

BP - 170/100
P - 100/nt
H - 160 cm
WT - 64 kg

Mr. Sanish K. Jaddu
Age - 41 Yr
Kudmali

29/03/19

CBC - 15.3/4.8/6.05/244

ESR - 15

HBAIC - 8.7

FBS - 235, PP - 287.0

Creat - 0.94

Urea - 10

Lipid - 215/418/38/93.40

LFT - 32/39/92

T3 - 1.45

T4 - 8.8

TSH - 3.3

2
~~Test Fasting M2 BF~~

Test Cyblex - D 60110
by BF

Test Cyblex - S 601100
by Dr. Animesh
Test MFT XL TRIO 10/40/50 27/11
Test Acculinch 10/40/50 27/11
7300/

Review of sedys < FBS
PPBS

- BF

Dr. Animesh Choudhary
MD Medicine
Reg. No. CGMC 3583/2
Apollo Clinic Raipur



Sarish

Keema

4/1/19

Screening

at

21/12

Advice :

oral

prophylaxis

[Handwritten signature]



ID: 465
MR SATISH KUMAR YADAV
Male 41years

09-03-2024 10:30:26 AM

HR : 91 bpm
P : 114 ms
PR : 172 ms
QRS : 98 ms
QT/QTc : 332/409 ms
PQRST : 53.68-10 °
RV5/SV1 : 1.151/0.620 mV

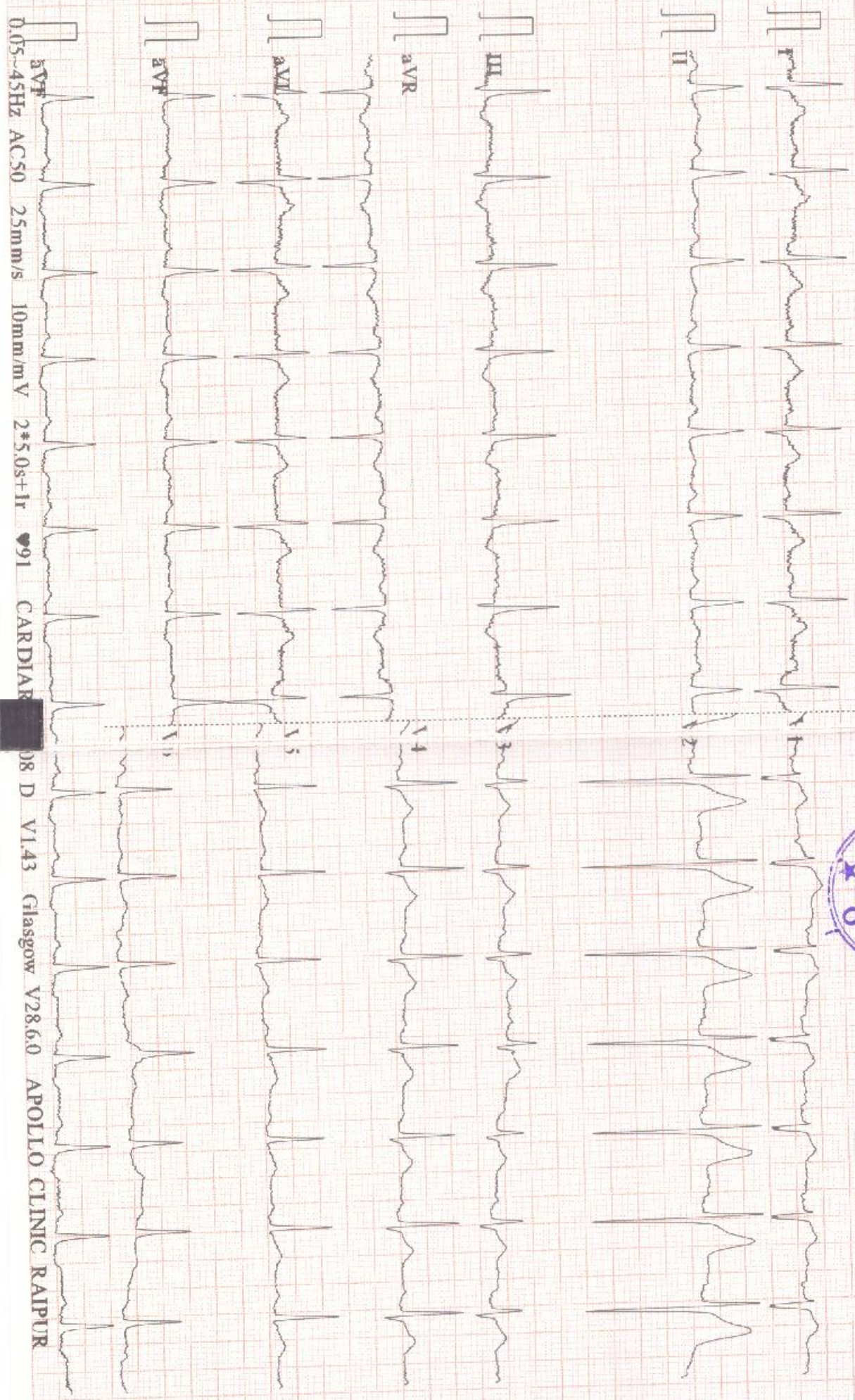
Diagnosis Information:

Sinus rhythm
Inferior T wave abnormality is nonspecific

Borderline ECG



Dr. Anuragh Choudhary,
MD Medicine
Reg. No. CGMC 3583/2014
Apollo Clinic Raipur



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♣91 CARDIAC

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

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Satish Kumar Yadav

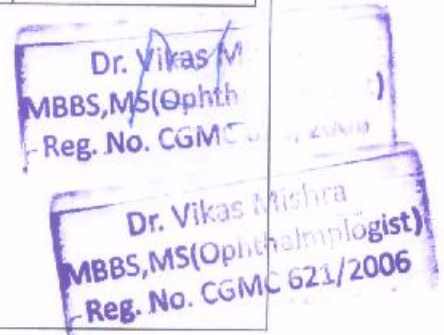
Date 09/03/24

Sex/Age M/41 year

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NIO				
NYSTAGMUS				
COLOUR VISION				
NORMAL				
FUNDUS:(RE):-		WNL	(LE):- WNL	
INDIVIDUAL COLOUR IDENTIFICATION				
WNL				
DISTANT VISION:(RE):-		6/6	(LE):- 6/6	
NEAR VISION:(RE):-		N6	(LE):- N6	
NIGHT BLINDNESS				
NAD				
	SPH	CYL	AXIS	ADD
RIGHT	/			
LEFT	/			
REMARKS :-				



NAME OF PATIENT: MR. SATISH KUMAR YADAV

AGE: 41YRS/MALE

REFERRED BY: BOB

DATE: 09/03/2024

CHEST X - RAY PA VIEW

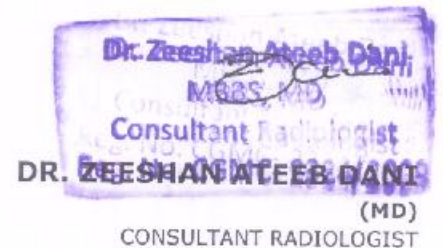
FINDINGS:

- 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.



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.

PATIENT NAME:- MR. SATISH KUMAR YADAV
REF BY :- BOB

AGE/SEX: 41 YRS/M
DATE:- 09.03.2024

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	10.72X4.40cm	10.28X4.45cm
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 measures weight gm 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. Zeeshan Ateeb Bari
MBBS, MD
Consultant Radiologist
Reg. No. MCI-2324/2013
DR. ZEESHAN ATEEB DANI (MD)
CONSULTANT RADIOLOGIST

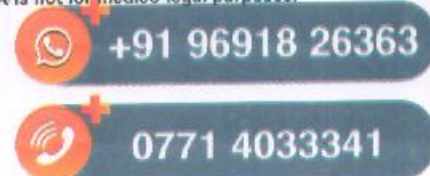
This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

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ECHOCARDIOGRAPHY REPORT

NAME : MR. SATISH KUMAR YADAV	Age/Sex: 41Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 29/03/2024	REGN. NO. : FRAI.0000020604
Ref.By Dr : BOB		

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 = 1.4 ES = 1.7	0.6 – 1.1
AorticValve Opening	1.9	1.5 – 2.6	PW Thickness	ED = 1.3 ES = 1.6	0.6 – 1.1
LA Dimension	3.3	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%)		

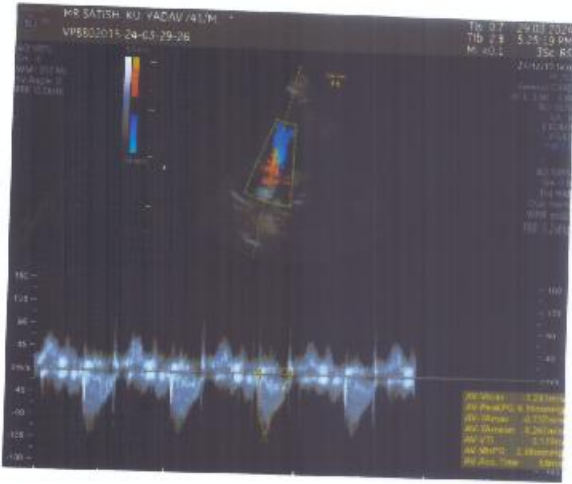
2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

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.
CONCENTRIC LVH/ DRA-I
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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



Patient Name : MR SATISH KUMAR YADAV
UHID/ MR No : 9615
Visit Date : 09/03/2024
Sample Collected On : 09/03/2024 02:43PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 41 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/03/2024 06:38PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	15.3	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.81	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	43.80	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	91.1	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	31.8	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	34.9	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	12.4	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	6.05	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	58	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	32	%	15.0 - 45.0
Monocytes	06	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	04	%	1-6%
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 SATISH KUMAR YADAV
UHID/ MR No : 9615
Visit Date : 09/03/2024
Sample Collected On : 09/03/2024 02:43PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 41 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/03/2024 06:38PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	244	lacs/cu.mm	150-400
Method: CELL COUNTER			

1. 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 correlated clinically

Lab Technician / Technologist
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Page 3 of 3


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

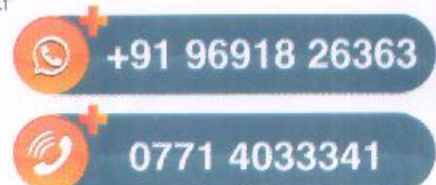
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Patient Name : MR SATISH KUMAR YADAV
UHID/ MR No : 9615
Visit Date : 09/03/2024
Sample Collected On : 09/03/2024 02:43PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 41 Y. Male
OP Visit No : OPD-UNIT-II-4
Reported On : 09/03/2024 06:38PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	15	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

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 1 of 3


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

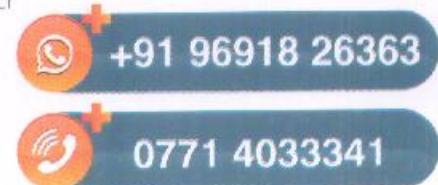
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Patient Name : Mr.SATISH KUMAR YADAV	Collected : 09/Mar/2024 12:45PM
Age/Gender : 41 Y 0 M 0 D /M	Received : 09/Mar/2024 01:27PM
UHID/MR No : DSUS.0000006711	Reported : 09/Mar/2024 03:05PM
Visit ID : DSUSOPV7823	Status : Final Report
Ref Doctor : APOLLO 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	8.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	203	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
DR. MAIKAL KLIJUR
M.B.B.S, M.D(Pathology)
LICENSURE: SAMRIDDHI AROGYAM PVT. LTD.

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Patient Name : MR SATISH KUMAR YADAV
UHID/ MR No : 9615
Visit Date : 09/03/2024
Sample Collected On : 09/03/2024 02:43PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 41 Y . Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/03/2024 04:03PM

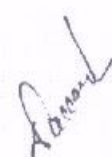
HAEMATOLOGY

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

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path

Page 4 of 4


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR SATISH KUMAR YADAV
UHID/ MR No : 9615
Visit Date : 09/03/2024
Sample Collected On : 09/03/2024 02:43PM
Ref. Doctor : SELF
Sponsor Name :


Age/Gender : 41 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/03/2024 04:03PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	287.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	235.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.94	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.02	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



Page 1 of 4

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR SATISH KUMAR YADAV
UHID/ MR No : 9615
Visit Date : 09/03/2024
Sample Collected On : 09/03/2024 02:43PM
Ref. Doctor : SELF
Sponsor Name :


Age/Gender : 41 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/03/2024 04:03PM

BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	215.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	418.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	38.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	93.40	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	83.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	5.66		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

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Patient Name : MR SATISH KUMAR YADAV
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Visit Date : 09/03/2024
Sample Collected On : 09/03/2024 02:43PM
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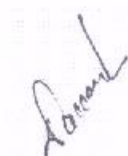
Age/Gender : 41 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/03/2024 04:03PM

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) Method: Calculated	0.40	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	32	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	39	U/L	0 - 41
ALKALINE PHOSPHATASE	92	U/L	25-147
Total Proteins Method: Spectrophotometric	6.5	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.82	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



Page 3 of 4

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR SATISH KUMAR YADAV
UHID/ MR No : 9615
Visit Date : 09/03/2024
Sample Collected On : 09/03/2024 02:43PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 41 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 09/03/2024 04:03PM

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	Present 2 +		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	2 - 4	/hpf	0 - 5
Epithelial Cell	1 - 2	/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



Patient Name : Mr.SATISH KUMAR YADAV	Collected : 09/Mar/2024 12:45PM
Age/Gender : 41 Y 0 M 0 D /M	Received : 09/Mar/2024 01:03PM
UHID/MR No : DSUS.000006711	Reported : 09/Mar/2024 06:17PM
Visit ID : DSUSOPV7823	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)	1.45	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.8	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.3	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

*** End Of Report ***

Result/s to Follow:

Page 3 of 4



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DR. MANISH KUIJUR
LICENSED SAMRIDDHI AROGYAM PVT. LTD.
M.B.B.S, M.D(Pathology)
Consultant Pathologist



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 0771 4033341

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Age/Gender : 41 Y 0 M 0 D /M	Received : 09/Mar/2024 01:03PM
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IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

PROSTATIC SPECIFIC ANTIGEN - TOTAL (PSA)




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Apollo Clinic
DR MARKAL KUJUR
 M.B.B.S, M.D(Pathology)
 Consultant Pathologist

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Patient Name : Mr.SATISH KUMAR YADAV	Collected : 09/Mar/2024 12:45PM
Age/Gender : 41 Y 0 M 0 D /M	Received : 10/Mar/2024 04:23PM
UHID/MR No : DSUS.0000006711	Reported : 10/Mar/2024 05:38PM
Visit ID : DSUSOPV7823	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	0.660	ng/mL	0-4	CLIA

*** End Of Report ***



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

*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

