

7389971166

**Dr. Animesh Choudhary**

MD (Internal Medicine), FCC, FAGE, PGDC, PGCDM, PGDDR  
Ex Physician - AIIMS, New Delhi, Fortis Escorts Raipur  
Reg. No. CGMC 3583/2011

• मधुमेह • वातरोग • गठियारोग • हृदयरोग • थायराइड • श्वसन रोग • दमा • मोटापा

WT - 79 kg  
H - 165 cm  
BP - 120/80  
P - 94 bpm

Mr. Hansraj Prakash  
Age - 32 y/m

09/03/19

CBC - 13.6 / 4.50 / 7.45 / 197 / 10  
RBS - F - 81.0 / PP - 121.0

No H1O DM 11/11/19  
Family H1O DM 11/11/19

Creatinine - 0.97  
U. Acid - 461  
HbA1c - 5.6  
Lipid - 168.0 / 99.0 / 44.0 / 104.20  
LFT - 28 / 34 / 89  
TSH - 3.1

&  
- Cap mcdm 21/11/19  
+ 30 day

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

Del  
fasting crephole



ID: 459  
MR HANSRAJ PRAKASH  
Male 32Years

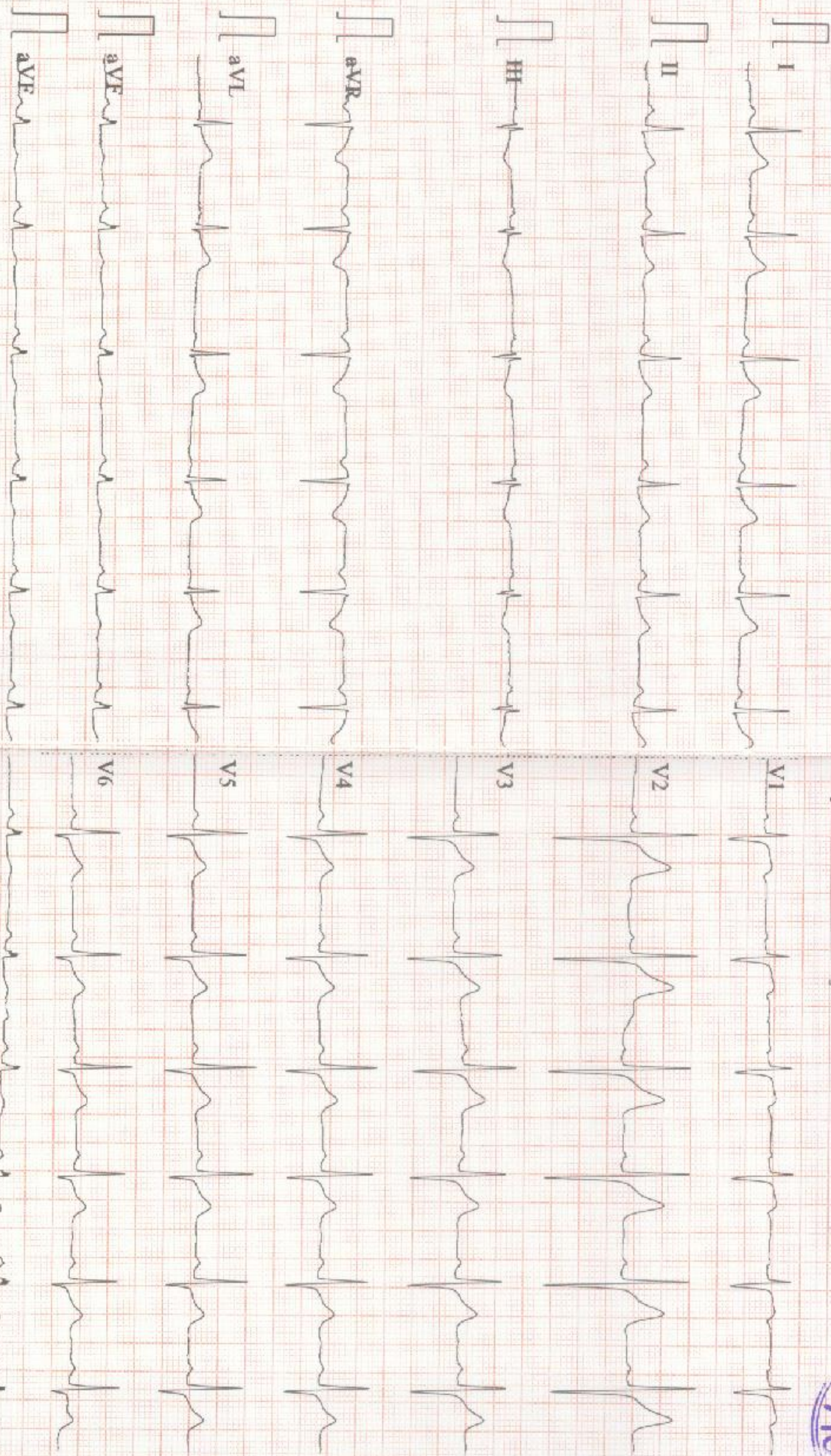
08-03-2024 01:21:16 PM

HR : 72 bpm  
P : 106 ms  
PR : 150 ms  
QRS : 90 ms  
QT/QTc : 364/399 ms  
P/QRS/T : 49/24/10 °  
RV5/SV1 : 1.026/0.663 mV

Diagnosis Information:  
Sinus arrhythmia  
Normal ECG

Report Confirmed by:

Dr Animesh Choudhary  
MD Medicine  
Reg. No. CGMC 3583/201  
Apollo Clinic, Raipur



0.05-45Hz AC/50 25mm/s 10mm/mV 2\*5.0s+1r 72 CARD

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

Pat. - Hansraj Prakesh

Age 32 / M

UO - spacing in lower jaw.

Bob



**EXAMINATION OF EYES :- ( BY OPHTHALMOLOGIST )**

Patient Name Mr. Hansraj Prakash

Date 08/03/24

Sex/Age M/33Y

MR No .....

Employee Id .....

<b>EXTERNAL EXAMINATION</b>				
SQUINT		NO		
NYSTAGMUS				
COLOUR VISION <u>Normal</u>				
FUNDUS:(RE):-		<u>WNL</u>	(LE):-	
			<u>WNL</u>	
INDIVIDUAL COLOUR IDENTIFICATION <u>Normal</u>				
DISTANT VISION:(RE):-		(LE):-		
<u>6/60 E 6/6 Z</u>		<u>6/60 E 6/6 - 6/6</u>		
NEAR VISION:(RE):-		(LE):-		
<u>N6 - 1</u>		<u>N16 - 1</u>		
NIGHT BLINDNESS <u>NIAD</u>				
	SPH	CYL	AXIS	ADD
RIGHT	<u>- 1.0</u>	<u>—————</u>		
LEFT	<u>- 1.0</u>			
REMARKS :-				



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

**PATIENT NAME:- MR. HANSRAJ PRAKASH**  
**REF BY :- BOB**

**AGE/SEX: 32 YRS/M**  
**DATE:- 08.03.2024**

**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	9.23X4.86cm	10.55X3.98cm
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:**

- **GRADE - II FATTY LIVER**

**Advised clinical correlation/further evaluation if clinically indicated.**



Dr. Zeeshan Ateeb Dani  
MBBS, MD  
Consultant Radiologist  
**DR. ZEESHAN ATEEB DANI**  
(MD)  
**CONSULTANT RADIOLOGIST**

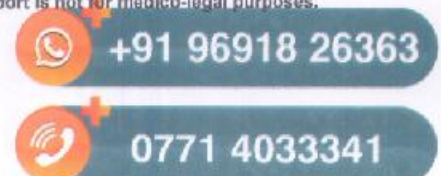
This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purposes.

**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



**NAME OF PATIENT: MR. HANSRAJ PRAKASH**

**AGE: 32YRS/MALE**

**REFERRED BY: BOB**

**DATE: 08/03/2024**

**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.**



*Zai*

**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 HANSRAJ PRAKASH  
**UHID/ MR No** : 9600  
**Visit Date** : 08/03/2024  
**Sample Collected On** : 08/03/2024 03:12PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 32 Y. Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 08/03/2024 06:16PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB) Method: CELL COUNTER	13.6	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.50	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	40.80	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	90.7	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	30.2	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	14.7	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.45	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	65	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	29	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	01	%	1-6%
Monocytes	05	%	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



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### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	197	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren`s Method	10	mm /HR	0 - 10
<b>Blood Group (ABO Typing)</b>			
Blood Group (ABO Typing)	B		
RhD factor (Rh Typing)	POSITIVE		

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

Lab Technician / Technologist  
path

Page 6 of 6

  
**DR DHANANJAY RAMCHANDRA PRASAD**  
M.D. PATHOLOGY



**Patient Name** : MR HANSRAJ PRAKASH  
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**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 32 Y Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 08/03/2024 06:16PM

**BIO CHEMISTRY**

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	121.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	81.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	0.97	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	4.61	mg/dL	2.6 - 7.2

**End of Report**  
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Lab Technician / Technologist  
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**Sponsor Name** :

**Age/Gender** : 32 Y Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 08/03/2024 06:16PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HbA1c (Glycosalated Haemoglobin)</b>	5.6	%	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 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%.
  3. 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:  $eAG(mg/dl) = 28.7 \times A1c - 46.7$
  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 corelated clinically*

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path



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**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 32 Y Male  
**OP Visit No** : OPD-UNIT-II-1  
**Reported On** : 08/03/2024 06:16PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	168.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	99.0	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	104.20	mg/dl	Optimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	19.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.82		3.5-5
Method: Spectrophotometric			

**End of Report**

*Results are to be correlated clinically*

Lab Technician / Technologist  
path



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**Sample Collected On** : 08/03/2024 03:12PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 32 Y. Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 08/03/2024 06:16PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	1.0	mg/dl	0.1- 1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.80	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	28	U/L	0 - 40
<b>SGPT (ALT)</b> Method: Spectrophotometric	34	U/L	0 - 41
<b>ALKALINE PHOSPHATASE</b>	89	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.2	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	3.9	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.3	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	1.69	%	1.1 - 2.2

**End of Report**

*Results are to be correlated clinically*

Lab Technician / Technologist  
path



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**Sample Collected On** : 08/03/2024 03:12PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 32 Y. Male  
**OP Visit No** : OPD-UNIT-II-1  
**Reported On** : 08/03/2024 06:16PM


### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	30ML		
Appearance	Slightly Turbid		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.005		1.001 - 1.030
Reaction (pH)	7.5		
<b>Chemical Examination</b>			
Protein(Albumin) Urine	Present 2 +		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
<b>Microscopic Examination</b>			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	6 - 8	/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	

**End of Report**

*Results are to be correlated clinically*

Lab Technician / Technologist  
path

**+91 96918 26363**  
**0771 4033341**

Patient Name : Mr.HANSHARAJ PRAKASH	Collected : 08/Mar/2024 03:44PM
Age/Gender : 32 Y 0 M 0 D /M	Received : 08/Mar/2024 04:38PM
UHID/MR No : DSUS.0000006697	Reported : 08/Mar/2024 06:50PM
Visit ID : DSUSOPV7809	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
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.35	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.5	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.1	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 \*\*\*



\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

ge	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
ending	00:05	0:05	00.0	00.0	01.0	096	51 %	120/80	115	00	
Start	00:10	0:05	02.7	10.0	04.1	083	44 %	120/80	099	00	
UCE Stage-1	03:10	3:00	02.7	10.0	04.7	122	65 %	122/82	148	00	
UCE Stage-2	06:10	3:00	04.0	12.0	07.1	140	74 %	124/84	173	00	
akEx	07:58	1:48	05.5	14.0	09.0	151	80 %	128/88	193	00	
covery	08:28	0:30	00.8	00.0	04.2	134	71 %	128/88	171	00	
covery	08:58	1:00	00.8	00.0	01.2	128	68 %	126/86	161	00	
covery	09:37	1:39	00.0	00.0	01.0	104	55 %	126/86	131	00	

**INDINGS :**

Exercise Time : 07:48  
 Max HR Attained : 151 bpm 80% of Target 188  
 Max BP Attained : 128/88 (mm/Hg)  
 Max Workload Attained : 9 Good response to induced stress  
 Test Objective : GHIDFEMASFSAFD ASSAS  
 Test End Reasons : Test Complete, Heart Rate Achieved

PORT :

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



Doctor : DR DEEPAN DAS MBBS DIP CARDIO

131 / MR HANSRAJ / 32 Yrs / M / 165 Cms / 79 Kg / HR : 96

BRUCE: Standing(0:06)



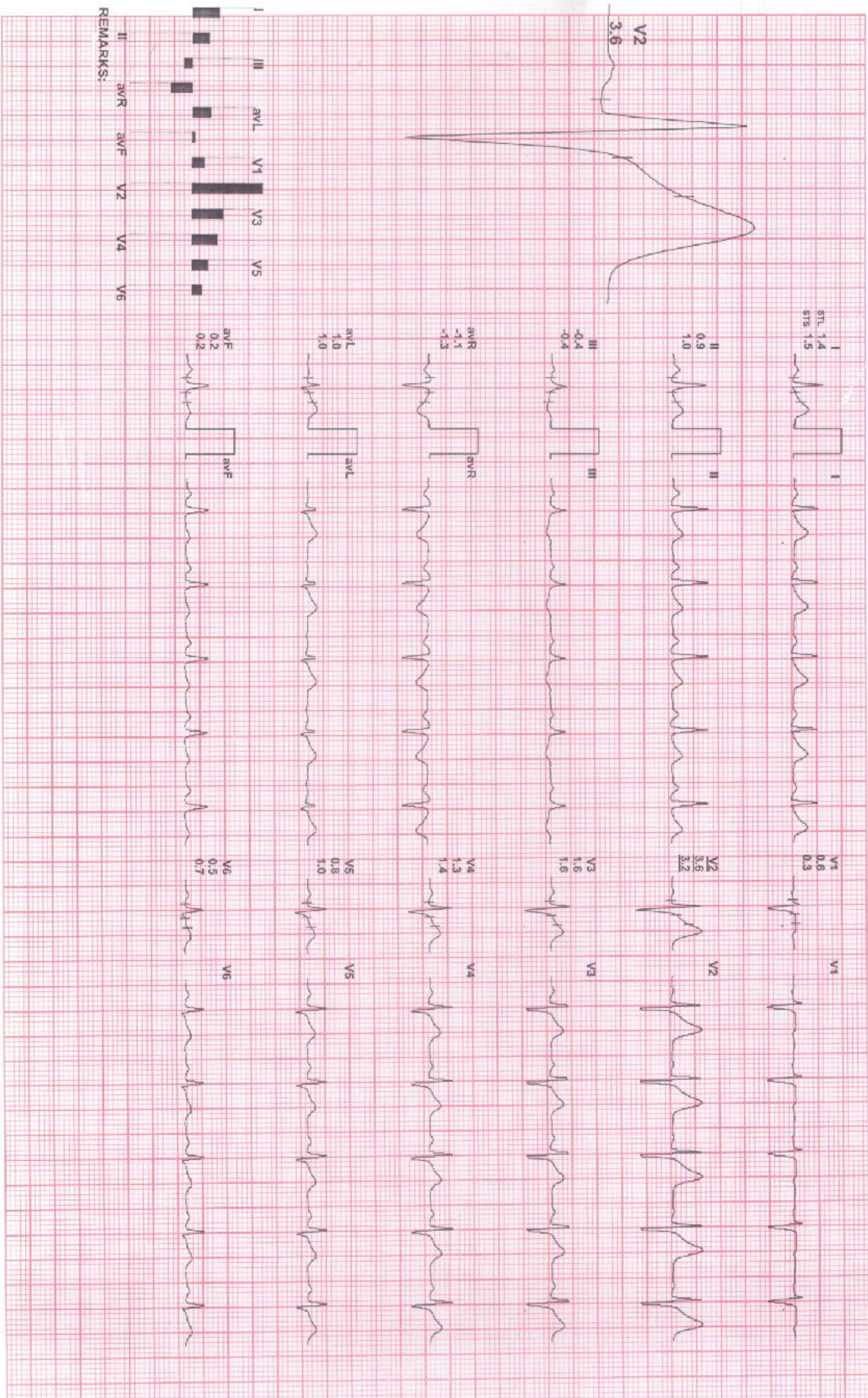
Date: 08 / 03 / 2024

METS: 1.0/96 bpm 51% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzL/F 35 Hz

ExTime: 00:00 0.0 KmPh, 0.0%

4X 80 MS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



131 / MR HANSRAJ / 32 Yrs / M / 165 Cms / 79 Kg / HR : 83

ExStart

ACHPL

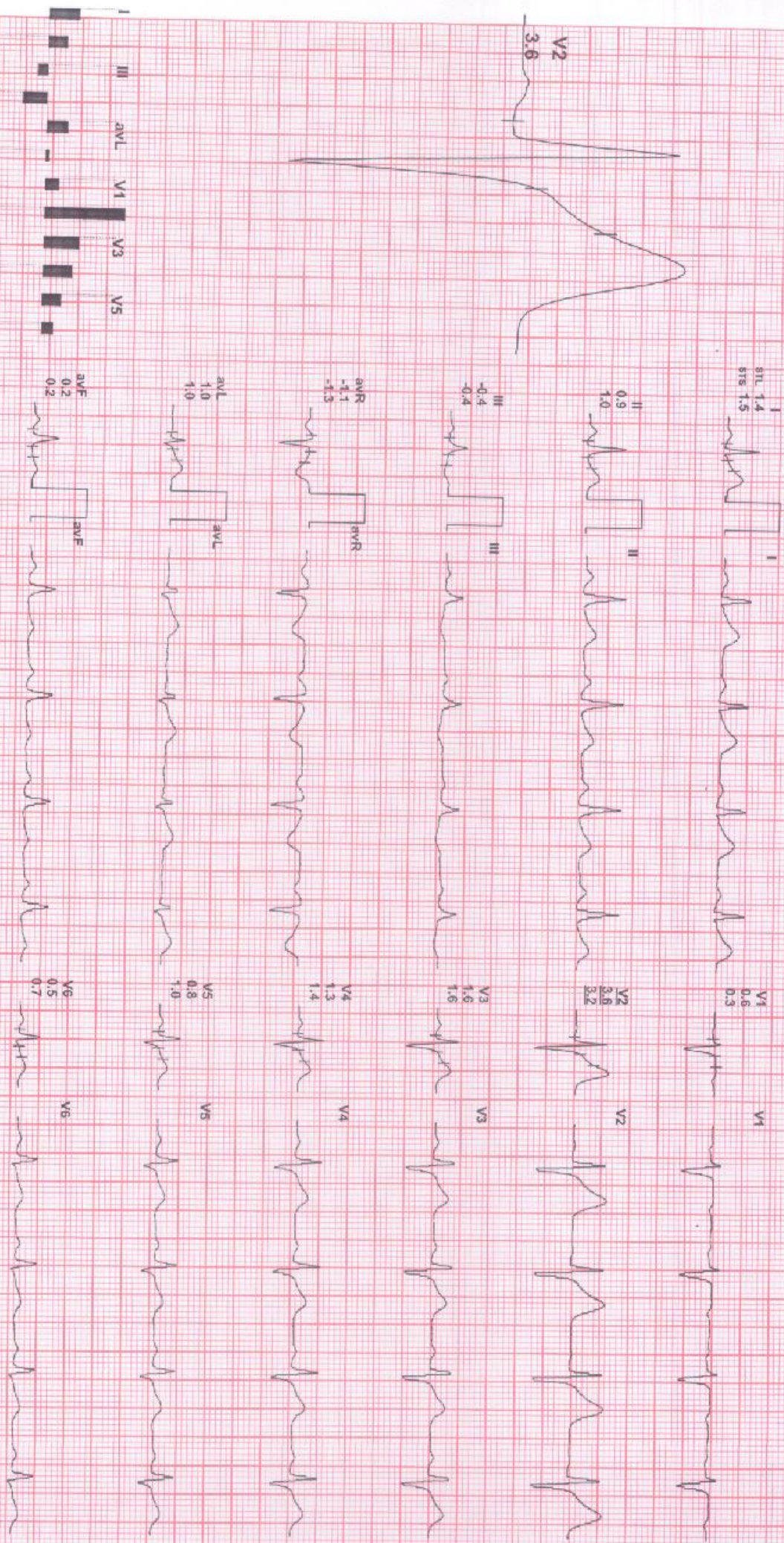
Date: 08 / 03 / 2024

METS: 1.1/ 83 bpm 44% of THR BP: 120/80 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HzLF 35 Hz

ExtTime: 00:00 2.7 Kmph, 10.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVL V1 V2 V3 V4 V5 V6

131 / MR HANSRAJ / 32 Yrs / M / 165 Cms / 79 Kg / HR : 122

BRUCE: Stage 1(3:00)

ACHPL

Date: 08 / 03 / 2024  
4X 80 ms Post J

METS: 4.71 122 bpm 65% of THR BP: 122/82 mmHg Combined Modans/ BLC On/ Notch On/ HF 0.05 HzLF 35 Hz

ExtTime: 03:00 2.7 Kmph, 10.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:  
II aVR aVL V1 V2 V3 V4 V5 V6



131 / MR HANSRAJ / 32 YRS / M / 165 CMS / 79 Kg / HR : 140

BRUCE: Stage 2(3:00)



Date: 08 / 03 / 2024  
4X 60 ms Post J

METS: 7.11/140 bpm 74% of THR BP: 124/84 mmHg Combined Medians/ ELC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTIME: 06:00 4.0 Km/h, 12.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:  
II aVR aVL aVF V1 V2 V3 V4 V5 V6

131 / MR HANSRAJ / 32 YRS / M / 165 Cms / 79 Kg / HR : 151

PeakEX

AGHP

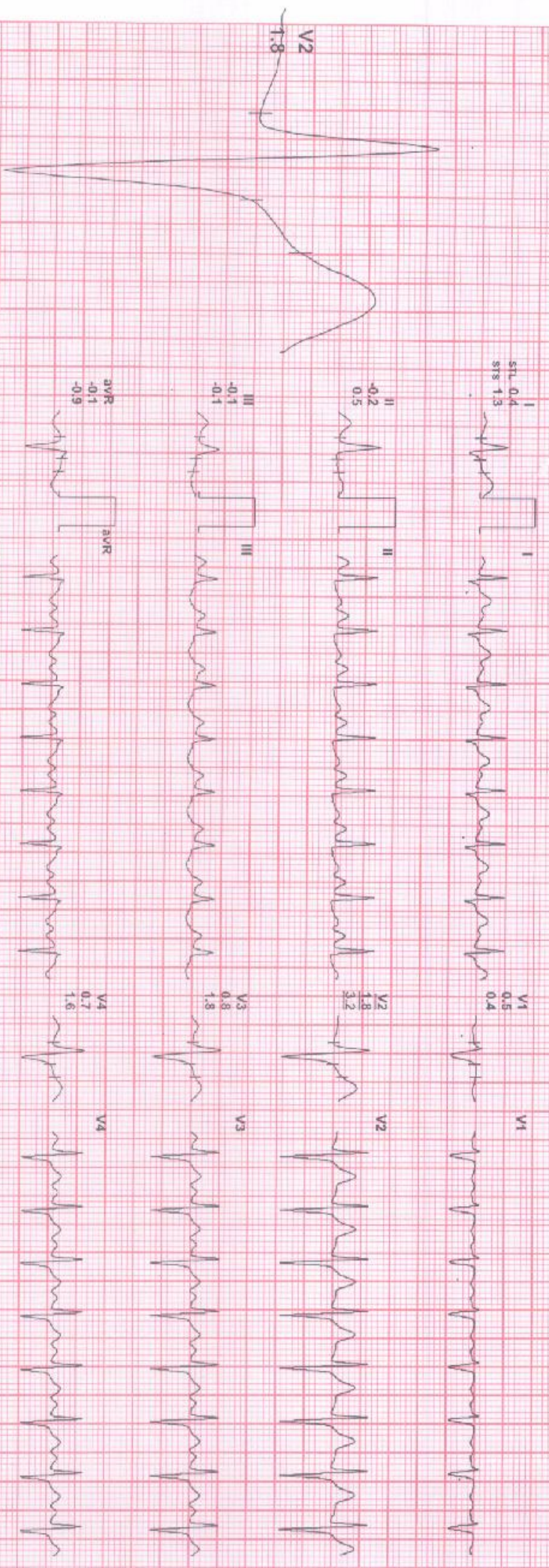
Date: 08 / 03 / 2024

METS: 9.0 / 151 bpm 80% of THR BP: 128/88 mmHg Combined Medians/ ELC On/ Notch On/ HF 0.05 HzLF 35 Hz

EXTime: 07:48 5.5 Kmph, 14.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVF V1 V2 V3 V4 V5 V6

131 / MR HANSRAJ / 32 Yrs / M / 165 Cms / 79 Kg / HR : 134

Date: 08 / 03 / 2024

4X

60 ms Post J

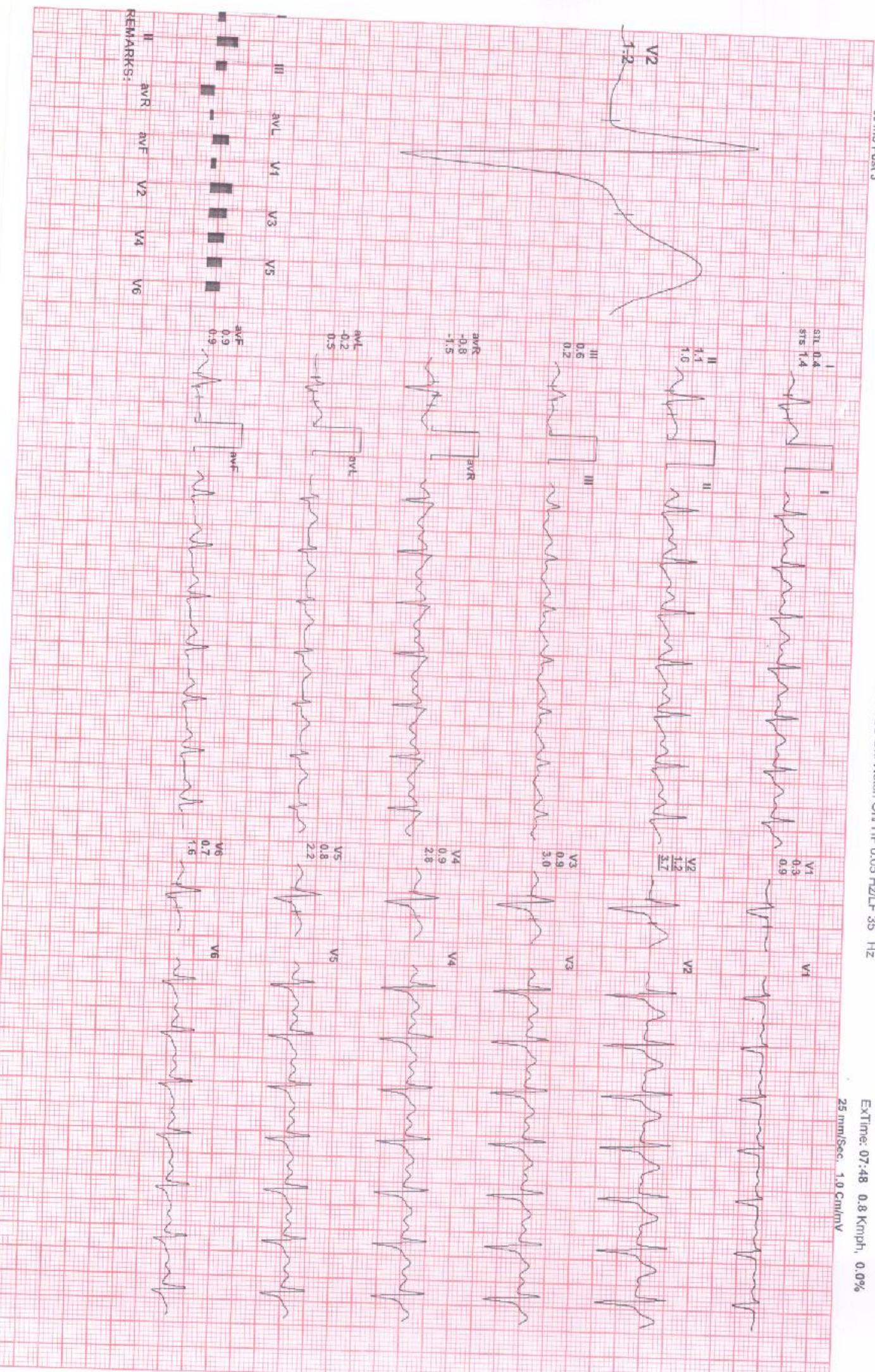
METS: 4.2/ 134 bpm 71% of THR BP: 128/88 mmHg

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

Recovery(0:30)

AGHPD

ExTime: 07:48 0.8 Kmph, 0.0%  
25 mm/Sec, 1.0 Cm/mV



REMARKS:

131 / MR HANSRAJ / 32 Yrs / M / 165 Cms / 79 Kg / HR : 128

Date: 08 / 03 / 2024

4X 80 ms Post J

METS: 1.2/ 128 bpm 68% of THR BP: 126/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 HZLF 35 Hz

Recovery(1:00)

ACHPD

ExTime: 07:48 0.8 Km/h, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

4X 80 ms Post J

ExTime: 07:48 0.0 Kmph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS: