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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

Mr. Puneet Rai 19/03/24
Age - 41 y/m

BP - 140/80
P - 100/mt
H - 174 c.m
Wt - 100 kg

k/c/o HTN (+ Medication)

CBC - 15.0/4.82/5,110/206
HBA1C - 6.2
Vit D - 12.61
Vit B12 - 204
PSA - 0.410
FBS - 109, PP - 129.0
Creat - 1.15
Urea - 12
Lipid - 178/155/41/106
LFT - 25/18/96
G1 FL
GR [illegible]

Rx

- Cap D Rise 60K once a week × 8 weeks
- Tab Swificaf 1 tab [illegible] × 3 month
- Cap Acilinds [illegible] × 30 d

Continue old medicine

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

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. Puneet Rai 16/3/24

41/M

C/C → It has come for routine dental checkup

O/E → Stains +
Calculus ++

Adv → Complete Oral Prophylaxis

YB

APOLLO CLINIC RAIPUR

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EXAMINATION OF EYES :-(BY OPHTALMOLOGIST)

Patient Name ...Mr. Puneet Rai... Date...16/08/24...

Sex/Age ...M/41Y ear... MR No ..... Employee Id .....

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

	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				

REMARKS :-

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

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NAME OF PATIENT: MR. PUNEET RAI **AGE: 41YRS/MALE**

REFERRED BY: UNION BANK **DATE: 16/03/2024.**

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.

APOLLO CLINIC RAIPUR

Dr. Zeeshan Ateeb Dar
MBBS, MD
Consultant Radiologist
BMC-2524/2

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. PUNEET RAI	**AGE/SEX: 41 YRS/M**
REF BY :- UNION BANK	**DATE:- 16.03.2024**

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 cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.90X4.92cm	10.00X5.19cm
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 30.236 CC gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadernopathy seen.

IMPRESSION;

- **GRADE - II FATTY LIVER**
- **GRADE – I PROSTATOMEGALY**

Advised clinical correlation/further evaluation if clinically indicated.

APOLLO CLINIC RAIPUR

Dr. Zeeshan Ateeb Dani
MBBS
Consultant
Reg. No. CGMC-2324/2

DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

*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.

ID: 559
MR PUNEET RAI
Male 41Years

18-03-2024 07:00:46 PM

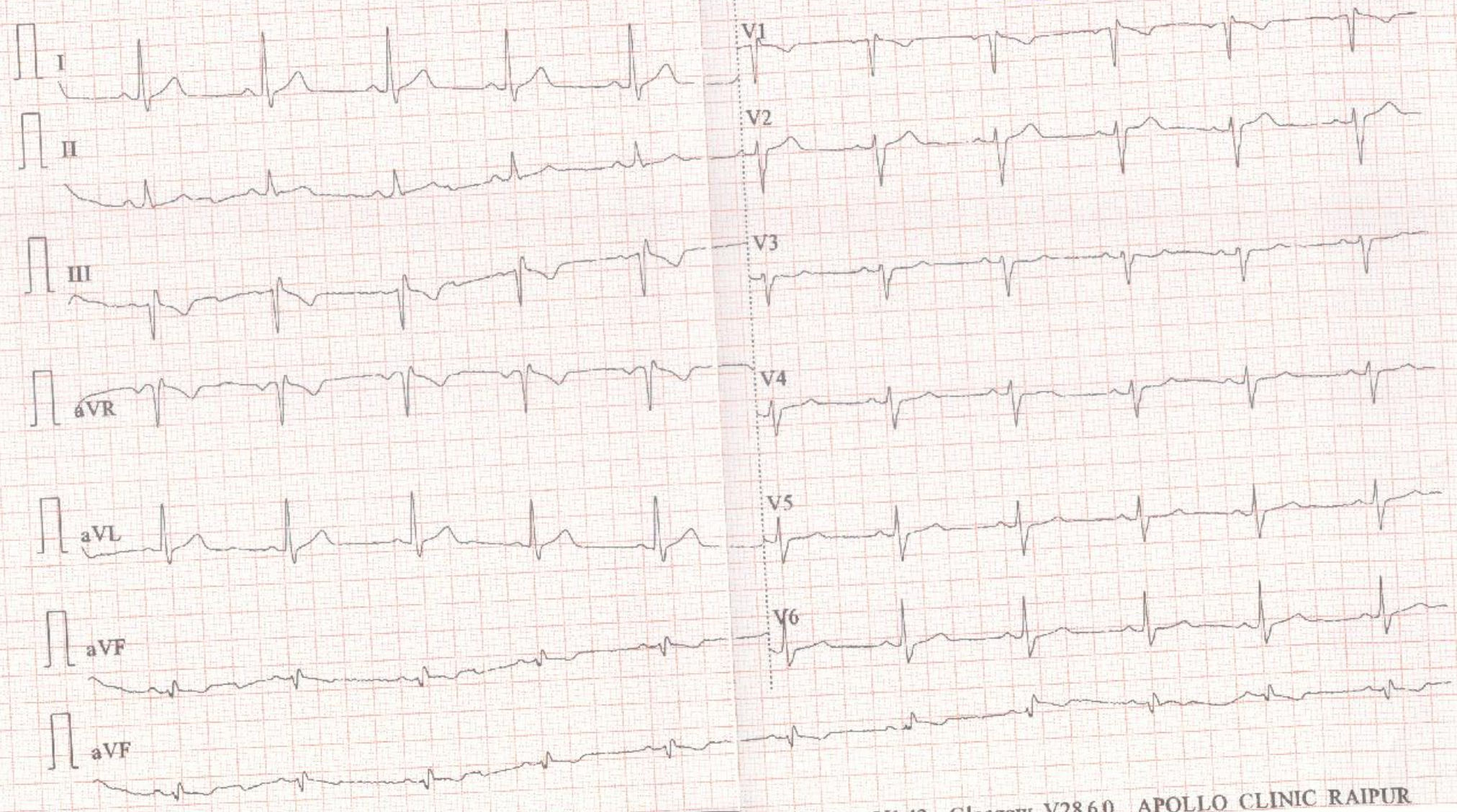
HR	: 67	bpm	
P	: 108	ms	
PR	: 144	ms	
QRS	: 100	ms	
QT/QTc	: 386/408	ms	
P/QRS/T	: 29/3/-6	°	
RV5/SV1	: 0.491/0.667	mV	

Diagnosis Information:
Sinus rhythm
Inferior infarct - age undetermined
Possible anterior infarct - age undetermined
Abnormal ECG

Report Confirmed by:

APOLLO RAIPUR CLINIC

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



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥67 CA[redacted]RT 9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

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Patient Name	: Mr.PUNEET RAI	Collected	: 16/Mar/2024 04:29PM
Age/Gender	: 41 Y 0 M 0 D /M	Received	: 16/Mar/2024 05:40PM
UHID/MR No	: DSUS.0000006841	Reported	: 16/Mar/2024 07:03PM
Visit ID	: DSUSOPV7978	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO	:	Patient location	: Raipur,Raipur

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	15.0	g/dL	13-17	Spectrophotometer
PCV	45.20	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.82	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	93.8	fL	83-101	Calculated
MCH	31.2	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	**14.5**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,110	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	50.7	%	40-80	Electrical Impedance
LYMPHOCYTES	38.5	%	20-40	Electrical Impedance
EOSINOPHILS	1.8	%	1-6	Electrical Impedance
MONOCYTES	7.9	%	2-10	Electrical Impedance
BASOPHILS	1.1	%	<1-2	Electrical Impedance
CORRECTED TLC	5,110	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2590.77	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1967.35	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	91.98	Cells/cu.mm	20-500	Calculated
MONOCYTES	403.69	Cells/cu.mm	200-1000	Calculated
BASOPHILS	56.21	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.32		0.78- 3.53	Calculated
PLATELET COUNT	206000	cells/cu.mm	150000-410000	Electrical impedence

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

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Patient Name	: Mr.PUNEET RAI	Collected	: 16/Mar/2024 04:29PM
Age/Gender	: 41 Y 0 M 0 D /M	Received	: 16/Mar/2024 05:44PM
UHID/MR No	: DSUS.0000006841	Reported	: 16/Mar/2024 07:13PM
Visit ID	: DSUSOPV7978	Status	: Final Report
Ref Doctor	: Dr.SELF	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	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	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)

DR.MAKAL KUJUR
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Patient Name	: MR PUNEET RAI	**Age/Gender**	: 41 Y Male
UHID/ MR No	: 9764	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 16/03/2024	**Reported On**	: 18/03/2024 10:11AM
Sample Collected On	: 16/03/2024 05:57PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Blood Group (ABO Typing)			
Blood Group (ABO Typing)	O		
RhD factor (Rh Typing)	POSITIVE		

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
path

DR DHANANJAY RAMCHANDRA PRASA
M.D. PATHOLOGY

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Patient Name	: Mr.PUNEET RAI	Collected	: 16/Mar/2024 04:29PM
Age/Gender	: 41 Y 0 M 0 D /M	Received	: 16/Mar/2024 05:40PM
UHID/MR No	: DSUS.0000006841	Reported	: 16/Mar/2024 06:53PM
Visit ID	: DSUSOPV7978	Status	: Final Report
Ref Doctor	: Dr.SELF	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*	12.61	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*	204	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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Consultant Pathologist

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Patient Name	: Mr.PUNEET RAI	Collected	: 16/Mar/2024 04:29PM
Age/Gender	: 41 Y 0 M 0 D /M	Received	: 16/Mar/2024 05:40PM
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IP/OP NO	:	Patient location	: Raipur,Raipur

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.

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ECHOCARDIOGRAPHY REPORT

NAME : MR. PUNEET RAI	Age/Sex: 41Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 18/03/2024	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 = 1.2 ES = 1.5	0.6 – 1.1
AorticValve Opening	1.8	1.5 – 2.6	PW Thickness	ED = 1.2 ES = 1.5	0.6 – 1.1
LA Dimension	3.7	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	5.1	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.8	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.
MILD CONCENTRIC LVH PRESENT.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.

APOLLO RAIPUR CLINIC

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

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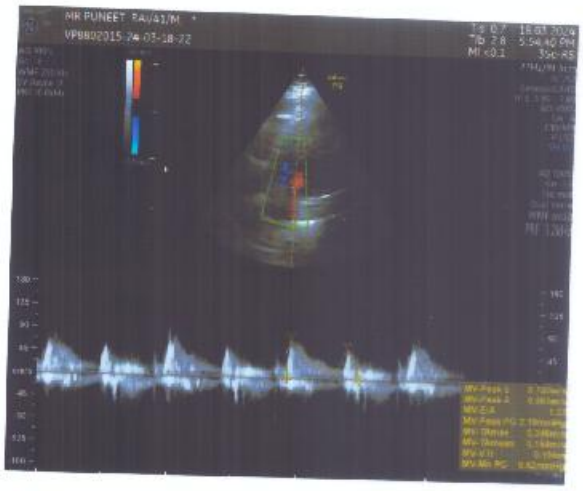

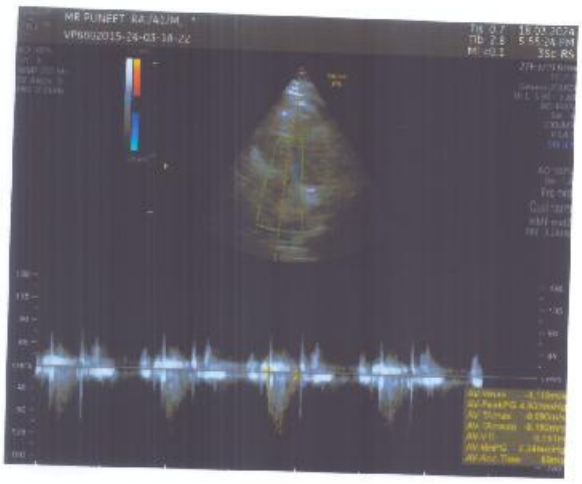

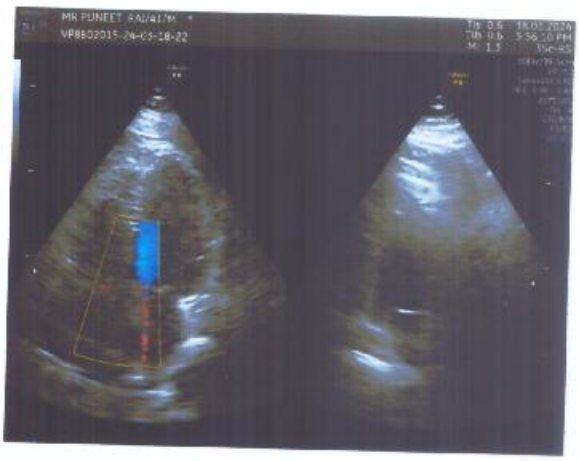

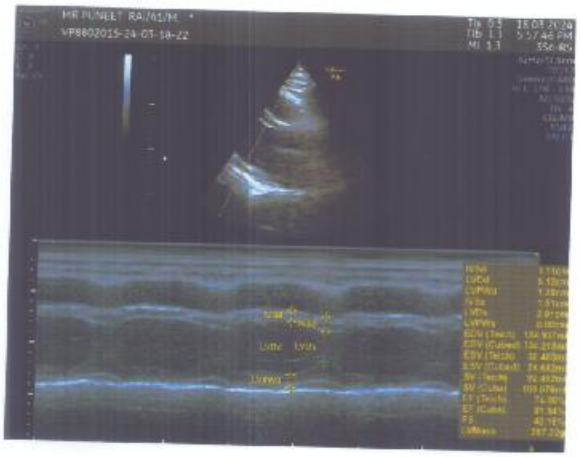

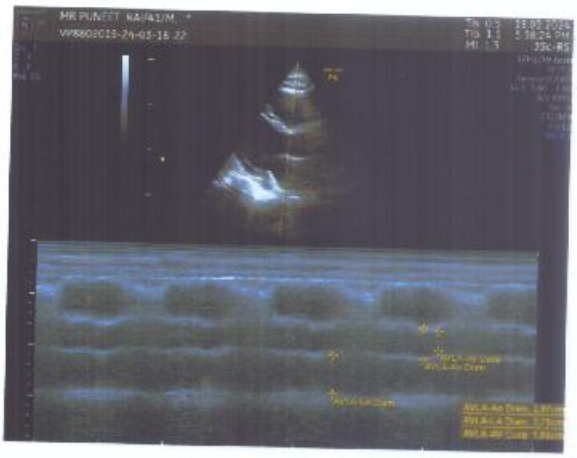

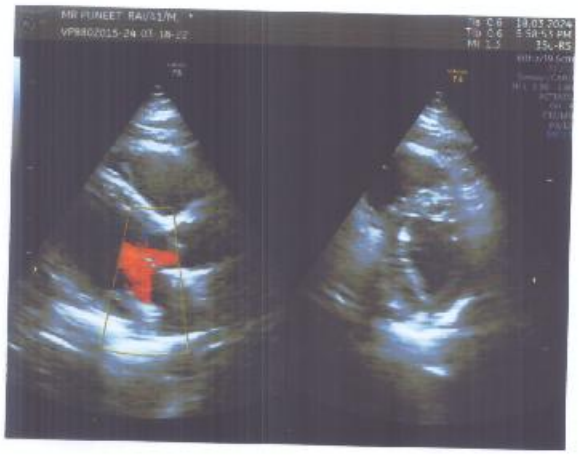

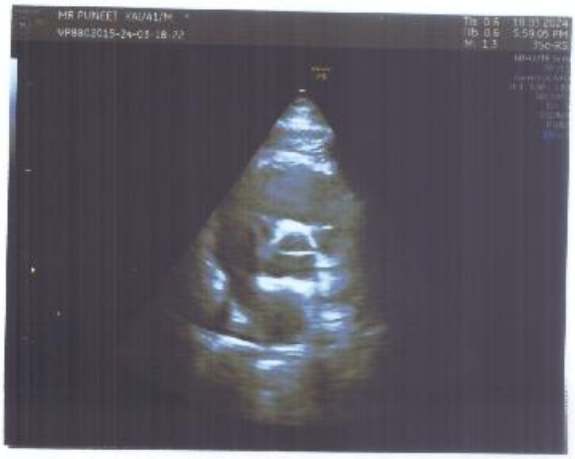

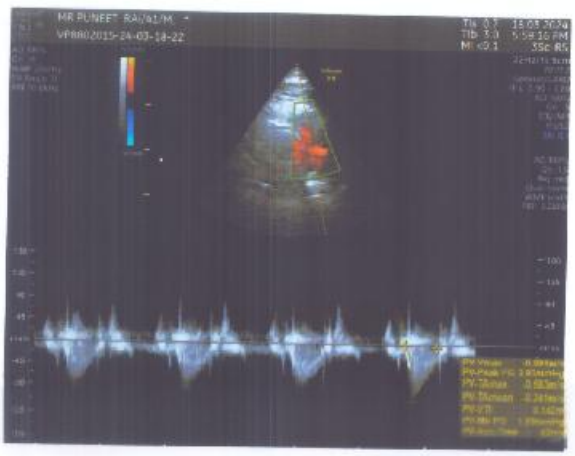

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MC-2438

Patient Name	: Mr.PUNEET RAI	Collected	: 16/Mar/2024 04:29PM
Age/Gender	: 41 Y 0 M 0 D /M	Received	: 17/Mar/2024 12:53PM
UHID/MR No	: DSUS.0000006841	Reported	: 17/Mar/2024 01:38PM
Visit ID	: DSUSOPV7978	Status	: Final Report
Ref Doctor	: Dr.SELF	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*	0.410	ng/mL	0-4	CLIA

*** End Of Report ***

K. Anusha

Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

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CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

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SIN No:IM07168499
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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Patient Name	: MR PUNEET RAI	**Age/Gender**	: 41 Y Male
UHID/ MR No	: 9764	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 16/03/2024	**Reported On**	: 18/03/2024 10:11AM
Sample Collected On	: 16/03/2024 05:57PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	129.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	109.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	12	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.15	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotomatric	4.3	mg/dL	2.6 - 7.2

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
path

DR DHANANJAY RAMCHANDRA PRASA
M.D. PATHOLOGY

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Patient Name	: MR PUNEET RAI	**Age/Gender**	: 41 Y Male
UHID/ MR No	: 9764	**OP Visit No**	: OPD-UNIT-II-2
Visit Date	: 16/03/2024	**Reported On**	: 18/03/2024 10:11AM
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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	178.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	155.0	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	106	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotomatric			
VLDL Cholesterol	31	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.34		3.5-5
Methode: Spectrophotometric			

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.6	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Mathod: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	25	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	18	U/L	0 - 41
ALKALINE PHOSPHATASE	96	U/L	25-147
Total Proteins Method: Spectrophotometric	7.2	g/dl	6 - 8
Albumin Method: Spectrophotometric	3.6	mg/dl	3.4 - 5.0
Globulin Mathod: Calculated	**4.4**	g/dl	1.8 - 3.6
A/G Ratio Mathod: Calculated	1.8	%	1.1 - 2.2

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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	1.015		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	Occasional	/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	

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