


wt - 72 kg
H - 164 cm
BP - 140/90
P - 80 mb

Mr Birkash Ransan Poojg
Age - 42 y / m

EBC - 13.9 / 4.48 / 6.54 / 146 / 10
RBS - F - 118.0 / PP - 150.0
Creatinine - 0.96
U. Acid - 4.01
Lipid - 112.0 / 98.0 / 40.0 / 52.40
LFT - 31 / 38 / 114
Vit. D - 5.03
Vit B₁₂ = 152
GIT RL

← carb intake once a week + 8 week
← carb swapped last 2 wks + 30 d
← Carb Medica 2m till 2 wks + 30 d


Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/201
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. Bikash Ranjan Panda,
42/01.

19/3/2024

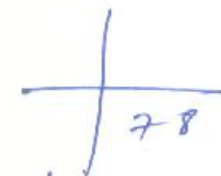
Cl₂ Pt came for routine dental check up

O/E stain & Calc

- occlusal pit cari^e 

- Missing 

Adv - oral prophylaxis -

- Restorati^e 

- Bridge / Implant 



ID: 569
MR BIKASH RANJAN PANDA
Male 42Years

19-03-2024 12:42:01 PM

HR : 103 bpm
P : 106 ms
PR : 156 ms
QRS : 80 ms
QT/QTc : 312/409 ms
PQRS/T : 41/42/61
RV5/SV1 : 1.882/1.444 mV

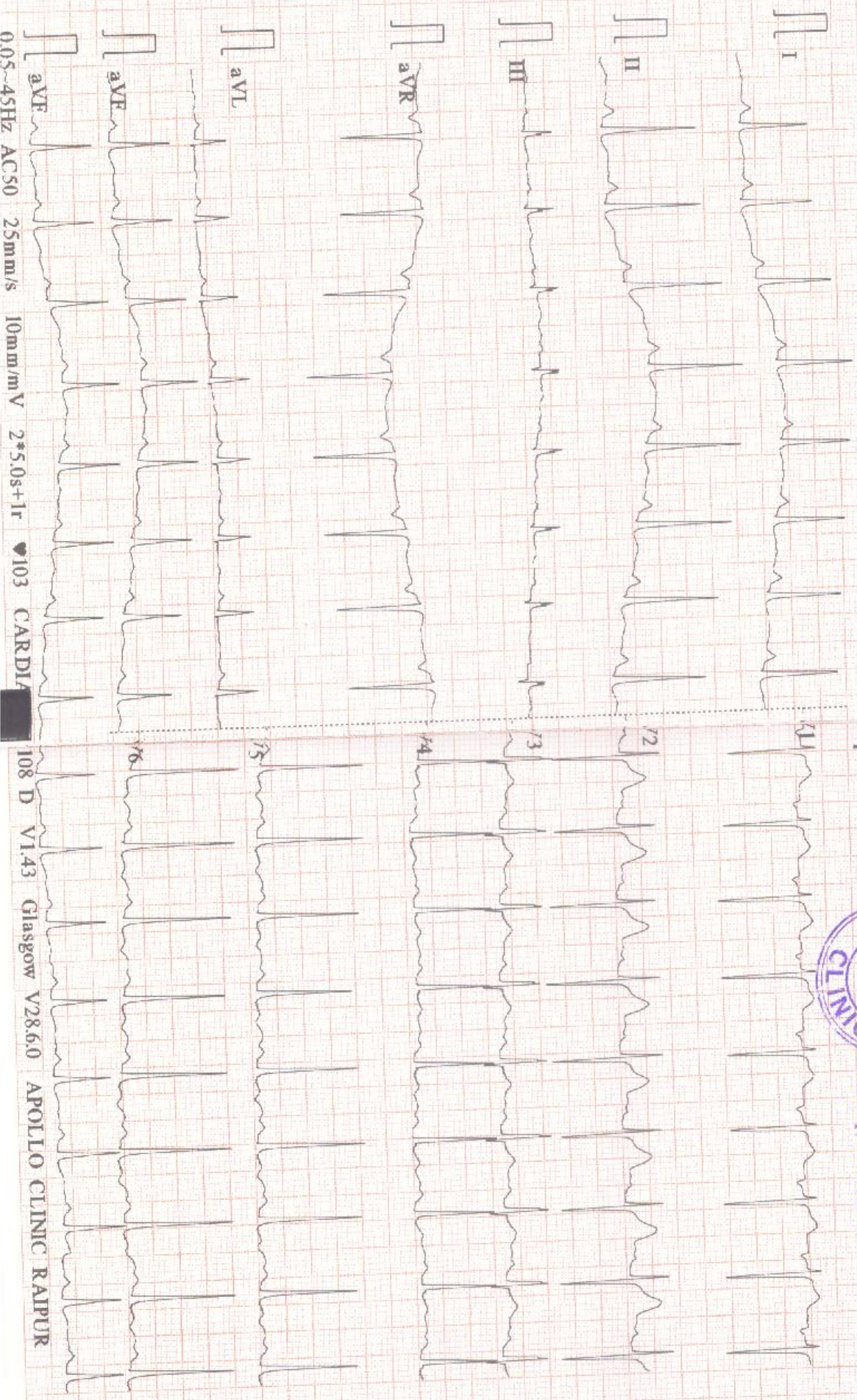
Diagnosis Information:

Sinus tachycardia
Lateral T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by



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 103 CARDIA

108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

ECHOCARDIOGRAPHY REPORT

NAME : MR. BIKASH RANJAN PANDA	Age/Sex: 42Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 19/03/2024	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	2.7	2.0 – 3.7	IVS Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
AorticValve Opening	1.7	1.5 – 2.6	PW Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
LA Dimension	2.8	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.1	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.2	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. DEERAN DAS
MBBS, DIP. CARDIOLOGY
CONSULTANT DEPT. OF NIC

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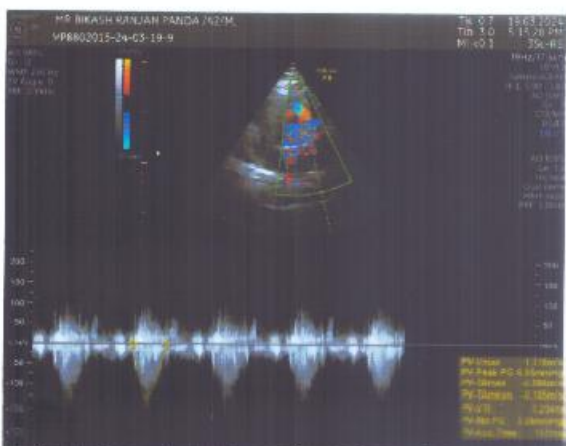
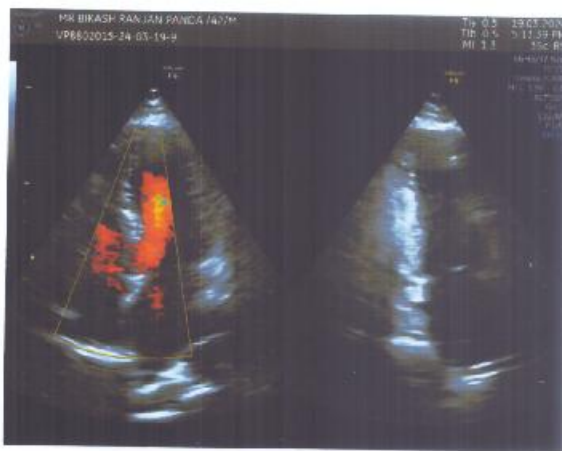
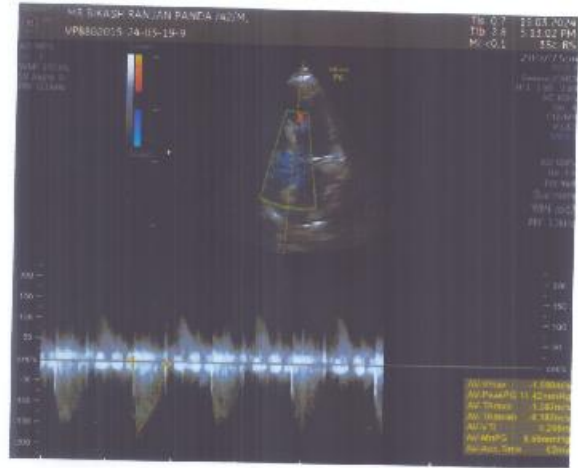
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 **0771 4033341**



PATIENT NAME:- MR. BIKASH RANJAN PANDA
REF BY :- UNION BANK

AGE/SEX: 42 YRS/M
DATE:- 19.03.2024

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	9.01X4.71cm	10.45X4.97cm
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 29.111 cc gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- **GRADE - II FATTY LIVER**

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 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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 **0771 4033341**

NAME OF PATIENT: MR. BIKASH RANJAN PANDA

AGE: 42YRS/MALE

REFERRED BY: UNION BANK

DATE: 19/03/2024

CHEST X - RAY PA VIEW

FINDINGS:

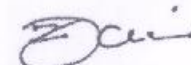
- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.




Dr. Zeeshan Ateeb Dani
DR. ZEESHAN ATEEB DANI
MBBS, MD (MD)
Consultant RADIOLOGIST
Reg. No. CGMC-2334/2008

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. Bikash Ranjan Pandey

Date 19/03/24

Sex/Age M/42

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. CGMC 621/2006

Patient Name : MR BIKASH RANJAN PANDA
 UHID/ MR No : 9803
 Visit Date : 19/03/2024
 Sample Collected On : 19/03/2024 01:56PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 42 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 19/03/2024 05:45PM

HAEMATOTOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	13.9	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.48	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	41.70	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	93.1	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	31.0	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	13.8	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.54	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	53	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	41	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Monocytes Method: CELL COUNTER	04	%	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
 path

Page 4 of 5

DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR BIKASH RANJAN PANDA
UHID/ MR No : 9803
Visit Date : 19/03/2024
Sample Collected On : 19/03/2024 01:56PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 42 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 19/03/2024 05:45PM


HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	146	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)	O		
RhD factor (Rh Typing)	POSITIVE		

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
path

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Patient Name : MR BIKASH RANJAN PANDA
 UHID/ MR No : 9803
 Visit Date : 19/03/2024
 Sample Collected On : 19/03/2024 01:56PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 42 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 19/03/2024 05:45PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	150.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	118.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.96	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.01	mg/dL	2.6 - 7.2

End of Report
 Results are to be corelated clinically

Lab Technician / Technologist
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Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAI
 M.D. PATHOLOGY

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 Sample Collected On : 19/03/2024 01:56PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 42 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 19/03/2024 05:45PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	112.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	98.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	40.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	52.40	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	19.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.80		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR BIKASH RANJAN PANDA
 UHID/ MR No : 9803
 Visit Date : 19/03/2024
 Sample Collected On : 19/03/2024 01:56PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 42 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 19/03/2024 05:45PM

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) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	31	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	38	U/L	0 - 41
ALKALINE PHOSPHATASE	114	U/L	25-147
Total Proteins Method: Spectrophotometric	6.6	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.75	%	1.1 - 2.2

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR BIKASH RANJAN PANDA
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 Sample Collected On : 19/03/2024 01:56PM
 Ref. Doctor : SELF
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Age/Gender : 42 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 19/03/2024 05:45PM

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	1.010		1.001 - 1.030
Reaction (pH)	6.5		
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	

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY



Patient Name : Mr.BIKASH RANJAN PANDA	Collected : 19/Mar/2024 12:45PM
Age/Gender : 42 Y 0 M 0 D /M	Received : 19/Mar/2024 02:07PM
UHID/MR No : DSUS.0000006906	Reported : 19/Mar/2024 05:18PM
Visit ID : DSUSOPV8048	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI 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	5.03	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.




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Apollo Clinic
DR. MAHESH KUMAR
LICENSURE SAMRIDDI ABOGYAM PVT LTD.
M.B.B.S, M.D (Pathology)


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0771 403341

Patient Name : Mr. BIKASH RANJAN PANDA	Collected : 19/Mar/2024 12:45PM
Age/Gender : 42 Y 0 M 0 D / M	Received : 19/Mar/2024 02:07PM
UHID/MR No : DSUS.0000006906	Reported : 19/Mar/2024 05:11PM
Visit ID : DSUSOPV8048	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI AR
IP/OP NO :	Patient location : Raipur, Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12 , SERUM	152	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. 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.

*** End Of Report ***

Result/s to Follow:
HBA1C (GLYCATED HEMOGLOBIN)



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0771 403341

Patient Name : Mr. BIKASH RANJAN PANDA	Collected : 19/Mar/2024 12:45PM
Age/Gender : 42 Y 0 M 0 D /M	Received : 19/Mar/2024 02:07PM
UHID/MR No : DSUS.0000006906	Reported : 19/Mar/2024 07:22PM
Visit ID : DSUSOPV8048	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IPI/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	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	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.

- HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1c values is a better indicator of Glycemic control than a single test.
- 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.
- 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.
- 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 ***



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