

CSNB Dr Prasad Roy MS ENT

1/4/24

Name - Mr. Vinay Kumar Pathak Age: 54/yr

No Active Complaint at present

on Ex Rx of

EAC clear clear



above BU 7m intact

Throat / A/D B/Clea

Throat (diagram) p/po clear

BP - 130/70

P - 88/ct

H - 168

wt - 73 kg

ENT Examination done



Prasad
1/4/24

PATIENT NAME:- MR. MRITUNJAY KUMAR PATHAK
REF BY :- UNION BANK

AGE/SEX:- 54 YRS/M
DATE:-01.04.2024

USG ABDOMEN

Liver: Liver is normal in size ,smooth in outline with normal echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

Gall bladder: CONTRACTED (PATIENT IS NOT NIL ORALIY)

Pancreas & Paraaortic Region: Normal.

Spleen: Is normal in size and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.79X5.12cm	9.80X4.93cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Urinary bladder.- Distended & normal..

Prostate: is normal in size. shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- **USG abomen within normal limit.**

Advised clinical correlation/further evaluation if clinically indicated.




DR. ANIL WASTI
SONOLOGIST REG.NO. CGMC-1471

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.

Maitray
Kumar
Patel

Rx

Chloro

Mocethes

Worm

Scenic
Mocethes



NAME OF PATIENT; MR. MRITUNJAY KUMAR PATHAK

AGE: 54YRS/MALE

REFERRED BY: UNION BANK

DATE: 01/04/2024

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 L.
M.B.B.S.
Consultant Radiologist
Reg. No. CGMC-2324/20
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

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ID: 77
MR MRITUNJAY KUMAR PATHAK
Male 54Years

01-04-2024 09:47:37 AM

HR : 70 bpm
P : 86 ms
PR : 128 ms
QRS : 84 ms
QT/QTc : 374/404 ms
PQRS/T : 29/60/2 °
RV5/SVI : 1.091/0.916 nV

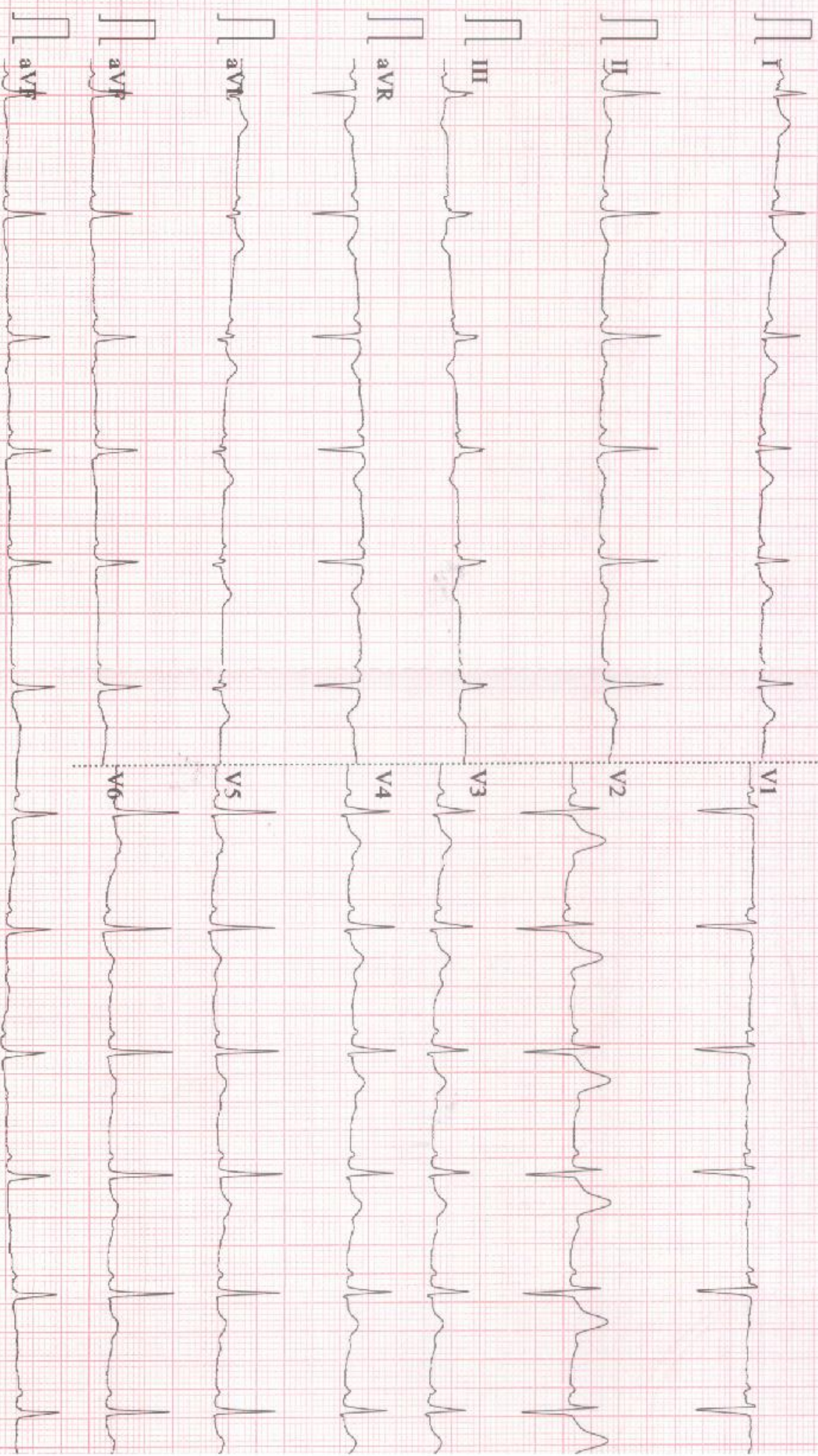
Diagnosis Information:

Sinus rhythm
Normal ECG



Report Confirmed by

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



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 70

RDIART 9108 D V1.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Mohit Kumar Pattnaik Date 1/03/2024

Sex/Age M/54 year

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>WNL</u> (LE):- <u>WNL</u>				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):- <u>6/18 24 6/6</u> (LE):- <u>6/18 24 6/6</u>				
NEAR VISION:(RE):- <u>N18 24 N6</u> (LE):- <u>N18 24 N6</u>				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT	<u>+1.25</u>		<u>—————</u>	<u>+2.25</u>
LEFT	<u>+1.25</u>		<u>—————</u>	<u>+2.25</u>
REMARKS :-				

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



Patient Name : MR MRITUNJAY KUMAR PATHAK
UHID/ MR No : 10057
Visit Date : 01/04/2024
Sample Collected On : 01/04/2024 04:35PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 54 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 02/04/2024 07:50PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	12.6	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.23	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	37.80	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	89.4	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.8	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	15.6	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.08	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	56	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	30	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	08	%	1-6%
Monocytes	06	%	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



Patient Name : MR MRITUNJAY KUMAR PATHAK
UHID/ MR No : 10057
Visit Date : 01/04/2024
Sample Collected On : 01/04/2024 04:35PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 54 Y. Male
OP Visit No : OPD-UNIT-II-1
Reported On : 02/04/2024 07:50PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	188	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren`s Method	10	mm /HR	0 - 10

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic



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Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

 **+91 96918 26363**
 **0771 4033341/42**

Patient Name : MR MRITUNJAY KUMAR PATHAK
UHID/ MR No : 10057
Visit Date : 01/04/2024
Sample Collected On : 01/04/2024 04:35PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 54 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 02/04/2024 07:50PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	130.0	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	09	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.75	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.65	mg/dL	2.6 - 7.2

End of Report
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Lab Technician / Technologist
path



Patient Name : MR MRITUNJAY KUMAR PATHAK
UHID/ MR No : 10057
Visit Date : 01/04/2024
Sample Collected On : 01/04/2024 04:35PM
Ref. Doctor : SELF
Sponsor Name :

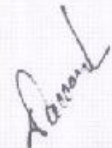
Age/Gender : 54 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 02/04/2024 07:50PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	121.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	69.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	65.20	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	13.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	2.88		3.5-5
Method: Spectrophotometric			

End of Report
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Lab Technician / Technologist
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Sample Collected On : 01/04/2024 04:35PM
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Sponsor Name :

Age/Gender : 54 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 02/04/2024 07:50PM


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	0.1	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.50	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	31	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	39	U/L	0 - 41
ALKALINE PHOSPHATASE	69	U/L	
Total Proteins Method: Spectrophotometric	6.4	g/dl	6 - 8
Albumin Method: Spectrophotometric	3.9	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.5	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.56	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



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 **0771 4033341/42**

Patient Name	: Mr.MRITUNJAY KUMAR PATHAK	Collected	: 01/Apr/2024 03:51PM
Age/Gender	: 54 Y 0 M 0 D /M	Received	: 01/Apr/2024 06:33PM
UHID/MR No	: DSUS.0000007058	Reported	: 01/Apr/2024 07:23PM
Visit ID	: DSUSOPV8218	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDI 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	5.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	117	mg/dL		Calculated

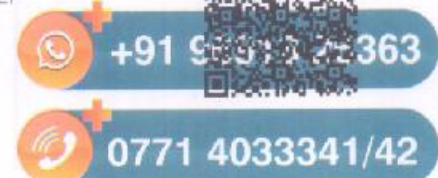
Comment:

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)



Patient Name	: Mr.MRITUNJAY KUMAR PATHAK	Collected	: 01/Apr/2024 03:51PM
Age/Gender	: 54 Y 0 M 0 D /M	Received	: 02/Apr/2024 01:51PM
UHID/MR No	: DSUS.0000007058	Reported	: 02/Apr/2024 02:42PM
Visit ID	: DSUSOPV8218	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)	1.29	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	8.85	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.875	µIU/mL	0.38-5.33	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

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

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Patient Name : Mr.MRITUNJAY KUMAR PATHAK	Collected : 01/Apr/2024 03:51PM
Age/Gender : 54 Y 0 M 0 D /M	Received : 02/Apr/2024 01:51PM
UHID/MR No : DSUS.0000007058	Reported : 02/Apr/2024 02:55PM
Visit ID : DSUSOPV8218	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	29	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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0771 4033341/42

Patient Name : Mr.MRITUNJAY KUMAR PATHAK	Collected : 01/Apr/2024 03:51PM
Age/Gender : 54 Y 0 M 0 D /M	Received : 02/Apr/2024 01:51PM
UHID/MR No : DSUS.0000007058	Reported : 02/Apr/2024 02:35PM
Visit ID : DSUSOPV8218	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 B12 , SERUM	150	pg/mL	107.2-653.3	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.

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.280	ng/mL	0-4	CLIA

*** End Of Report ***



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Sponsor Name :

Age/Gender : 54 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 02/04/2024 07:50PM

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)	6.0		
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	Not Seen

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
 path



ECHOCARDIOGRAPHY REPORT

NAME : MR. MRITUNJAY KUMAR PATHAK	Age/Sex: 54Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 01/04/2024	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	2.9	2.0 – 3.7	IVS Thickness	ED = 1.1 ES = 1.4	0.6 – 1.1
AorticValve Opening	1.9	1.5 – 2.6	PW Thickness	ED = 1.1 ES = 1.4	0.6 – 1.1
LA Dimension	3.2	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.7	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 , TRACE MR

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.
TRACE MITRAL REGURGITATION.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.




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

