

BP - 130/80

P - 84/mt

H - 185 cm

WT - 100 kg

Mr. Yogesh K. Verma

Age - 39 y/m

04/03/24

No H/O DM / HT /
for Annual check up

- caps VITAMIN C 1000
रुग्ण गरु रोगी
x 3 मनुष्य

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



CBC - 15.8 / 5.20 / 5.83 / 201

ESR - 10

FBS - 82, PP - 88

creat - 0.99

urea - 10

HbA1c - 5.5

Lipid - 135 / 110 / 44 / 69

LFT - 20 / 28 / 66

T3 - 1.17

T4 - 6.50

TSH - 3.090

Urada - AL GL

TMT - Neg

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Yogesh Kumar Verma

Date 02.03.24

Sex/Age M/39 year

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NO				
NYSTAGMUS				
COLOUR VISION				
NORMAL				
FUNDUS:(RE):-		(LE):-		
WNL		WNL		
INDIVIDUAL COLOUR IDENTIFICATION				
WNL				
DISTANT VISION:(RE):-		(LE):-		
6/6		6/6		
NEAR VISION:(RE):-		(LE):-		
N/G		N/G		
NIGHT BLINDNESS				
NAD				
	SPH	CYL	AXIS	ADD
RIGHT				
LEFT				

REMARKS :-



Dr. V. S. ...
MBBS, MS(Ophthalmology) (Regist)
Reg. No. CGMC 621/2006



PATIENT NAME:- MR. YOGESH KUMAR VERMA
REF BY :- BOB

AGE/SEX: 39 YRS/M
DATE:- 02.03.2024

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 cc cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.57X4.64cm	9.42X4.64cm
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 22.959 cc gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- GRADE - I FATTY LIVER

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani
MBBS
Consultant Radiologist
Reg. No. EGMIC-2324/2006
DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only. The clinical diagnosis and management 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.

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

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

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0771 4033341

NAME OF PATIENT: MR. YOGESH KUMAR VERMA

AGE: 39YRS / MALE

REFERRED BY: BOB

DATE: 02/03/2024.

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
MBBS, MD
Consultant Radiologist
Reg. No. CC/MC/2005/1000
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.

Patient Name : MR YOGESH KUMAR VERMA
 UHID/ MR No : 9466
 Visit Date : 02/03/2024
 Sample Collected On : 02/03/2024 02:33PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 39 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 02/03/2024 06:40PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	15.8	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	5.20	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	47.40	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	91.2	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	30.4	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	12.8	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	5.83	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	60	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	31	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	05	%	1-8%
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 5 of 6

Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR YOGESH KUMAR VERMA
UHID/ MR No : 9466
Visit Date : 02/03/2024
Sample Collected On : 02/03/2024 02:33PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 39 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 02/03/2024 06:40PM


HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	201	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 correlated clinically

Lab Technician / Technologist
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Page 6 of 6


DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Apollo Clinic

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Patient Name : MR YOGESH KUMAR VERMA
UHID/ MR No : 9466
Visit Date : 02/03/2024
Sample Collected On : 02/03/2024 02:33PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 39 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 02/03/2024 06:40PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	88.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	82.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.99	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.65	mg/dL	2.6 - 7.2

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
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Page 1 of 6

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Apollo Clinic

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Patient Name : MR YOGESH KUMAR VERMA
 UHID/ MR No : 9466
 Visit Date : 02/03/2024
 Sample Collected On : 02/03/2024 02:33PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 39 Y Male
 OP Visit No : OPD-UNIT-II-4
 Reported On : 02/03/2024 06:40PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.5	%	Non-diabetic: ≤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%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated 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: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
6. 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

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 4 of 6

Dr. Dhananjay Ramchandra Prasad
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR YOGESH KUMAR VERMA
 UHID/ MR No : 9466
 Visit Date : 02/03/2024
 Sample Collected On : 02/03/2024 02:33PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 39 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 02/03/2024 06:40PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	135.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	110.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	44.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	69	mg/dl	Optimal < 100 Optimal : 100 - 129 Borderline High : 130-159 High : 160-189 >=190
Method: Spectrophotometric VLDL Cholesterol	22	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.07		3.5-5
Method: Spectrophotometric			

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 2 of 6

(Signature)
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : MR YOGESH KUMAR VERMA
 UHID/ MR No : 9466
 Visit Date : 02/03/2024
 Sample Collected On : 02/03/2024 02:33PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 39 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 02/03/2024 06:40PM

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	0.3	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.50	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	20	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	28	U/L	0 - 41
ALKALINE PHOSPHATASE	66	U/L	25-147
Total Proteins Method: Spectrophotometric	6.5	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.3	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.2	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.95	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Page 3 of 6

Dhananjay
 DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Patient Name : Mr.YOGESH KUMAR VERMA
 Age/Gender : 39 Y 0 M 0 D / M
 UHID/MR No : DSUS.000006811
 Visit ID : DSUSOPV7713
 Ref Doctor : APOLLO CLINIC
 IP/OP NO :

Collected : 02/Mar/2024 04:41PM
 Received : 02/Mar/2024 05:28PM
 Reported : 02/Mar/2024 06:14PM
 Status : Final Report
 Client Name : PUP APOLLO CLINIC SAMRIDDI AR
 Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOETHYRONINE (T3, TOTAL)	1.17	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	6.50	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.090	µIU/mL	0.35-5.5	CLIA

Comment:

For pregnant females

First trimester

Second trimester

Third trimester

Bio Ref Range for TSH in µIU/ml (As per American Thyroid Association)

0.1 - 2.5

0.2 - 3.0

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 ***

Page 1 of 1



Apollo Clinic

LICENCE NO: 1538/ABDGYAM PVT. LTD.

