

: MR SHASHI BHUSHAN PRADHAN

Age/Gender

: 46 Y . Male

UHID/ MR No

: 8830

OP Visit No

: OPD-UNIT-II-2

Visit Date

: 27/01/2024

Reported On

: 27/01/2024 07:38PM

Sample Collected On: 27/01/2024 01:10PM Ref. Doctor

: SELF

**Sponsor Name** 

#### BIO CHEMISTRY

BIO CHEIVIIS IK		
Observed Value	Unit	Biological Reference Interval
105.0	mg/dl	70-140
90.0	mg/dl	70 - 120
12	mg/dl	7 - 20
1.10	mg/dl	0.6-1.4
4.2	mg/dL	2.6 - 7.2
	Observed Value  105.0  90.0  12  1.10	Observed Value         Unit           105.0         mg/dl           90.0         mg/dl           12         mg/dl           1.10         mg/dl

#### **End of Report** Results are to be corelated clinically

Lab Technician / Technologist path

Page 1 of 9

DR DHANANJAY RAMCHANDRA PRASAD M.D. PATHOLOGY

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**BIO CHEMISTRY** 

	DIO CHEMIOTIC	•	
Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAG	pc)		
Cholesterol - Total	168.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	86.0	mg/dl	Normal: < 150 Borderline High: 150-199 Very High: >=500
Method: Spectrophotomatric			
HDL Cholesterol	42.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotomatric			None
LDL Cholesterol	108.80	mg/dl	Optimal:< 100 Near Optimal: 100 – 129 Borderline High: 130-159 High: 160-189 Very High : >=190
Method: Spectrophotomatric	Wiles to Lot		6 - 38
VLDL Cholesterol	17.20	mg/dl	
Total Cholesterol/HDL Ratio	4		3.5-5
Methode: Spectrophotometric			

## **End of Report**

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BIO CHEMISTRY

	BIO CHEMISTRY			
Investigation	Observed Value	Unit	Biological Reference Interval	
LIVER FUNCTION TEST			0.4.4.9	
Bilirubin - Total	0.9	mg/dl	0.1- 1.2	
Method: Spectrophotometric  Bilirubin - Direct	0.3	mg/dl	0.05-0.3	
Method: Spectrophotometric  Bilirubin (Indirect)	0.60	mg/dl	0 - 1	
Mathod: Calculated SGOT (AST)	30	U/L	0 - 40	
Method: Spectrophotometric SGPT (ALT)	38	U/L	0 - 41	
Method: Spectrophotometric ALKALINE PHOSPHATASE	78	U/L	25-147	
Total Proteins	6.7	g/dl	6 - 8	
Method: Spectrophotometric  Albumin	4.5	mg/dl	3.4 - 5.0	
Method: Spectrophotometric  Globulin	2.2	g/dl .	1.8 - 3.6	
Mathod: Calculated  A/G Ratio	2.0	%	1.1 - 2.2	
Mathod: Calculated				

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#### BIO CHEMISTRY

Investigation	Observed Value	Unit .	Biological Reference Interval
HbA1c (Glycosalated Ha	aemoglobin)		5.0 D
	5.6	%	Non- diabeticc:<=5.6, Pre-

Diabetic 5.7-6.4, Diabetic:>=6.5

1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).

2.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.

4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam

1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).

2.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.

4. Low glycated 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.

5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7\*A1c-46.7

Interference of Haemoglobinopathies in HbA1c estimation.

A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.

B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status

C. Heterozygous state dete

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#### **CLINICAL PATHOLOGY**

Investigation URINE ROUTINE EXAMINATION	Observed Value	Unit	Biological Reference Interval
Physical Examination			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		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	2-4	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	
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**End of Report** 

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Lab Technician / Technologist path

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DR DHANANJAY RAMCHANDRA PRASAD M.D. PATHOLOGY

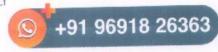
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HAEMATOLOGY

	HALMATOLOG	1.	
Investigation	Observed Value	Unit B	iological Reference Interval
<b>CBC - COMPLETE BLOOD COUNT</b>			
Haemoglobin(HB) Method: CELL COUNTER	13.5	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.42	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	40.50	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	74.7	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	24.9	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	12.7	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.08	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	61	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	33	%	15.0 - 45.0
Monocytes	04	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

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HAEMATOLOGY

MACINIATOLOGI

**Observed Value** 

Unit

Biological Reference Interval

Investigation
Platelet Count

165

lacs/cu.mm

150-400

Method: CELL COUNTER

 As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.

