

Mr. Souvan Paul  
Age - 32y

wt - 100 kg  
H - 182 cm  
BP - 140/90  
P - 80mt



Patient: Samru Paul,

NO extraction of tooth at childhood  
Bleeding while brushing rarely.

Root stump  $\bar{c}$   $\frac{6}{7}$

Advice - Extraction of root stump  $\bar{c}$   $\frac{6}{7}$   
Rx Chlorhexidine mouth wash.

*S. Dec*



Dt:- 08/03/24,

The

Manager,

Bank of Baroda,

Re:- Not opting for Eye Test

Sir / Ma'am,

With reference to the above, under the package of Annual Health check-up from Apollo Clinic, Raipur, I do not want to go for the Eye-checkup as of now. Kindly allow me to opt from the Eye-checkup.

Thanking you,

Souvar Paul

(Souvar Paul)

BOB.

Raipur



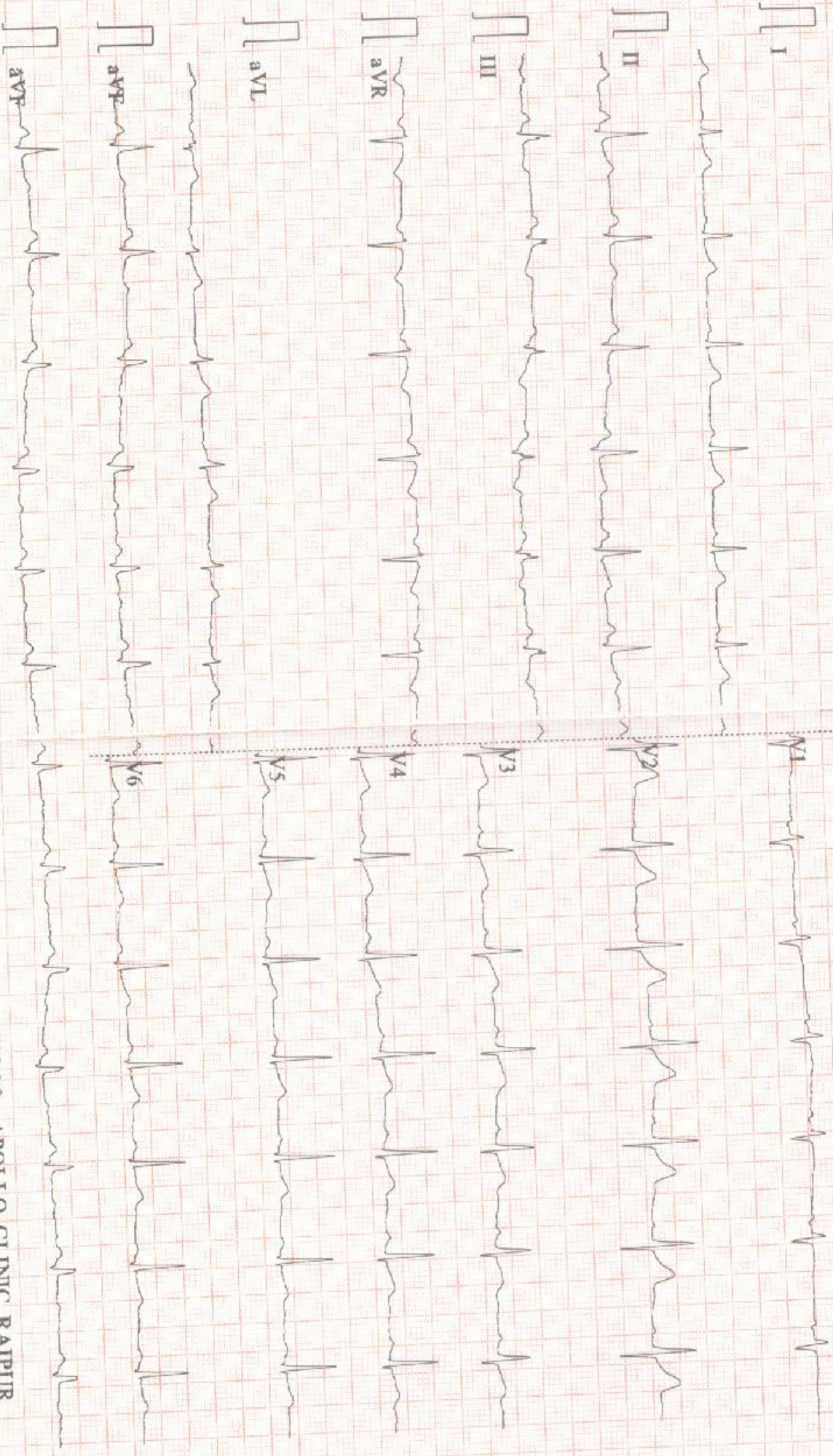
ID: 455  
MR SOURAV PAUL  
Male 32 Years

08-03-2024 11:55:56 AM  
HR : 81 bpm  
P : 108 ms  
PR : 144 ms  
QRS : 80 ms  
QT/QTc : 356/414 ms  
P/QRS/T : 69/42/4 °  
RV5/SV1 : 1.06/0.351 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG



Report Confirmed by:



**NAME OF PATIENT: MR. SOURAV PAUL**

**AGE: 32YRS/MALE**

**REFERRED BY: BOB**

**DATE: 08/03/2024**

**CHEST X - RAY PA VIEW**

**FINDINGS:**

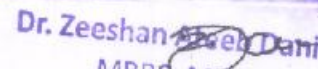
- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

**IMPRESSION:**

- **NO SIGNIFICANT ABNORMALITY SEEN.**

**Advised: Clinical correlation and further evaluation if clinically indicated.**



  
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. This report is not for medico-legal purposes.

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

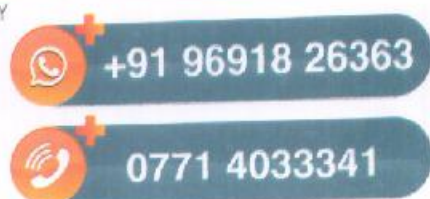
**Apollo Clinic**

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



**PATIENT NAME:- MR. SOURAV PAUL**  
**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	11.68X5.61cm	11.54X5.44cm
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 28.398 CC gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

**IMPRESSION:**

- GRADE - II FATTY LIVER
- GRADE - I PROSTATOMEGALY

Advised clinical correlation/further evaluation if clinically indicated.



Dr. Zeeshan Ateeb Dani  
MBBS, MD  
Consultant Radiologist  
**DR. ZEESHAN ATEEB DANI**  
Reg. No. CGMC-2324/20 (MD)  
**CONSULTANT RADIOLOGIST**

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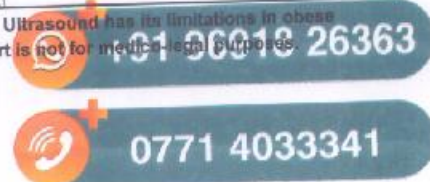
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**Patient Name** : MR SOURAV PAUL  
**UHID/ MR No** : 9599  
**Visit Date** : 08/03/2024  
**Sample Collected On** : 08/03/2024 03:08PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 32 Y. Male  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 08/03/2024 06:23PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HEMOGRAM</b>			
Haemoglobin(HB)	15.3	gm/dl	12 - 17
Method: CELL COUNTER			
Erythrocyte (RBC) Count	5.29	mill/cu.mm.	4.20 - 6.00
Method: CELL COUNTER			
PCV (Packed Cell Volume)	45.90	%	39 - 52
Method: CELL COUNTER			
MCV (Mean Corpuscular Volume)	86.8	fL	76.00 - 100
Method: CELL COUNTER			
MCH (Mean Corpuscular Haemoglobin)	28.9	pg	26 - 34
Method: CELL COUNTER			
MCHC (Mean Corpuscular Hb Concn.)	33.3	g/dl	32 - 35
Method: CELL COUNTER			
RDW (Red Cell Distribution Width)	14.1	%	11 - 16
Method: CELL COUNTER			
Total Leucocytes (WBC) Count	5.46	cells/cumm	3.50 - 10.00
Method: CELL COUNTER			
Neutrophils	62	%	40.0 - 73.0
Method: CELL COUNTER			
Lymphocytes	32	%	15.0 - 45.0
Method: CELL COUNTER			
Eosinophils	01	%	1-6%
Method: CELL COUNTER			
Monocytes	05	%	4.0 - 12.0
Method: CELL COUNTER			
Basophils	00	%	0.0 - 2.0
Method: CELL COUNTER			

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

Lab Technician / Technologist  
 path

Page 5 of 6

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

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### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	169	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  
 path

Page 6 of 6

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



Patient Name : MR SOURAV PAUL  
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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE - (POST PRANDIAL)</b>			
Glucose -Post prandial Method: REAGENT GRADE WATER	110.0	mg/dl	70-140
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting SUGAR REAGENT GRADE WATER	100.0	mg/dl	70 - 120
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	11	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	1.01	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	3.64	mg/dL	2.6 - 7.2

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

Lab Technician / Technologist  
 path



DR DHANANJAY RAMCHANDRA PRASAD  
 M.D. PATHOLOGY

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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>HbA1c (Glycosalated Haemoglobin)</b>	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 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  
 path

Page 4 of 6

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

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### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	198.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	142.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	39.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	130.60	mg/dl	Optimal:< 100                      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189                      Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	28.40	mg/dl	6 - 38 3.5-5
Total Cholesterol/HDL Ratio	5.08		
Method: Spectrophotometric			

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

Lab Technician / Technologist  
path

Page 2 of 6

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

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**Reported On** : 08/03/2024 06:23PM


### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.8	mg/dl	0.1- 1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.1	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.70	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	29	U/L	0 - 40
<b>SGPT (ALT)</b> Method: Spectrophotometric	37	U/L	0 - 41
<b>ALKALINE PHOSPHATASE</b>	79	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.9	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.7	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	1.55	%	1.1 - 2.2

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

Lab Technician / Technologist  
path

Page 3 of 6

  
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M.D. PATHOLOGY

Patient Name : MR SOURAV PAUL  
 UHID/ MR No : 9599  
 Visit Date : 08/03/2024  
 Sample Collected On : 08/03/2024 03:08PM  
 Ref. Doctor : SELF  
 Sponsor Name :


Age/Gender : 32 Y Male  
 OP Visit No : OPD-UNIT-II-2  
 Reported On : 08/03/2024 06:23PM


**CLINICAL PATHOLOGY**


Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	25ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.010		1.001 - 1.030
Reaction (pH)	6.5		
<b>Chemical Examination</b>			
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
<b>Microscopic Examination</b>			
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

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

 **+91 96918 26363**

 **0771 4033341**

Patient Name : Mr.SOURAV PAL	Collected : 08/Mar/2024 04:31PM
Age/Gender : 32 Y 0 M 0 D /M	Received : 08/Mar/2024 04:40PM
UHID/MR No : DSUS.0000006703	Reported : 08/Mar/2024 06:50PM
Visit ID : DSUSOPV7815	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)	1.45	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	10.6	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	6.87	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 \*\*\*




**DR. MAFKAL KUJUR**  
LICENCEE SAMRIDDHI AROGYAM PVT. LTD.  
M.B.B.S. M.D (Pathology)


Consultant Pathologist Apollo Clinic, Raipur, A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

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**+91 90511 22363**



**0771 4033341**

Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Start	00:26	00.0	00.0	01.0	101	54%	130/80	131	00	
UCE Stage 1	03:26	02.7	10.0	04.7	128	68%	132/82	168	00	
UCE Stage 2	06:26	04.0	12.0	07.1	155	82%	136/86	210	00	
3KEX	06:43	05.5	14.0	07.4	160	85%	136/86	217	00	
Recovery	07:13	00.8	00.0	04.2	150	80%	136/86	204	00	
Recovery	07:43	00.8	00.0	01.2	141	75%	138/88	194	00	
Recovery	08:43	00.0	00.0	01.0	119	63%	136/86	161	00	
Recovery	08:53	00.0	00.0	01.0	120	64%	136/86	163	00	

**FINDINGS :**

Exercise Time : 06:17  
 Max HR Attained : 160 bpm 85% of Target 188  
 Max BP Attained : 138/88 (mm/Hg)  
 Max Workload Attained : 7.4 Fair response to induced stress  
 Test Objective : GHDFEWASFSAFD ASSAS  
 Test End Reasons : Test Complete, Heart Rate Achieved

**REPORT :**

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

Doctor:  DR DEEPAN DAS MBBS DIP CARDIO



130 / MR SOURAV / 32 Yrs / M / 182 Cms / 100 Kg / HR : 101

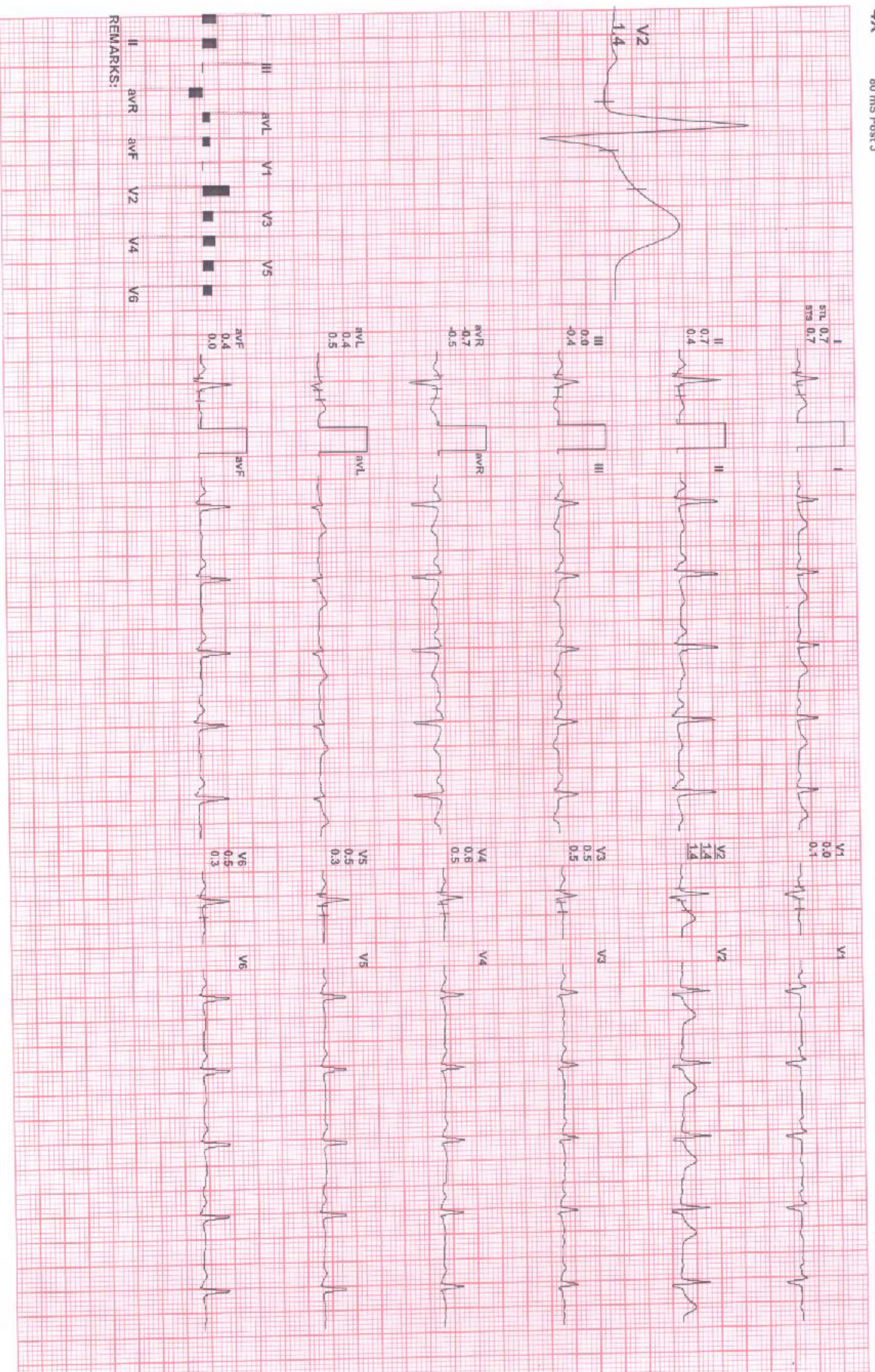
Date: 08 / 03 / 2024

METS: 1.0/ 101 bpm 54% of THR BP: 130/80 mmHg Combined Medians/ BLC On/ Noch On/ HF 0.05 HZ/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 Km/h, 0.0%

25 mm/Sec. 1.0 Cm/mV



REMARKS:



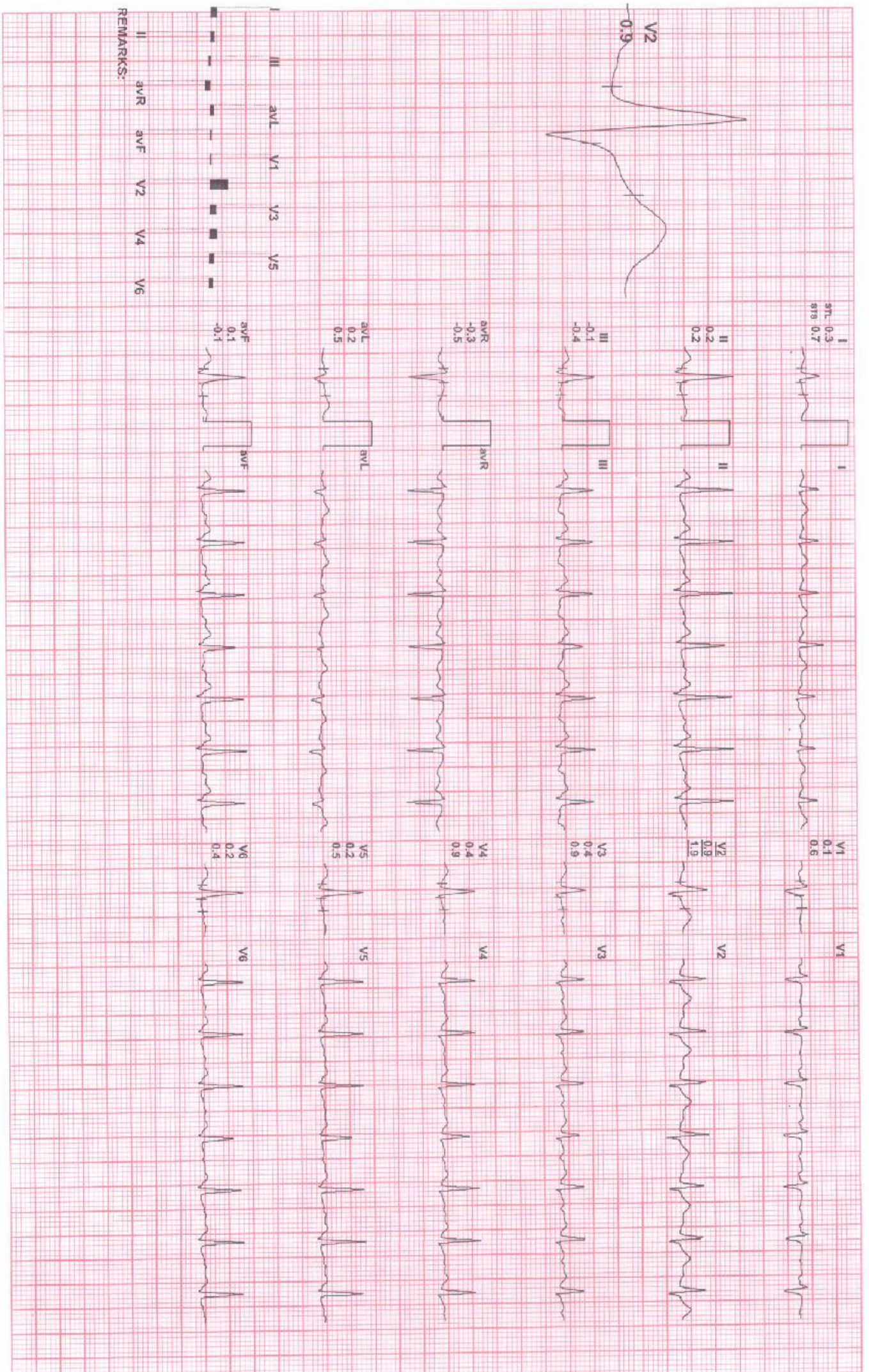
Date: 08 / 03 / 2024

MEETS: 4.71 128 bpm 68% of THR BP: 132/82 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 2.7 Km/ph, 10.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

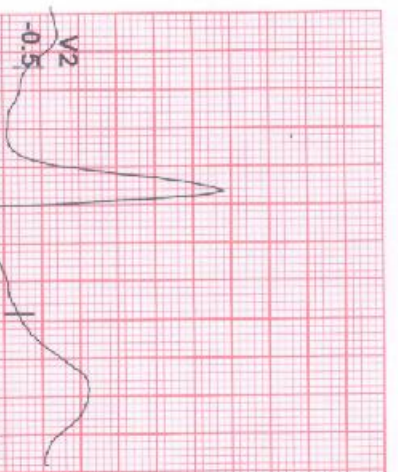
Date: 08 / 03 / 2024

METS: 7.1 / 155 bpm 82% of THR BP: 136/86 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:00 4.0 Kmph, 12.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



I  
SRL -0.9  
STL 0.5



V1  
0.4  
0.6



II  
-2.3  
0.8



V2  
-2.0  
2.0



III  
-1.4  
0.3



V3  
-1.3  
1.1



aVR  
1.6  
-0.7



V4  
-1.5  
1.1



aVL  
0.3  
0.2



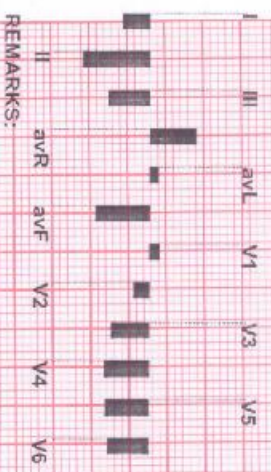
V5  
-1.4  
0.7



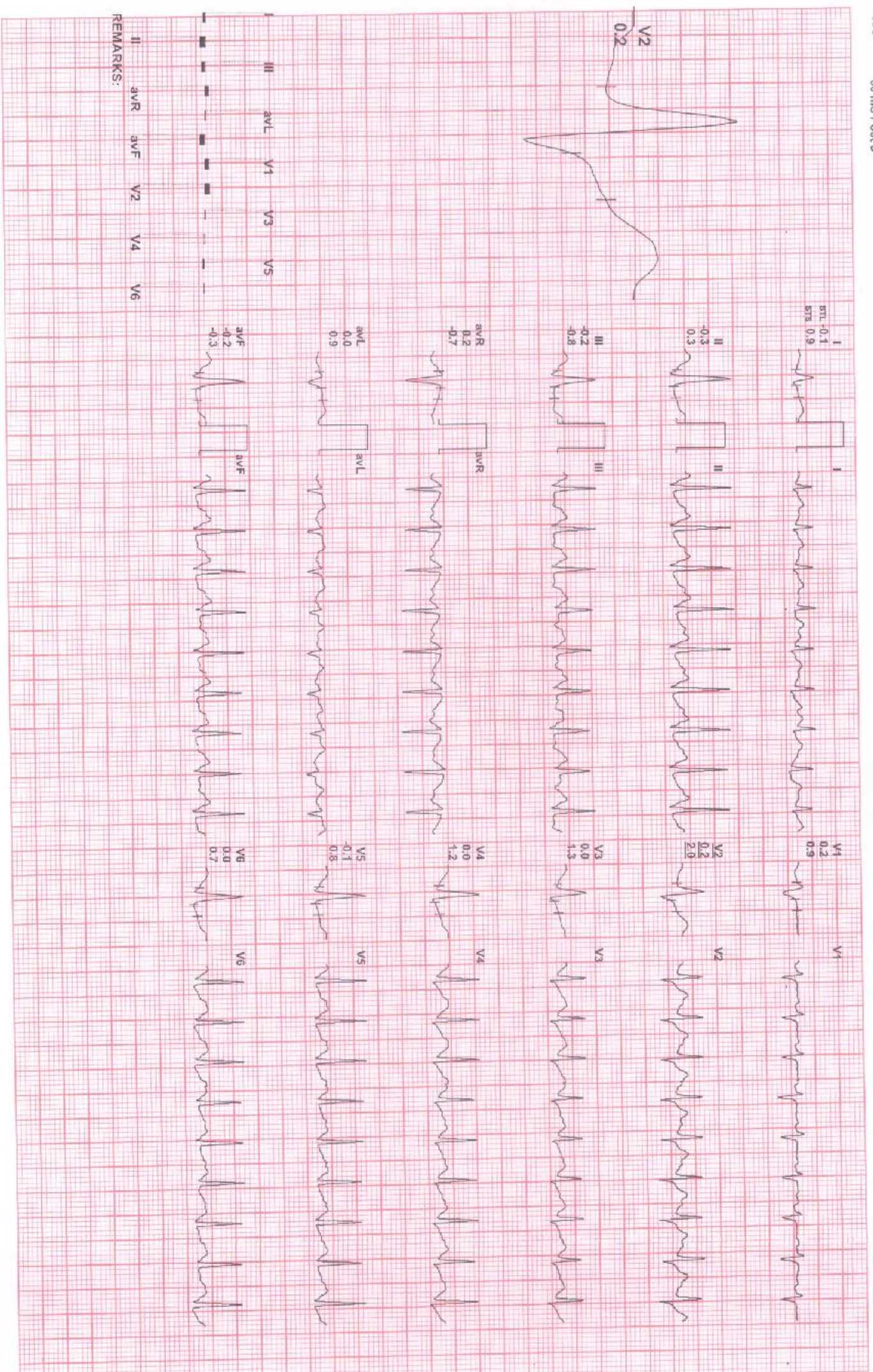
aVF  
-1.8  
0.6



V6  
-1.4  
0.5



REMARKS:



REMARKS:

130 / MR SOURAV / 32 Yrs / M / 182 Cms / 100 Kg / HR : 150

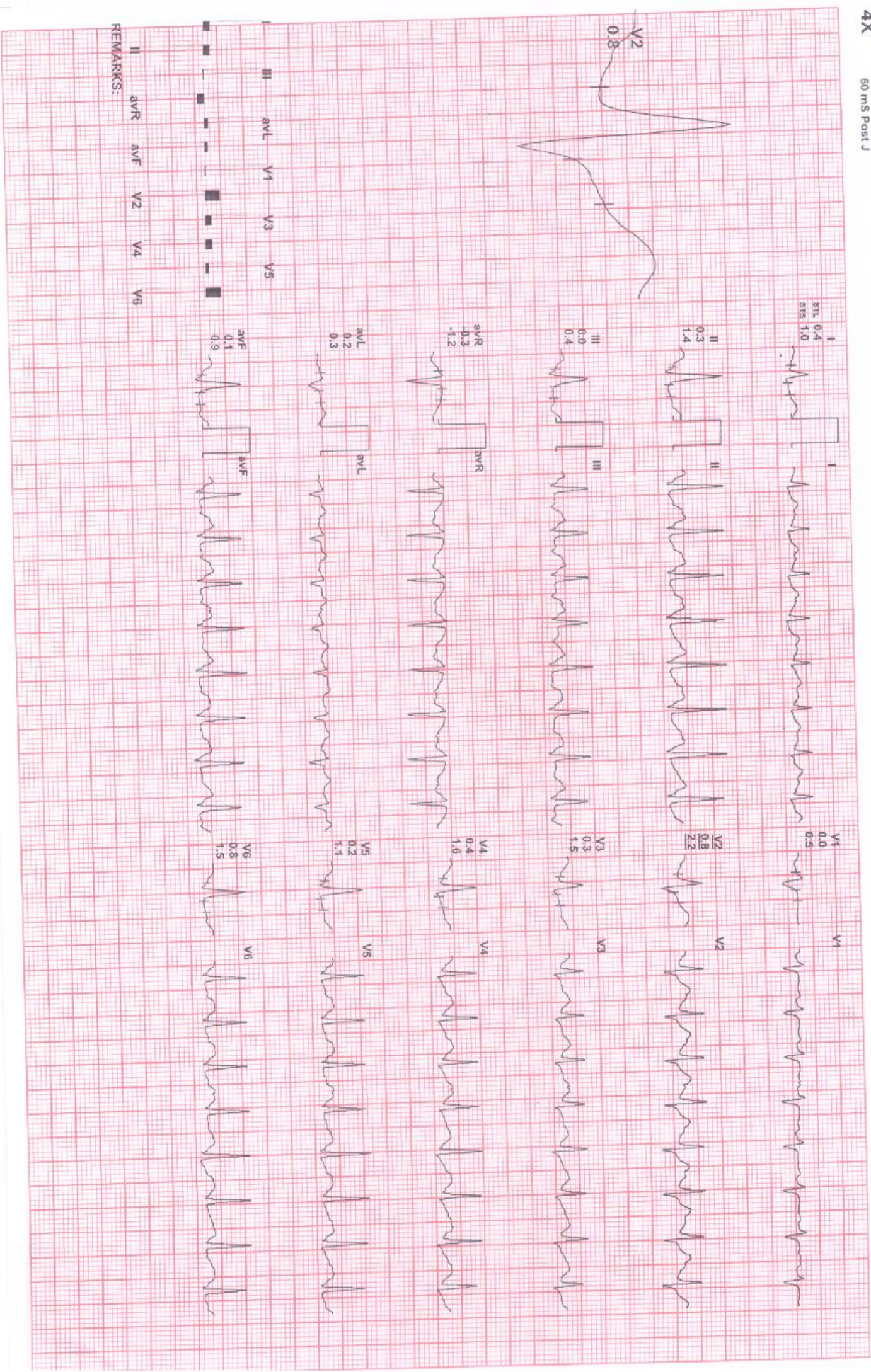
Date: 08 / 03 / 2024

METS: 4.2/ 150 bpm 80% of THR BP: 136/86 mmHg Combined Modifiers/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EXTime: 06:17 0.8 Km/h, 0.0%  
25 mm/Sec. 1.0 Cm/mV

ACIPL



REMARKS:



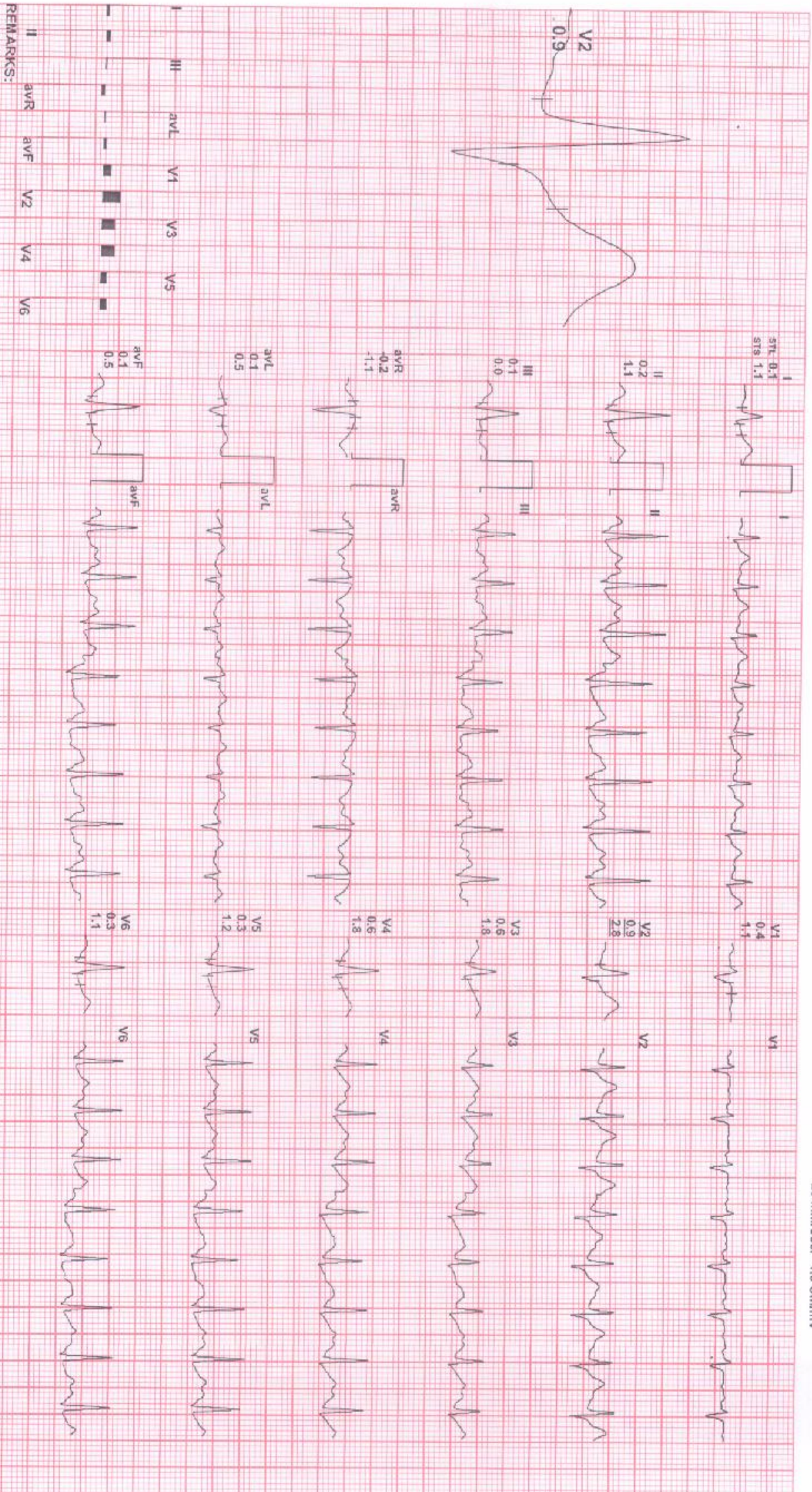
Date: 03 / 03 / 2024

METS: 1.2/ 141 bpm 75% of THR BP: 138/88 mmHg

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

EXTime: 06:17 0.8 Kmph, 0.0%  
25 mm/Sec. 1.0 Cm/mv

4X 60 ms Post J



REMARKS:

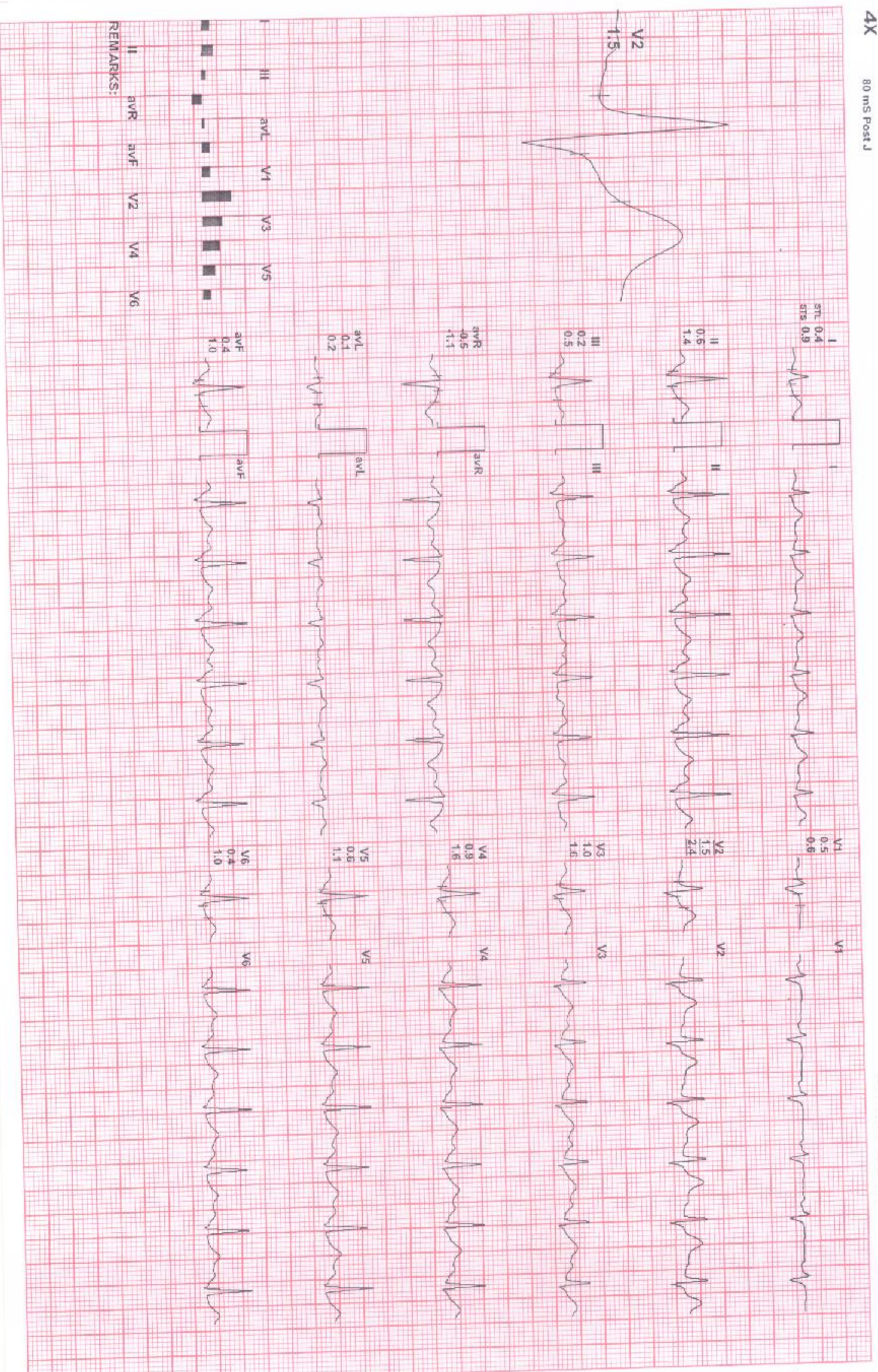
130 / MR SOURAV / 32 YRS / M / 182 Cms / 100 Kg / HR : 119

Date: 08 / 03 / 2024

MEETS: 1.0/ 119 bpm 63% of THR BP: 136/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:17 0.0 Km/h, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



REMARKS:

ACIPL

130 / MR SOURAV / 32 Yrs / M / 182 Cms / 100 Kg / HR : 120

Date: 08 / 03 / 2024

MEETS: 1.0/ 120 bpm/ 64% of THR BP: 136/86 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 80 ms Post J

EXTime: 06:17 0.0 Km/h, 0.0% 25 mm/Sec. 1.0 Cm/mV

AGIPL