M.B.B., M.D.(Pathology)
Apollo Clinic, 1st Floor, Monsoon, A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

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

Online reports : https://pdr.apolloclinic.com

Online : www.askapollo.com | SIN No:IM07070877

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0771 4033341

Patient Name : MR YOGESH KUMAR VERMA
 UHID/ MR No : 9466
 Visit Date : 02/03/2024
 Sample Collected On : 02/03/2024 02:33PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 39 Y Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 02/03/2024 06:40PM

CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	30ML		Clear
Appearance	Clear		Colourless
Colour	Pale Yellow		1.001 - 1.030
Specific Gravity	1.015		
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

JR. Email:
 MR YOGESH / 39 Yrs / M / 185 Cms / 100 Kg
 02 / 03 / 2024

Time	Duration	Speed(Kmph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
00:00	0:00	00.0	00.0	01.0	080	44 %	130/80	104	00	
00:14	0:05	02.7	10.0	01.1	099	55 %	130/80	128	00	
03:14	3:00	02.7	10.0	04.7	127	70 %	132/82	167	00	
06:14	3:00	04.0	12.0	07.1	150	83 %	134/88	201	00	
06:38	0:24	05.5	14.0	07.5	154	85 %	134/88	206	00	
07:08	0:30	00.8	00.0	04.1	146	81 %	134/86	195	00	
07:38	1:00	00.8	00.0	01.1	132	73 %	134/85	176	00	
08:20	1:43	00.0	00.0	01.0	125	68 %	134/84	167	00	

Findings :

- Exercise Time : 06:24
- Max HR Attained : 154 bpm 85% of Target 181
- Max BP Attained : 134/86 (mmHg)
- Max WorkLoad Attained : 7.5 Watt response to induced stress
- Test Objective : GHDFEWASFSAFD ASSAS
- Test End Reasons : Test Complete, Heart Rate Achieved

PORT :

STRESS TEST IS NEGATIVE FOR REVERSIBLE MYOCARDIAL ISCHEMIA WITH FAIR FUNCTION CAPACITY



Doctor : DR DEEPAN DAS MBBS DIP CARDIO



BRUCE: Standing(0:10)

116 / MR YOGESH / 39 Yrs / M / 185 Cms / 100 Kg / HR : 80

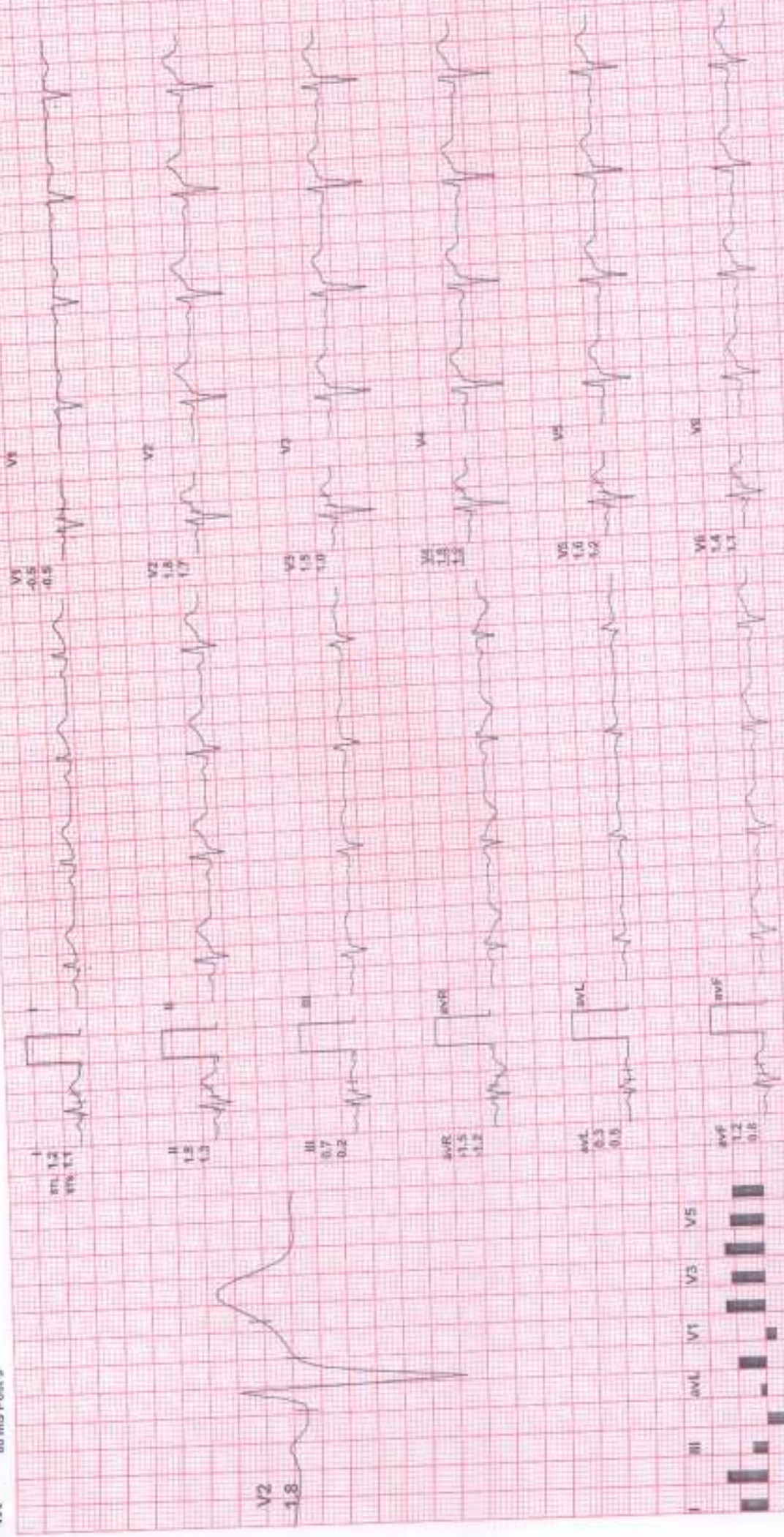
Date: 02 / 03 / 2024

METS: 1.0/ 80 bpm 44% of THR BP: 130/80 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

116 / MR YOGESH / 39 Yrs / M / 185 Cms / 100 Kg / HR : 99

ExTime: 00:00 2.7 Kmph, 10.0%

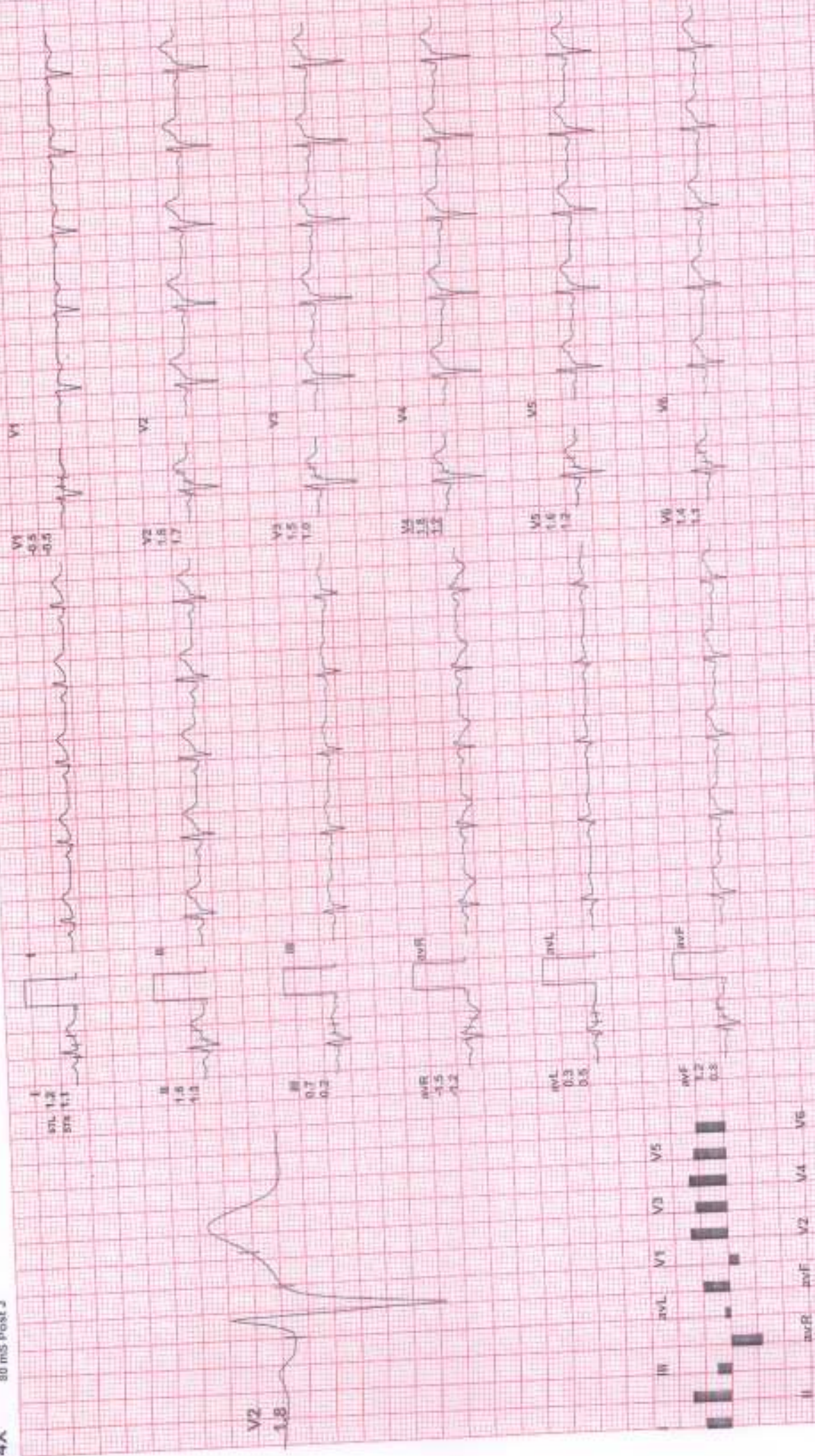
MEETS: 1.1/ 99 bpm 55% of THR BP: 130/80 mmHg

Combined Mediana/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

Date: 02 / 03 / 2024

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:



BRUCE:Stage 1(3:00)

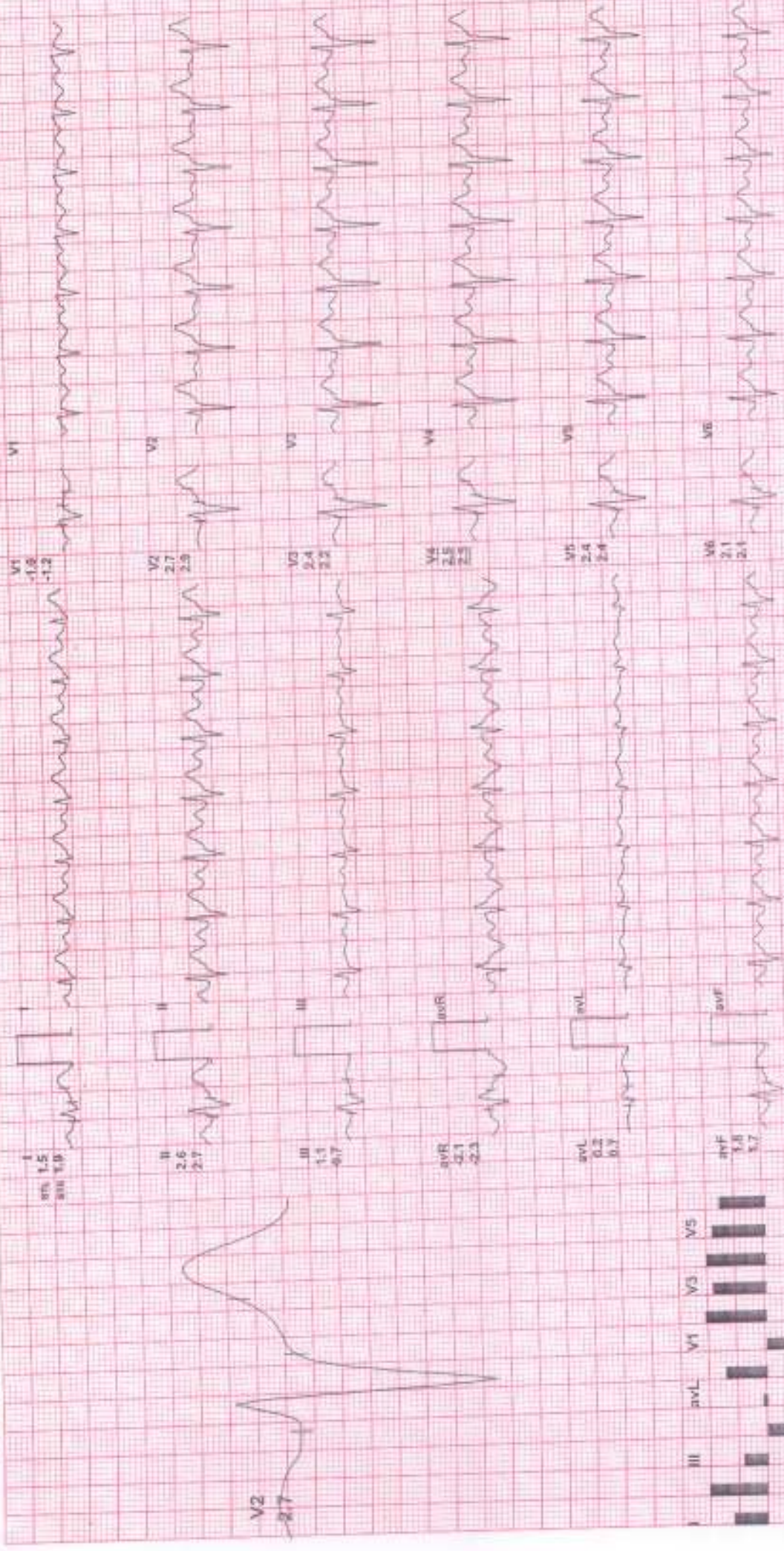
116 / MR YOGESH / 39 Yrs / M / 185 Cms / 100 Kg / HR : 127

ExTime: 03:00 2.7 Kmph, 10.0%
25 min/Sec. 1.8 Cr/minV

MEETS: 4.71 127 bpm 70% of THR BP: 132/82 mmHg Combined Mediana/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

Date: 02 / 03 / 2024

4X 80 mS Post J



REMARKS



BRUCE: Stage 2 (3:00)

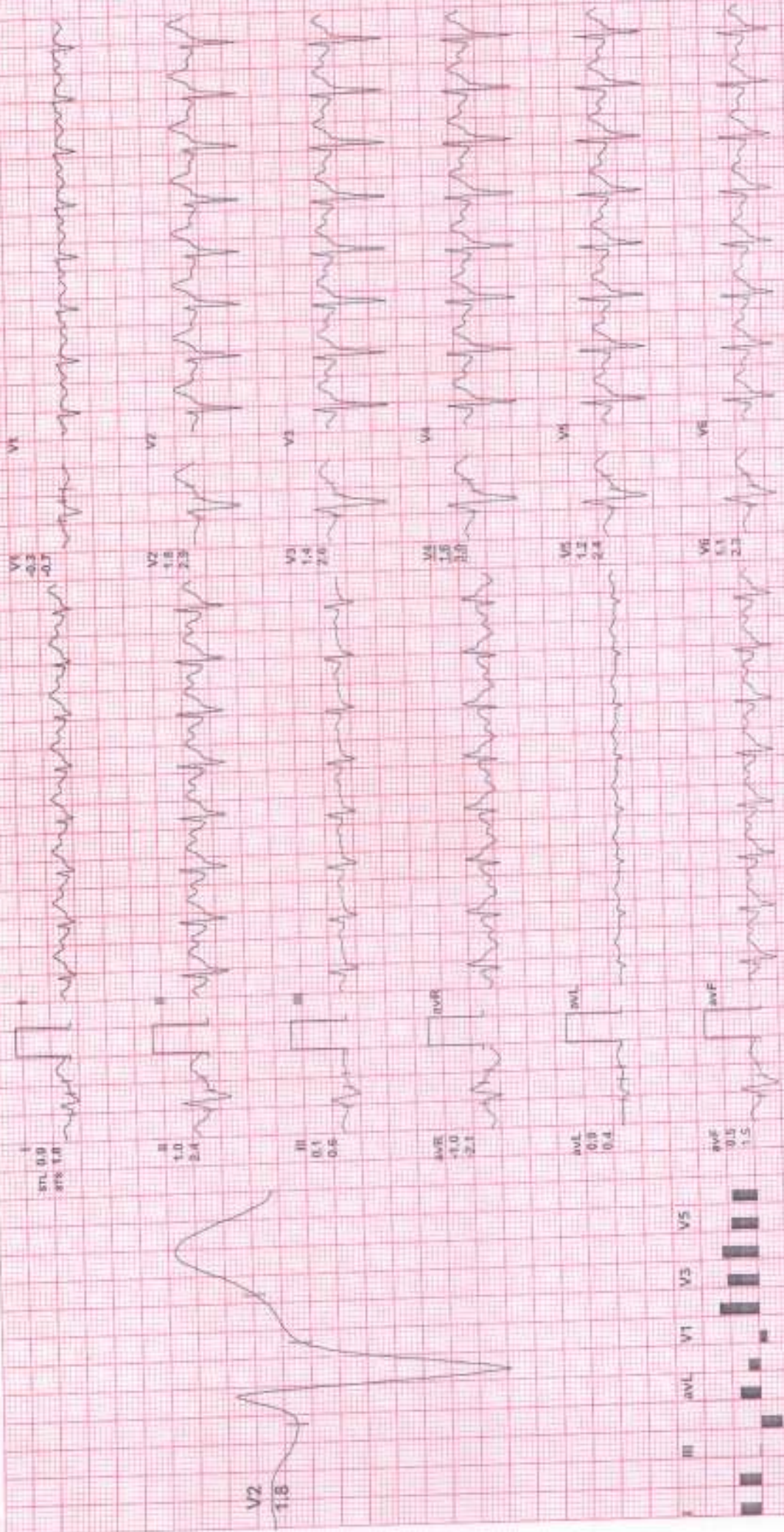
116 / MR YOGESH / 39 Yrs / M / 185 Cms / 100 Kg / HR : 150

ExTime: 06:00 4.0 Kmph, 12.0%
20 mm/Sec, 1.0 Cm/mV

MEETS: 7.1/ 150 bpm 83% of THR BP: 134/86 mmHg Combined Meds: BLC Onr/ Noich Onr/ HF 0.05 Hz/ LF 3S Hz

Date: 02 / 03 / 2024

4X 60 mS Post J



REMARKS:



PeakEx

116 / MR YOGESH / 39 Yrs / M / 185 Cms / 100 Kg / HR : 154

Date: 02 / 03 / 2024 METS: 7.5f 154 bpm 85% of THR BP: 134/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:25 5.5 Kmph, 14.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS:



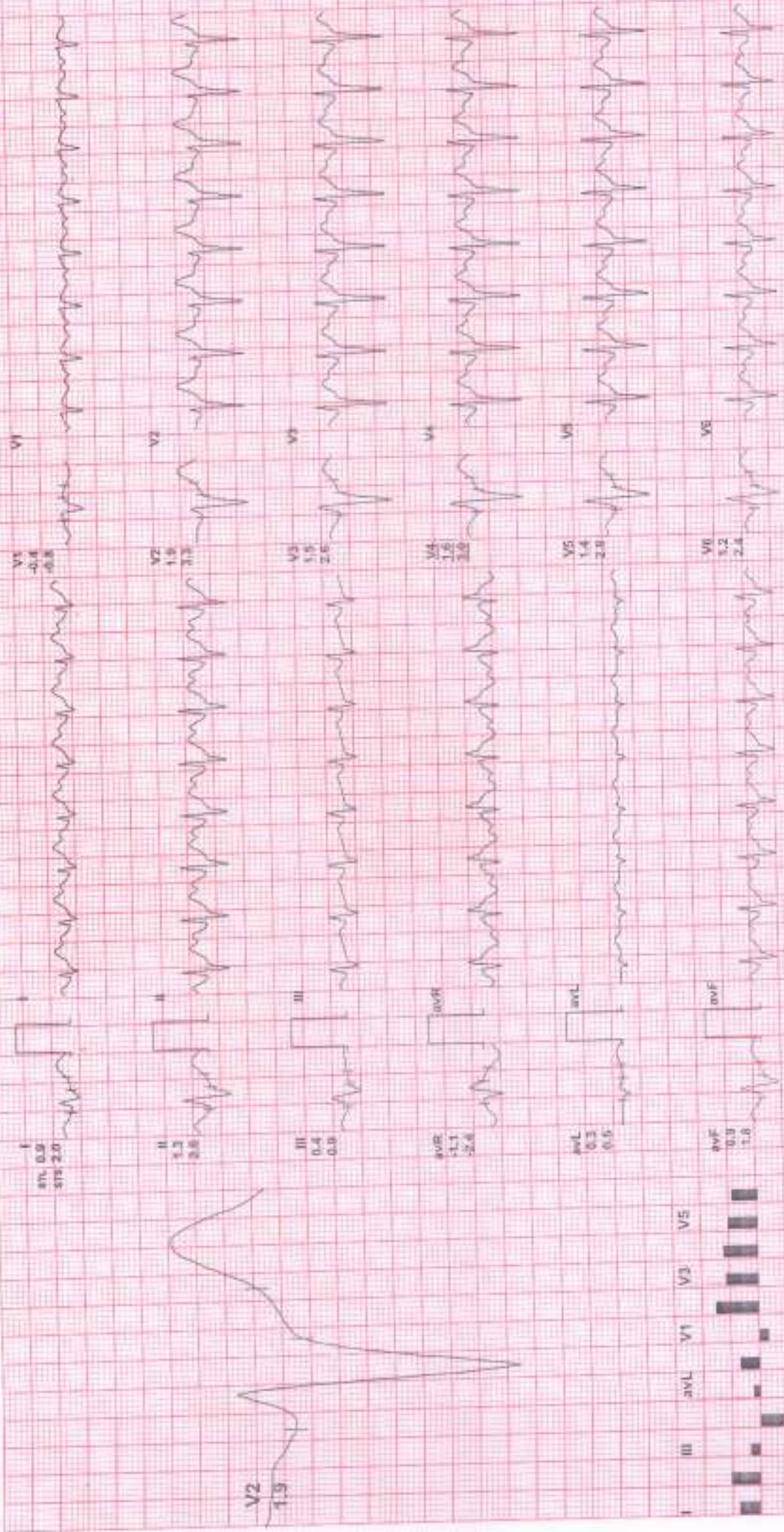
Recovery(0:30)

116 / MR YOGESH / 39 Yrs / M / 185 Cms / 100 Kg / HR : 146

Date: 02 / 03 / 2024 METS: 4.1/ 146 bpm 81% of THR BP: 134/86 mmHg Combined Meds/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:24 0.8 Kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 60 mS Post J



REMARKS



Recovery(1:00)

116 / MR YOGESH / 39 Yrs / M / 185 Cms / 100 Kg / HR : 132

ExTime: 06:24 0.8 Kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV

MEETS: 1.1/ 132 bpm 73% of THR BP: 134/86 mmHg Combined Medians/ BLC On/ HF 0.05 Hz/LF 35 Hz

Date: 02 / 03 / 2024

4X 60 mS Post J



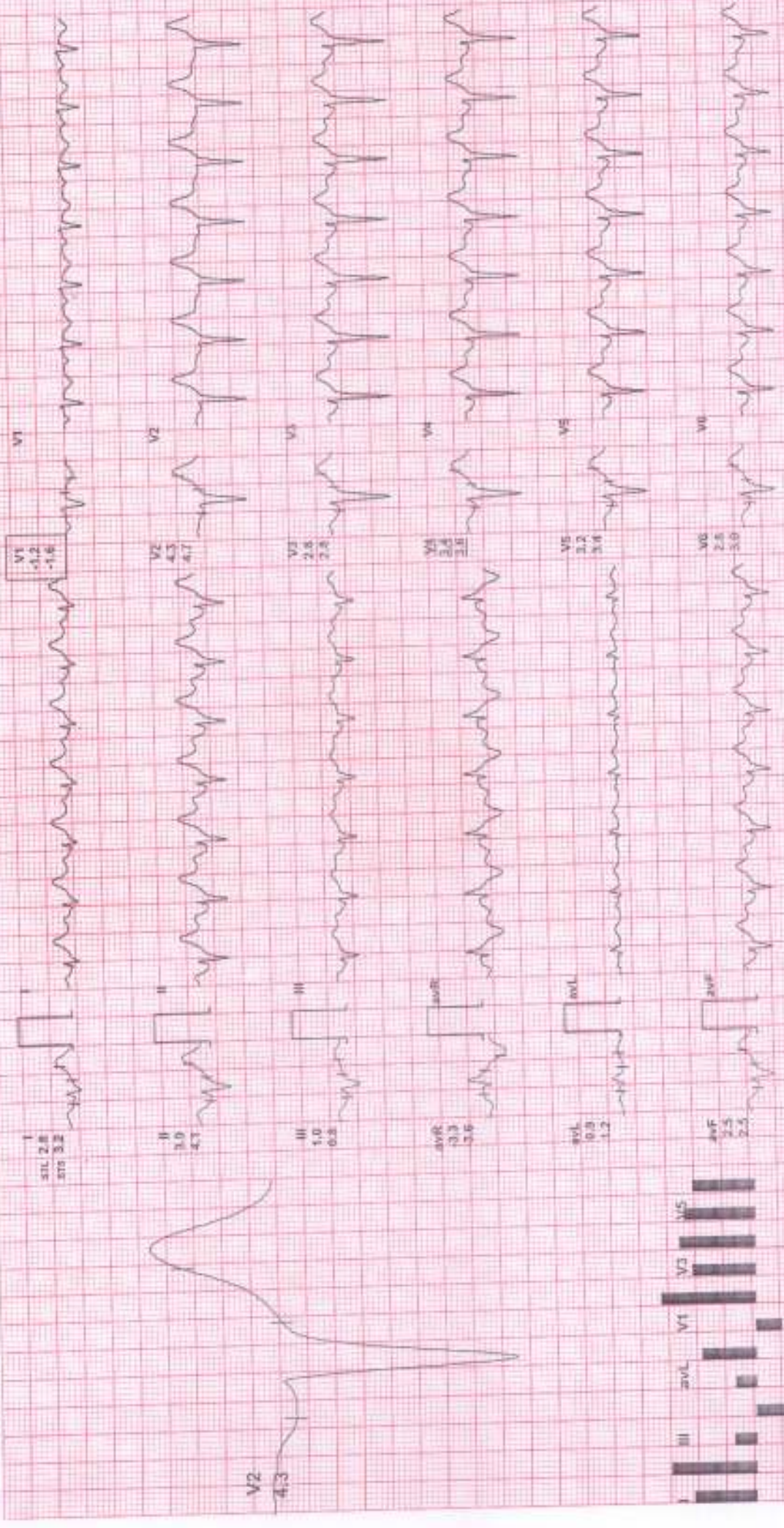
REMARKS:

116 / MR YOGESH / 39 Yrs / M / 185 Cms / 100 Kg / HR : 125

Date: 02 / 03 / 2024 METS: 1.0/ 125 bpm 69% of THR BP: 134/84 mmHg Combined Median/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 06:24 0.0 Kmph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post-J



REMARKS:

ID: 376
MR YOGESH KUMAR VERMA
Male 39 Years

02-03-2024 10:28:13 AM

HR : 84 bpm
P : 112 ms
PR : 168 ms
QRS : 90 ms
QT/QTc : 370/438 ms
P/QRS/T : 300/29
RV5/SV1 : 0.614/0.970 mV

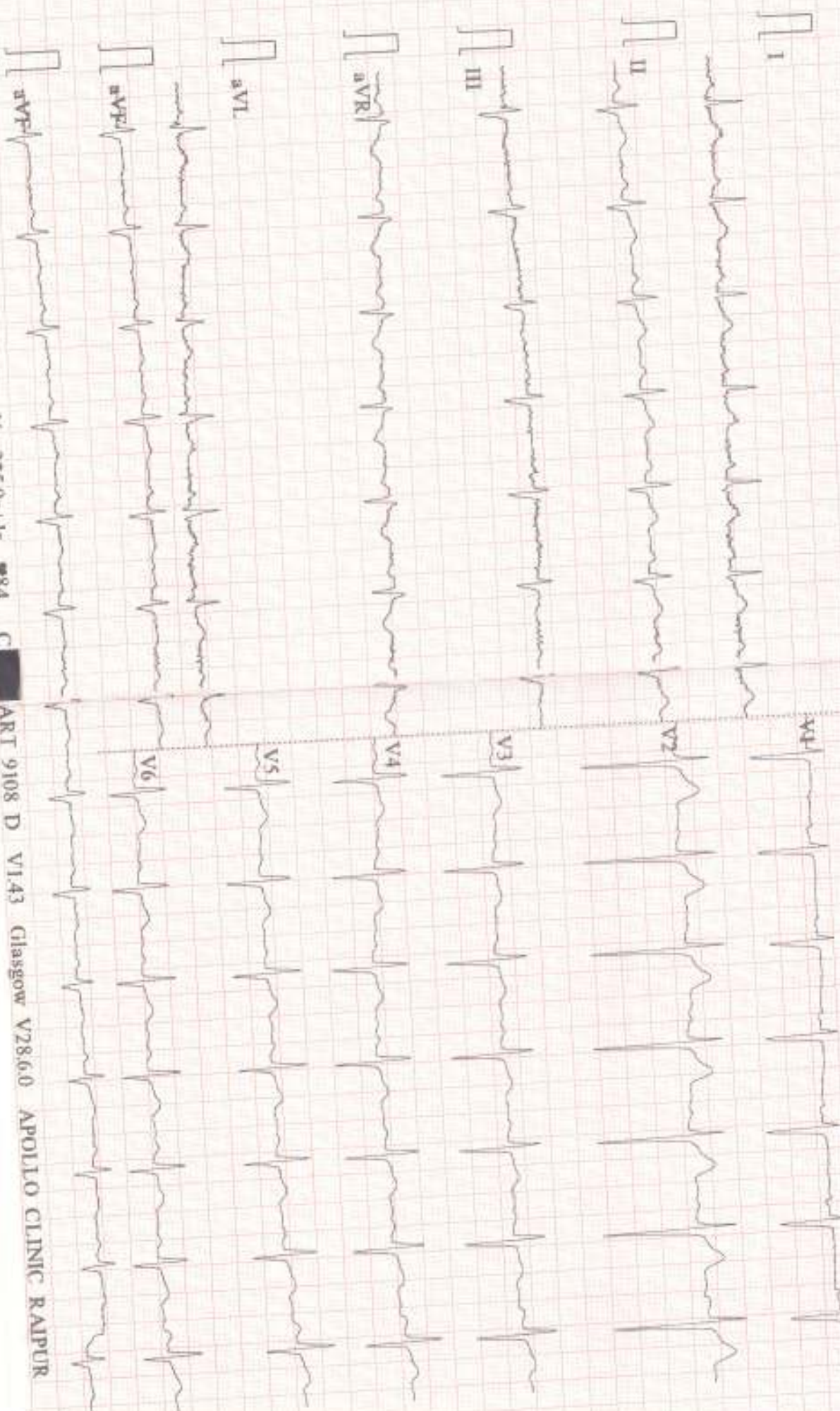
Diagnosis Information:

Sinus rhythm
Normal ECG



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

Report Confirmed by:



no. ASH7 AC50 25mm/s 10mm/mV 2*5.0s+1r 84 C

ART 9108 D VI.43 Glasgow V28.6.0 APOLLO CLINIC RAIPUR

MR Yogesh Kumar
399, Durgam Chauri
Lucknow

Hospital Basic Diet Soft Diet

1800, ^{Calorie} 40/60 gram protein High Fiber Diet

- 7am - गर्म पानी 100ml
- 8am - Black Tea cup + Merry Biscuit या खास Biscuit
- 9am - उममा / पतली सेबई / दलिया 1 कटोरी *add salt 7*
- 10am - फल-1
- 11am - Daal पानी 100ml Mung Daal पानी
- 12 O'clock Lunch - पतली मूंग खिचड़ी - 1 कटोरी, Daal - 1 कटोरी, Boil Veg, लोफो / तोरई, कद्दू, कच्चा पपीता
- 2pm - नारियल पानी 50ml *+ add चीनी 50gms*
- 4pm - Boil Veg Soup [1 Cup]
- 6pm - Daal पानी [100ml]
- 8pm - Mung add Daily - (1 कटोरी) Boil Veg - (1 कटोरी)
- 10pm - Low fat Milk 100ml.

1. Take a Soft Diet/Boil Veg, Mix Veg all type salad, ^{चांजा} Curd, Low fat milk, wheat.
2. Take a food (थोड़ी थोड़ी मात्रा में लें)
3. Avoid: Spicy, Oily, Meda, Deep fry food. Strong Tea, Coffee.
4. Take a trust juice, soup, Dal, water, Daliya, Soyabeen पीस कर food में add करें।
5. Daliya water coconut water & Juice Lemon water.

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add. high-fiber salt + High Protein