2. Test conducted on EDTA whole blood.

End of Report
Results are to be corelated clinically

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#### **HAEMATOLOGY**

Investigation

**Observed Value** 

Unit

Biological Reference Interval

ESR- Erythrocyte Sedimentation Rate

10

mm/HR

0 - 10

Method: Westergren's Method

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.

2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.

3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

#### Blood Group (ABO Typing)

Blood Group (ABO Typing)

RhD factor (Rh Typing)

**POSITIVE** 

**End of Report** Results are to be corelated clinically

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NAME OF PATIENT: MR. SHASHI BHUSHAN PRADHAN

AGE: 46YRS /MALE

REFERRED BY: BOB

DATE: 27/01/2024.

## 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.

Dan

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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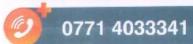
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PATIENT NAME:- MR. SHASHI BHUSHAN PRADHAN

REF BY :- BOB

AGE/SEX: 46 YRS/M

DATE: - 27.01.2024

### 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.

SIZE	10.81X4.38cm	10.99X4.32cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	Nil	Nil

Prostate: is enlarged in size measures weight 21.232 cc gm shape & echotexture.

No free fluid in abdomen

Visualized bowel loops are normal.

No significant intra-abdominal lymphadernopathy seen.

#### IMPRESSION:

USG abomen within normal limit.

Advised clinical correlation/further evaluation if clinically indicated.

DR. ZEESHAN ATEEB DANI CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be plinically correlated. Witrasound has its limitations in obese Apollo Clinic

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: DSUS.0000006232

Visit ID

: DSUSOPV7263

Ref Doctor IP/OP NO

: APOLLO CLINIC

Collected

: 27/Jan/2024 05:16PM

Received

: 27/Jan/2024 05:38PM

Reported

: 27/Jan/2024 07:02PM

Status

: Final Report

Client Name

: PUP APOLLO CLINIC SAMRIDDHI AR

Patient location

: Raipur, Raipur

#### DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Status	Unit	Bio, Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4	, TSH) , SERUM				
TRI-IODOTHYRONINE (T3,	1.25	Normal	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.40	Normal	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.660	Normal	μIU/mL	0.34-5.60	CLIA

#### Comment:

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

- 1. 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.
- 2. 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.
- 3. Both T4 & T3 provides limited clinical information as both arc highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

rsh	Т3	T4	FT4	Conditions
ligh	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
Iigh	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
V/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
_ow	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

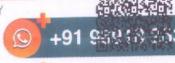
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Patient location

: Raipur, Raipur

#### DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.480	Normal	ng/mL	0-4	CLIA

\*\*\* End Of Report \*\*\*



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0771 4033341

## 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

> Shashi Bhushau Bradhour 46/M

27/1/24

1/1 > Pt has came for routine dental checkup O/E -> Stairs + Fender Proximal Carries ? 4/ Missing teeth & st GIC Restoration = 7/87/7 Tenderness + vei I

Oral Prophylaxis X-Ray ( 7) Restoration 2 4 Bridge & St

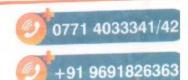
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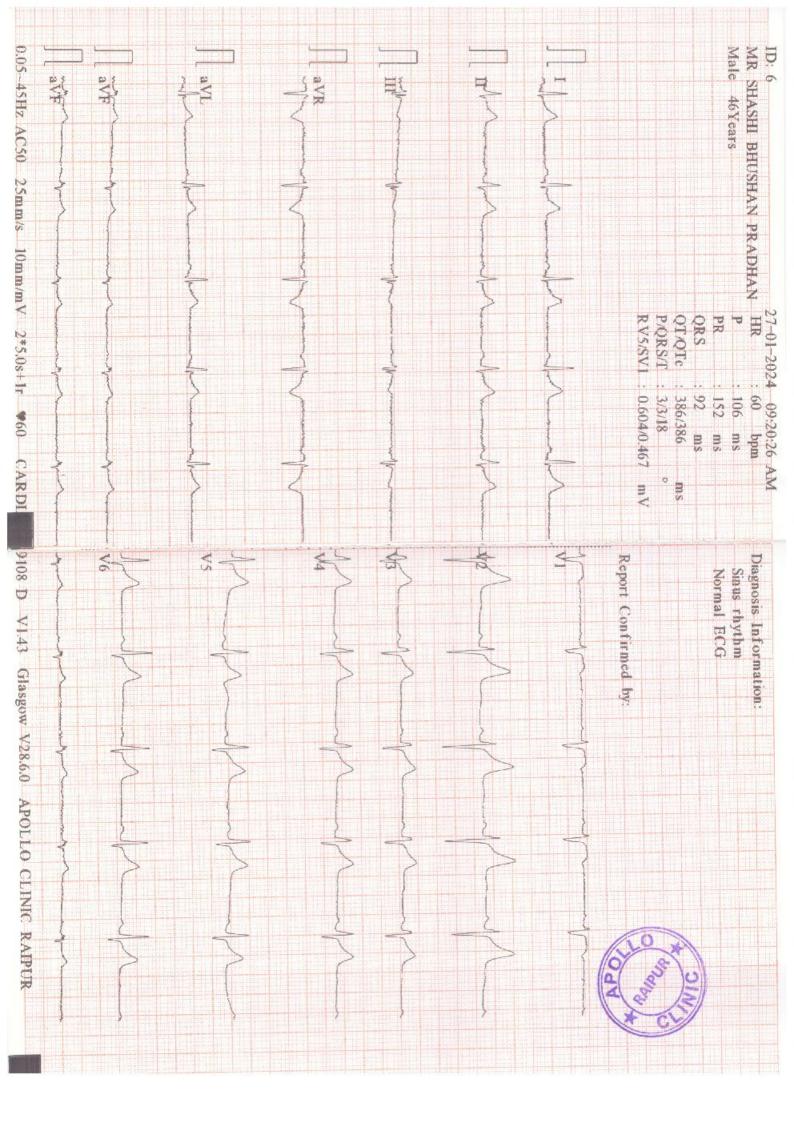
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## **EXAMINATION OF EYES :-( BY OPHTALMOLOGIST)**

XTERNAL EXAM	Y67 IINATION			¥
			<u> </u>	
QUINT	0		No '	
NYSTAGMUS				10
COLOUR VISION		100	em h (	
FUNDUS:(RE):-	w	) TV (LE	):- UM	
	OUR IDENTIFICAT		1:- 6/6	
DISTANT VISION			:- NIBE 41	<i>t</i> <sub>6</sub>
NIGHT BLINDNE	SS	1	NAP	
	SPH	CYL	AXIS	ADD
RIGHT		a		+1+>
LEFT				+175
REMARKS :-				- SIN
				11/20 (24)

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## ECHOCARDIOGRAPHY REPORT

NAME : MR. SHASHI BHUSHAN PRADHAN

Age/Sex: 46 Yrs/male

ECG: Sinus Rhythm

OPD/ IPD : OPD

STUDY DATE: 30/01/2024

REGN. NO.: FRAI.0000

Ref.By Dr : BOB

#### M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	3.0	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 = 1.0 ES = 1.3	0.6 - 1.1
LA Dimension	3.4	1.9 - 4.0	RA Dimension	***	2.6
LVID(D)	4.6	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.

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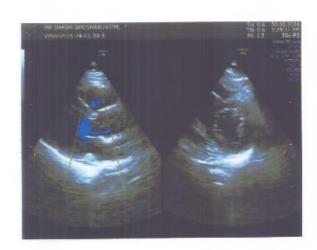














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College Signature

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