

wt - Mr. Pradyuman Biswa Ranjan 23/03/24
 BP - 130/80 Age - 34y
 P - 84mt
 CBC - 13.9 / 4.60 / 7.40 / 253 / 10
 HbA1c - 5.6
 RBS - F - 98.0 / PP - 118.0
 Creatinine - 0.92
 U. Acid - 3.62
 Lipid - 165.0 / 98.0 / 44.0 / 107.40
 LFT - 22 / 27 / 69
 TSH - 5.86

No H10 Hm / Dm / Hm
 - test shalcal-XR
 2TC h x 30 days

D
 AS

Ad
Repeat TSH after 1 month

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



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Pradham Biswa Ranjan

Date 8/03/24

Sex/Age M. 34 year

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUNDUS:(RE):- <u>wal</u> (LE):- <u>wal</u>				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION:(RE):- <u>6/18 24 6/6</u> (LE):- <u>6/18 24 6/6</u>				
NEAR VISION:(RE):- <u>N6</u> (LE):- <u>N6</u>				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT	<u>-0.75</u>	<u>-0.75</u>	<u>70</u>	
LEFT	<u>-0.75</u>	<u>-0.75</u>	<u>110</u>	
REMARKS :-				

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



Pradhan Bawa Ranjan

mild staining



NAME OF PATIENT:MR. PRADHAN BISWA RANJAN

AGE: 34YRS/MALE

REFERRED BY: BOB

DATE: 08/03/2024

CHEST X - RAY PA VIEW

FINDINGS:

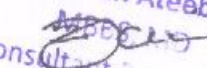
- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.




Dr. Zeeshan Ateeb Dani
Consultant Radiologist
Reg. No. CGMC-232410009
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.

ID: 434
MR PRADHAN BISWA RANJAN
Male 34Years

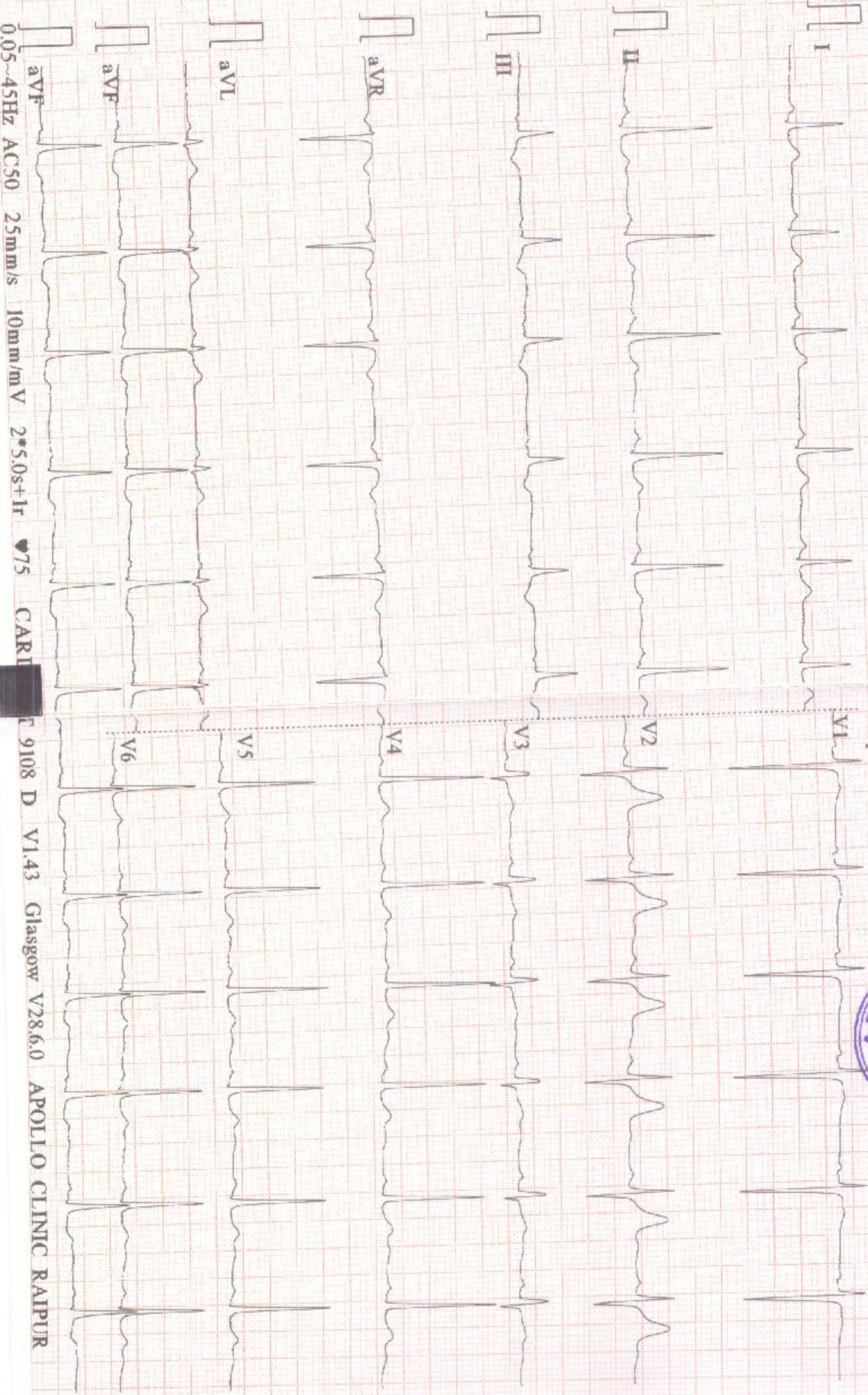
HR : 75 bpm
P : 108 ms
PR : 140 ms
QRS : 94 ms
QT/QTc : 350/391 ms
P/QRST : 13/54-2 °
RV5/SV1 : 1.782/1.854 mV

Diagnosis Information:
Sinus arrhythmia
Inferior ST-T abnormality is nonspecific
Borderline ECG

Report Confirmed by:



Dr. Ankit Sharma
MD Medicine
Reg. No.- CGMC 7971/2018
Apollo Clinic, Raipur



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 75

CART

9108 D V143 Glasgow V286.0 APOLLO CLINIC RAIPUR

PATIENT NAME:- MR. PRADHAN BISWA RANJAN
REF BY :- BOB

AGE/SEX: 34 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	X3.95cm	10.24X4.05cm
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 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.

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



Patient Name : MR PRADHAN BISWA RANJAN
UHID/ MR No : 9598
Visit Date : 08/03/2024
Sample Collected On : 08/03/2024 01:30PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 34 Y Male
OP Visit No : OPD-UNIT-II-1
Reported On : 08/03/2024 06:20PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	13.9	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.69	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	41.70	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	88.9	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	29.6	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	15.1	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	7.40	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	51	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	42	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	01	%	1-6%
Monocytes	06	%	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



DR DHANANJAY RAMCHANDRA PRASA
M.D. PATHOLOGY

Page 5 of 6

Patient Name : MR PRADHAN BISWA RANJAN
UHID/ MR No : 9598
Visit Date : 08/03/2024
Sample Collected On : 08/03/2024 01:30PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 34 Y. Male
OP Visit No : OPD-UNIT-II-4
Reported On : 08/03/2024 06:20PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	253	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) : A
RhD factor (Rh Typing) : POSITIVE

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



Patient Name : MR PRADHAN BISWA RANJAN
UHID/ MR No : 9598
Visit Date : 08/03/2024
Sample Collected On : 08/03/2024 01:30PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 34 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 08/03/2024 06:20PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
---------------	----------------	------	-------------------------------

HbA1c (Glycosalated Haemoglobin)

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: $eAG(mg/dl) = 28.7 * A1c - 46.7$
 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

Lab Technician / Technologist
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Page 4 of 6

Dhananjay
DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR PRADHAN BISWA RANJAN
 UHID/ MR No : 9598
 Visit Date : 08/03/2024
 Sample Collected On : 08/03/2024 01:30PM
 Ref. Doctor : SELF
 Sponsor Name :


Age/Gender : 34 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 08/03/2024 06:20PM


BIO CHEMISTRY


Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	118.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	98.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	10	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.92	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.62	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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Patient Name : MR PRADHAN BISWA RANJAN
 UHID/ MR No : 9598
 Visit Date : 08/03/2024
 Sample Collected On : 08/03/2024 01:30PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 34 Y. Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 08/03/2024 06:20PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	165.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	98.0	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	101.40	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric			
VLDL Cholesterol	19.60	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.75		3.5-5
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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DR DHANANJAY RAMCHANDRA PRASA
 M.D. PATHOLOGY

Patient Name : MR PRADHAN BISWA RANJAN
UHID/ MR No : 9598
Visit Date : 08/03/2024
Sample Collected On : 08/03/2024 01:30PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 34 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 08/03/2024 06:20PM

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	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.70	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	22	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	27	U/L	0 - 41
ALKALINE PHOSPHATASE	69	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	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

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Page 3 of 6

Dr. Pradhan
DR DHANANJAY RAMCHANDRA PRASA
M.D. PATHOLOGY

Patient Name : MR PRADHAN BISWA RANJAN
UHID/ MR No : 9598
Visit Date : 08/03/2024
Sample Collected On : 08/03/2024 01:30PM
Ref. Doctor : SELF
Sponsor Name :


Age/Gender : 34 Y. Male
OP Visit No : OPD-UNIT-II-1
Reported On : 08/03/2024 06:20PM

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	1.015		1.001 - 1.030
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	1 - 2	/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	Not Seen

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path



Patient Name : Mr.PRADHAN BISWA RANJAN	Collected : 08/Mar/2024 03:49PM
Age/Gender : 34 Y 0 M 0 D /M	Received : 08/Mar/2024 04:38PM
UHID/MR No : DSUS.0000006700	Reported : 08/Mar/2024 06:50PM
Visit ID : DSUSOPV7812	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)	1.63	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	12.3	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	5.86	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

- 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.
- 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.
- 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.
- 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 Adcnoma; TSHoma/Thyrotropinoma

*** End Of Report ***



*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

Apollo Clinic
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ECHOCARDIOGRAPHY REPORT

NAME : MR. PRADHAN BISWA RANJAN	Age/Sex: 34Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 08/03/2024	REGN. NO. : FRAI.00000
Ref.By Dr : BOB		

M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	3.1	2.0 – 3.7	IVS Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
AorticValve Opening	2.0	1.5 – 2.6	PW Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
LA Dimension	3.4	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.4	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.8	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.



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

