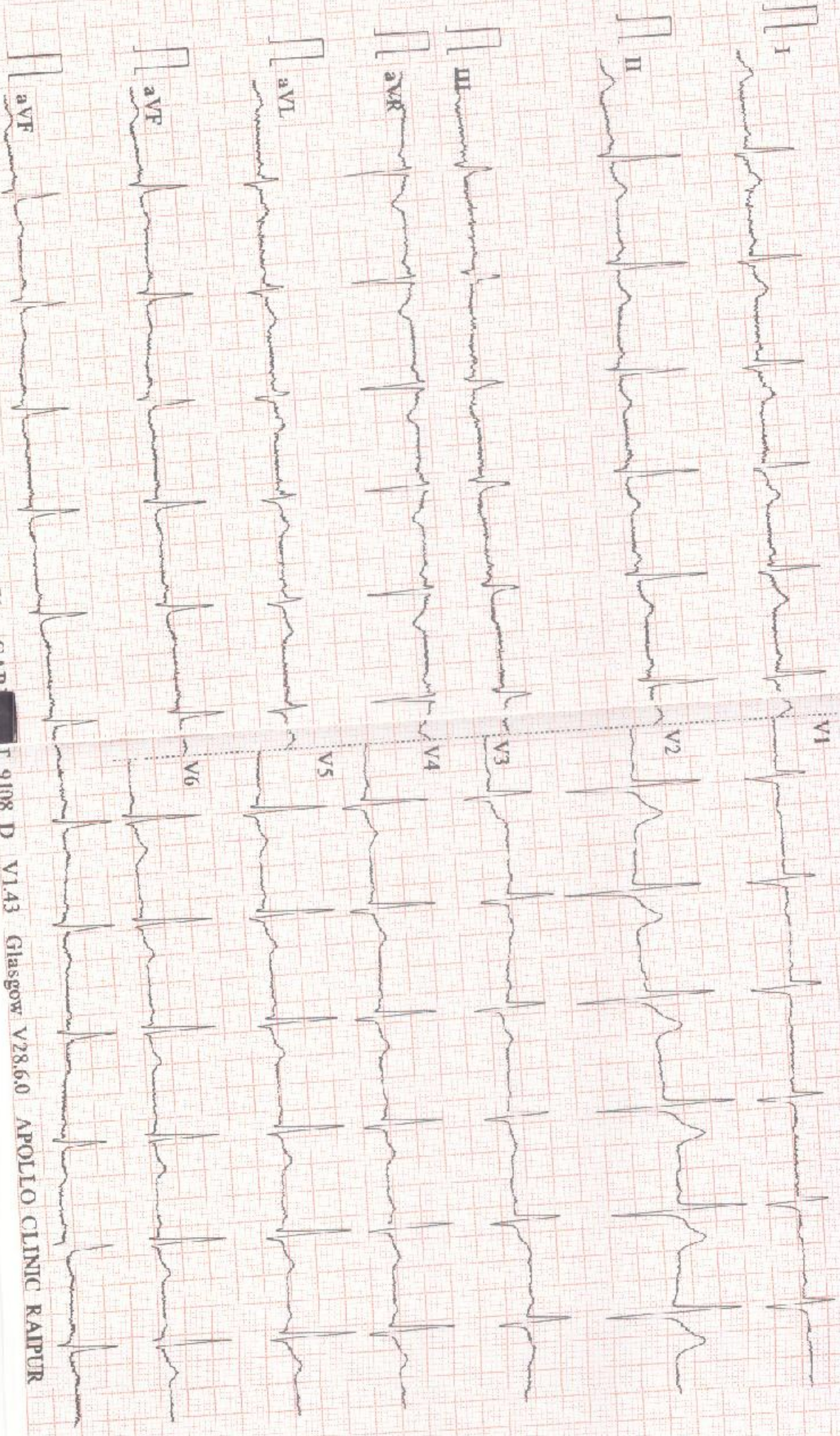
04-03-2024 08:49:39 AM
HR : 76 bpm
P : 102 ms
PR : 146 ms
QRS : 108 ms
QT/QTc : 374/421 ms
P/QRS/T : 39/51/21 °
RV5/SV1 : 1.22/2.06/66 mV

Diagnosis Information:
Sinus rhythm
Small inferior Q waves noted: probably normal ECG
Normal ECG



Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 358312014
Apollo Clinic, Raipur

Report Confirmed by:



ACTA AC50 25mm/s 10mm/mV 2*5.0s+1r 76 CAR T 9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

Mrs. Pradeep Thawat 40Y/M
04/03/24

Ht - 173cm
wt - 71kg
BP - 120/80
P - 74b/min

No known H10 DM / HMG

CBC - 12.9 | 4.43 | 4.88 | 248 | 10
FBS - 88.0 | PP - 139.0
KFT - 10 | 1.04 | 4.45
Lipid - 149.0 | 65.0 | 41.0 | 95
LFT - 26 | 33 | 71 u/L
HBA1C - 5.6 +
PSA - 4.10
TSH - 2.42

⚡
- Cap Carvedin 1/2 ^{step up} + 30 days
- High pos proteinuria
 < 2+ + 1 glup
 < 2+ max

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 (WCOJ, 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

4/8/24

Mr. Poadeep K. Thawari
40/M

clc - pt came for routine dental checkup.

DH - Restored $\frac{7}{7}$

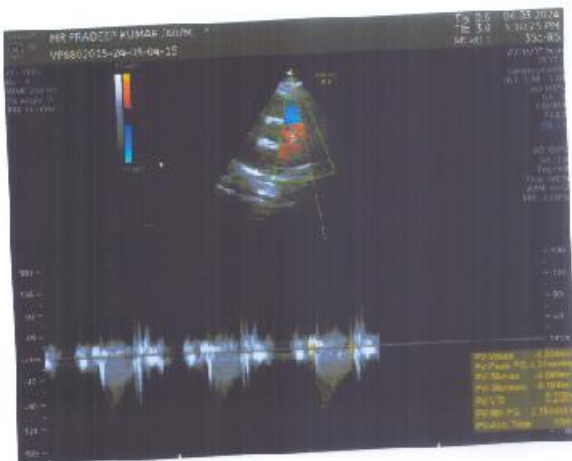
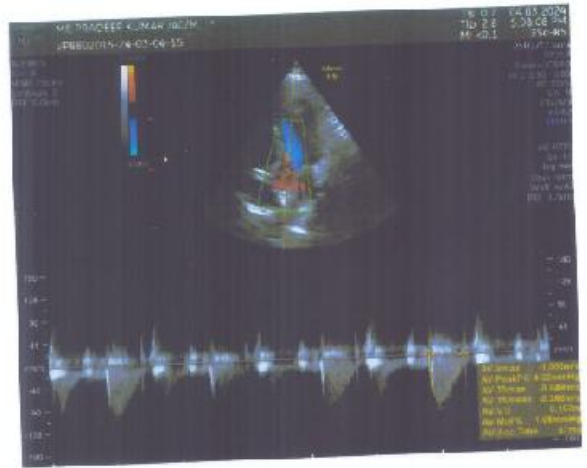
ole - Attrited in $\frac{6}{6}$ & occlusal facet.

Adm Resm in $\frac{6}{6}$

Rx

EISENZ toothpaste 





ECHOCARDIOGRAPHY REPORT

NAME : MR. PRADEEP KUMAR THAWAIT	Age/Sex: 40Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 04/03/2024	REGN. NO. : FRAI.0000020604
Ref.By Dr : UNION BANK		

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 = 1.3	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.3	0.6 – 1.1
LA Dimension	3.0	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.4	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.

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, DIP. CARDIOLOGY
CONSULTANT, DEPT. OF NIC

Patient Name : MR PRADEEP KUMAR THAWAIT
UHID/ MR No : 9497
Visit Date : 04/03/2024
Sample Collected On : 04/03/2024 04:35PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 04/03/2024 06:31PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	12.9	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.43	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	38.70	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	87.4	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.1	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	16.5	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	4.88	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	41	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	52	%	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
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR PRADEEP KUMAR THAWAIT
UHID/ MR No : 9497
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Sample Collected On : 04/03/2024 04:35PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 40 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 04/03/2024 06:31PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	248	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

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



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UHID/ MR No : 9497
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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	139.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	88.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.04	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.45	mg/dL	2.6 - 7.2

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Sponsor Name :

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OP Visit No : OPD-UNIT-II-2
Reported On : 04/03/2024 06:31PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	149.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	65.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	41.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	95	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	13	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.63		3.5-5
Method: Spectrophotometric			

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
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UHID/ MR No : 9497
Visit Date : 04/03/2024
Sample Collected On : 04/03/2024 04:35PM
Ref. Doctor : SELF
Sponsor Name :


Age/Gender : 40 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 04/03/2024 06:31PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	1.0	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.80	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	26	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	33	U/L	0 - 41
ALKALINE PHOSPHATASE	71	U/L	25-147
Total Proteins Method: Spectrophotometric	6.5	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.95	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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0771 4033341

Patient Name : MR PRADEEP KUMAR THAWAIT **Age/Gender** : 40 Y. Male
UHID/ MR No : 9497 **OP Visit No** : OPD-UNIT-II-1
Visit Date : 04/03/2024 **Reported On** : 04/03/2024 06:31PM
Sample Collected On : 04/03/2024 04:35PM
Ref. Doctor : SELF
Sponsor Name :


BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.6	%	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: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
 - 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 dete

End of Report
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Lab Technician / Technologist
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Patient Name : MR PRADEEP KUMAR THAWAIT **Age/Gender** : 40 Y Male
UHID/ MR No : 9497 **OP Visit No** : OPD-UNIT-II-2
Visit Date : 04/03/2024 **Reported On** : 04/03/2024 06:31PM
Sample Collected On : 04/03/2024 04:35PM
Ref. Doctor : SELF
Sponsor Name :

IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
PSA - TOTAL			
PSA-TOTAL		ng/ml	<4.0
Bordeerline : 4 - 10			

10 - 49 years: 1.5
 50 - 59" : 2.5
 60 - 69" : 4.5
 70 - 79" : 7.5

1. PSA is detected in serum of males with normal, benign hypertrophic and malignant prostatitis.
2. Measurement of serum PSA level is not recommended as a screening procedure for the diagnosis of cancer, because elevated PSA levels also are observed in patients with benign prostatic hypertrophy.
3. The fact that PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy when used in conjunction with other diagnostic indices.

METHOD: Fluorometric Immunoassay (Done with mini VIDAS Bio Meriux France)

PATHOLOGIST *All Reports Require Clinical Interpretation, please consult your Doctor

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



Patient Name : Mr.PRADEEP KUMAR THAWAIT	Collected : 04/Mar/2024 04:24PM
Age/Gender : 40 Y 0 M 0 D / M	Received : 04/Mar/2024 04:49PM
UHID/MR No : DSUS.0000006621	Reported : 04/Mar/2024 06:46PM
Visit ID : DSUSOPV7727	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)	1.02	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	7.50	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.420	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

- 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.
- 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.
- 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.
- 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 ***

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Apollo Clinic
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LICENSEE, SAMRIDDHI AROGYAM PVT. LTD.
M.B.B.S, M.D(Pathology)

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Patient Name :	MR PRADEEP KUMAR THAWAIT	Age/Gender :	40 Y Male
UHID/ MR No :	9497	OP Visit No :	OPD-UNIT-II-2
Visit Date :	04/03/2024	Reported On :	04/03/2024 06:31PM
Sample Collected On :	04/03/2024 04:35PM		
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	1.000		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	1 - 2	/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 5 of 9

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY