

PATIENT NAME:- MR. KUNAL KANTI
REF BY :- UNION BANK

AGE/SEX:- 42 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	9.79X4.53cm	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.



[Handwritten Signature]

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.

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Kunal Kanti

Date 1/04/2024

Sex/Age M/42 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>6/6</u> (LE):- <u>6/6</u>				
NEAR VISION:(RE):- <u>N6</u> (LE):- <u>N6</u>				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				
REMARKS :-				

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



Keenal kanti

Staining c 21+12

Advice :- Scaling

Dr. Bushra
7828251782



NAME OF PATIENT; MR. KUNAL KANTI

AGE: 42YRS/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 Dani
MBBS, MD
Consultant Radiologist
DR. ZEESHAN ATEEB DANI
Reg. No. CGMR
(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.

Apollo Clinic

***THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY**

LICENSEE : SAMRIDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

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

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

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

+91 96918 26363

0771 4033341

0771 4033341

ECHOCARDIOGRAPHY REPORT

NAME : MR. KUNAL KANTI	Age/Sex: 42Yrs/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	2.8	2.0 – 3.7	IVS Thickness	ED = 0.9 ES = 1.3	0.6 – 1.1
AorticValve Opening	1.9	1.5 – 2.6	PW Thickness	ED = 0.9 ES = 1.3	0.6 – 1.1
LA Dimension	3.2	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	3.9	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.3	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.
LV DIASTOLIC DYSFUNCTION GRADE I
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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

Apollo Clinic

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

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

 +91 96918 26363

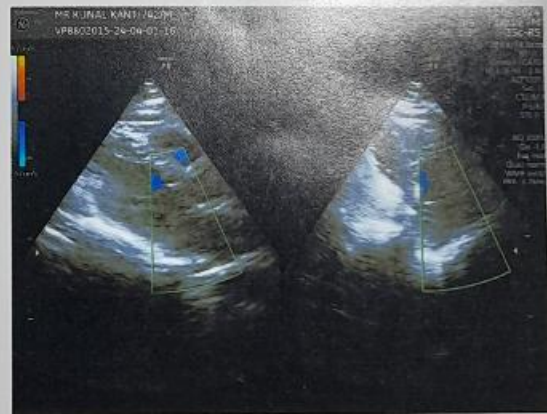
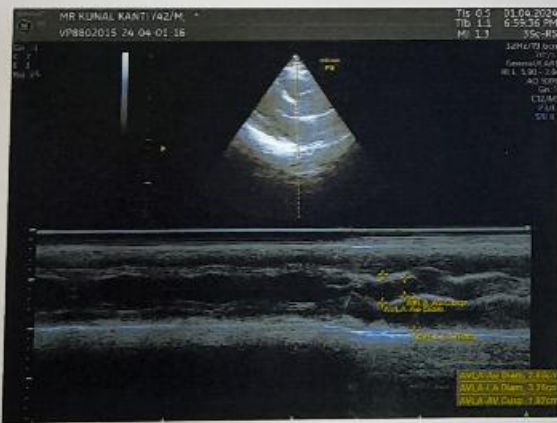
 0771 4033341



P8802015-24-04-01-16

MR KUNAL KANTI /42/M

Exam Date: 01.04.2024 6:57:07 PM



1/4/24

Dr. Prabab Roy MBBS ENT

Name: Kunal Kanti 42y/m

No Active Complaints

On Ex Rt 1/2

Ear Clear Clear



Note: BA Im intact

HL BA clear

Throat

BP- 130/80 (M) App clear

P- 98/4

ENT Examination is WNL

H- 173 cm

wt- 68 kg



Prabab
1/4/24

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

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

+91 96918 26363

0771 4033341

0771 4033341

Patient Name : Mr. KUNAL KANTI
UHID/ MR No : 20243410015
Visit Date : 03/04/2024
Sample Collected On : 03/04/2024 02:51PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 42 Y. Male
OP Visit No : G/7095
Reported On : 03/04/2024 05:48PM

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	1.020		1.001 - 1.030
Reaction (pH)	5.0		
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	

End of Report

Results are to be corelated clinically

Lab Technician / Technologist
path

Dhananjay

+91 96918 26363
0771 4033341/42

Patient Name : Mr. KUNAL KANTI
UHID/ MR No : 20243410015
Visit Date : 03/04/2024
Sample Collected On : 03/04/2024 02:51PM
Ref. Doctor : SELF
Sponsor Name :

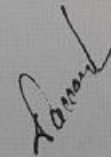
Age/Gender : 42 Y Male
OP Visit No : G/7095
Reported On : 03/04/2024 05:48PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.5	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.30	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	18	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	26	U/L	0 - 41
ALKALINE PHOSPHATASE	78	U/L	25-147
Total Proteins Method: Spectrophotometric	6.3	g/dl	6 - 8
Albumin Method: Spectrophotometric	3.9	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.4	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.62	%	1.1 - 2.2

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
path



Page 3 of 6

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

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

+91 96918 26363

0771 4033341

Patient Name : Mr.KUNAL KANTI
Age/Gender : 42 Y 0 M 0 D /M
UHID/MR No : DSUS.000007060
Visit ID : DSUSOPV8220
Ref Doctor : APOLLO CLINIC
IP/OP NO :

Collected : 01/Apr/2024 03:56PM
Received : 01/Apr/2024 04:37PM
Reported : 01/Apr/2024 06:11PM
Status : Final Report
Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
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)	1.58	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	12.5	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	1.350	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

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 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.
4. 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

Apollo Clinic
DR. MAIKAL KUMAR
M.B.B.S., M.D. (Pathology)
Consultant Pathologist

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

LICENSEE, SAMRIDDHI AROGYAM PVT. LTD.
Apollo Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)
Email: raipur@apolloclinic.com | Website: www.apolloclinic.com
Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com
SIN No:IM07265780

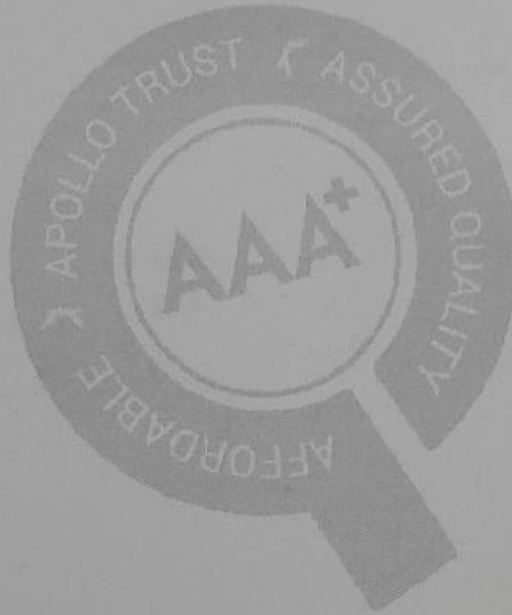
+91 98260 1360
0771 4033341/4

Patient Name : Mr.KUNAL KANTI	Collected : 01/Apr/2024 03:56PM
Age/Gender : 42 Y 0 M 0 D /M	Received : 02/Apr/2024 01:51PM
UHID/MR No : DSUS.0000007060	Reported : 02/Apr/2024 03:41PM
Visit ID : DSUSOPV8220	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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.880	ng/mL	0-4	CLIA

*** End Of Report ***



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

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Page 4 of 4
CAP
ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS



Apoll...
LIC...
Apoll...
Em...
Onlin...

Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar Raipur
Website : www.apolloclinic.com

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

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad



0771 4033341/4

0771 4033341

Patient Name : Mr. KUNAL KANTI
UHID/ MR No : 20243410015
Visit Date : 03/04/2024
Sample Collected On : 03/04/2024 02:51PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 42 Y Male
OP Visit No : G/7095
Reported On : 03/04/2024 05:48PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	139.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	92.0	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	79.60	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	18.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.39		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Dhananjay

Patient Name : Mr. KUNAL KANTI
 UHID/ MR No : 20243410015
 Visit Date : 03/04/2024
 Sample Collected On : 03/04/2024 02:51PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 42 Y Male
 OP Visit No : G/7095
 Reported On : 03/04/2024 05:48PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

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) : O
 RhD factor (Rh Typing) : POSITIVE

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
 path

Page 4 of 8

Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Apollo Clinic

LICENSEE : SAMRIDDHI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

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

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY



+91 96918 26363



0771 4033341

Patient Name : Mr. KUNAL KANTI
UHID/ MR No : 20243410015
Visit Date : 03/04/2024
Sample Collected On : 03/04/2024 02:51PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 42 Y Male
OP Visit No : G/7095
Reported On : 03/04/2024 05:48PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.13	mg/dl	0.6-1.4

COMMENTS: 1. Creatinine is a waste product formed in the muscle from the high energy storage compound, creatine phosphate.
 2. The amount of creatinine produced is fairly constant (unlike Urea), and is primarily a function of muscle mass.
 3. It is not greatly affected by diet, age, sex or exercise.
 4. Creatinine is removed from plasma by glomerular filtration and then excreted in urine without any appreciable resorption by the tubules; thus it is used to assess the renal function. However, serum creatinine levels do not start to rise until renal function has decreased by atleast 50%.

Uric Acid

Uric Acid Method: Spectrophotometric	4.23	mg/dL	2.6 - 7.2
--	------	-------	-----------

GLUCOSE - (POST PRANDIAL)

Glucose -Post prandial Method: REAGENT GRADE WATER	123.0	mg/dl	70-140
---	-------	-------	--------

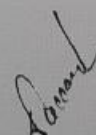
GLUCOSE (FASTING)

Glucose- Fasting SUGAR REAGENT GRADE WATER	110.0	mg/dl	70 - 120
---	-------	-------	----------

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : Mr.KUNAL KANTI	Collected : 01/Apr/2024 03:56PM
Age/Gender : 42 Y 0 M 0 D /M	Received : 01/Apr/2024 06:33PM
UHID/MR No : DSUS.0000007060	Reported : 01/Apr/2024 07:43PM
Visit ID : DSUSOPV8220	Status : Final Report
Ref Doctor : APOLLO CLINIC	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	5.0	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	97	mg/dL		Calculated

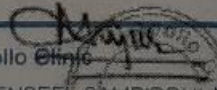
Comment:

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)


 Apollo Clinic
 LICENCED SAMRIDDHI AROGYAM PVT. LTD.
 DR. VIKAS K. RAJUR
 Consultant Pathologist

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic, B-5, Medical Park, A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)
 Email: raipur@apolloclinic.com | Website: www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com
 SIN No: B119080595



+91 98260 4363

0771 4033341/42

BP - 130/80
P - 98/4
H - 173 cm
wt - 68 kg

Mr. Kunal Kanti
Age - 42 M

04/04/24

CBC - 16.5/5.19/7.48/328

urea - 10

creat - 1.13

FBS - 110, PP - 123.0

HbA1c - 5.0

T3 - 1.58

T4 - 12.5

TSH - 1.350

TPSA - 0.880

Lipid - 139/92/41/79.60

LEF - 18/26/78

2D ECG - Normal

ECG - for white lines

Amul chump
No MID Bn15/Hmy

No full explanation

No intervention needed

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



Patient Name : Mr. KUNAL KANTI
 UHID/ MR No : 20243410015
 Visit Date : 03/04/2024
 Sample Collected On : 03/04/2024 02:51PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 42 Y Male
 OP Visit No : G/7095
 Reported On : 03/04/2024 05:48PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	16.5	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.19	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	49.50	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	95.4	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	31.8	pg	28 - 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	7.40	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	65	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	29	%	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

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

Handwritten Signature

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic

LICENSEE : SAMRIDDI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

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

+91 96918 26363
0771 4033341/42

Handwritten notes and scribbles at the bottom of the page.

Patient Name : Mr. KUNAL KANTI
UHID/ MR No : 20243410015
Visit Date : 03/04/2024
Sample Collected On : 03/04/2024 02:51PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 42 Y Male
OP Visit No : G/7095
Reported On : 03/04/2024 05:48PM

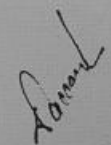
HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	328	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.
- Test conducted on EDTA whole blood.

End of Report
Results are to be corelated clinically

Lab Technician / Technologist
 path



DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY