

WT - 92 kg
H - 172 cm
BP - 130/90
P - 84/min

Mr. Aditya Kumar
Age - 35 y/m

23/3/24

CBC - 13.7 / 4.48 / 8.05 / 101 / 9

HbA1c - 5.8

TSH - 2.380

RBS - F - 119.0

Creatinine - 0.83

U. Acid - 4.23

Lipid - 157.0 / 112.0 / 87.0 / 07.60

LFT - 20 / 15 / 99

No H/O DM / H/M

1 cap Acelnich 716 mg
30 days

- Only Exercise
- Walk with
20 min daily



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

- Consult for : Digital Dentistry • Fixed Teeth • RCT • Dental Implants • Gums Diseases • Dentures • Cosmetic Filling • Tooth Jewellery
- Digital OPG • Braces Treatment • Tooth Removal • Kids Dental Treatment • All Kind of Dental Surgeries

Aditya Verma
35/m

23/3/24

dc - rt clo food lodgement in U/R back region of jaw.

ofc -

- ID palatally +m in 6f
- eva.
- Disproportional Caries palatally in 6f

Achr - Restoration in 6f

- oral prophylaxis

Rx,

hil
2



Gum Tone

o — o — o x 7 days.



NAME OF PATIENT; MR. ADITYA KUMAR VERMA

AGE: 35YRS/MALE

REFERRED BY: BOB

DATE: 23/03/2024

CHEST X - RAY PA VIEW

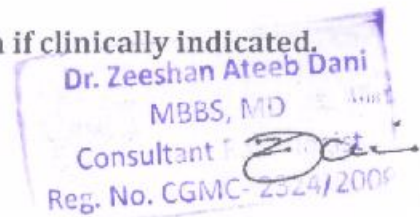
FINDINGS:

- 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
(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. ADITYA KUMAR VERMA
REF BY :- BOB

AGE/SEX:- 35 YRS/M
DATE:-23.03.2024

USG ABDOMEN

Liver: Liver is normal in size ,smooth in outline with normal 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 in size and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.88X4.87cm	10.94X4.74cm
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. 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. ANIL WASTI
SONOLOGIST REG.NO. CGMC-1471

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.

MR ADITYA KUMAR VERMA
Male 35 Years

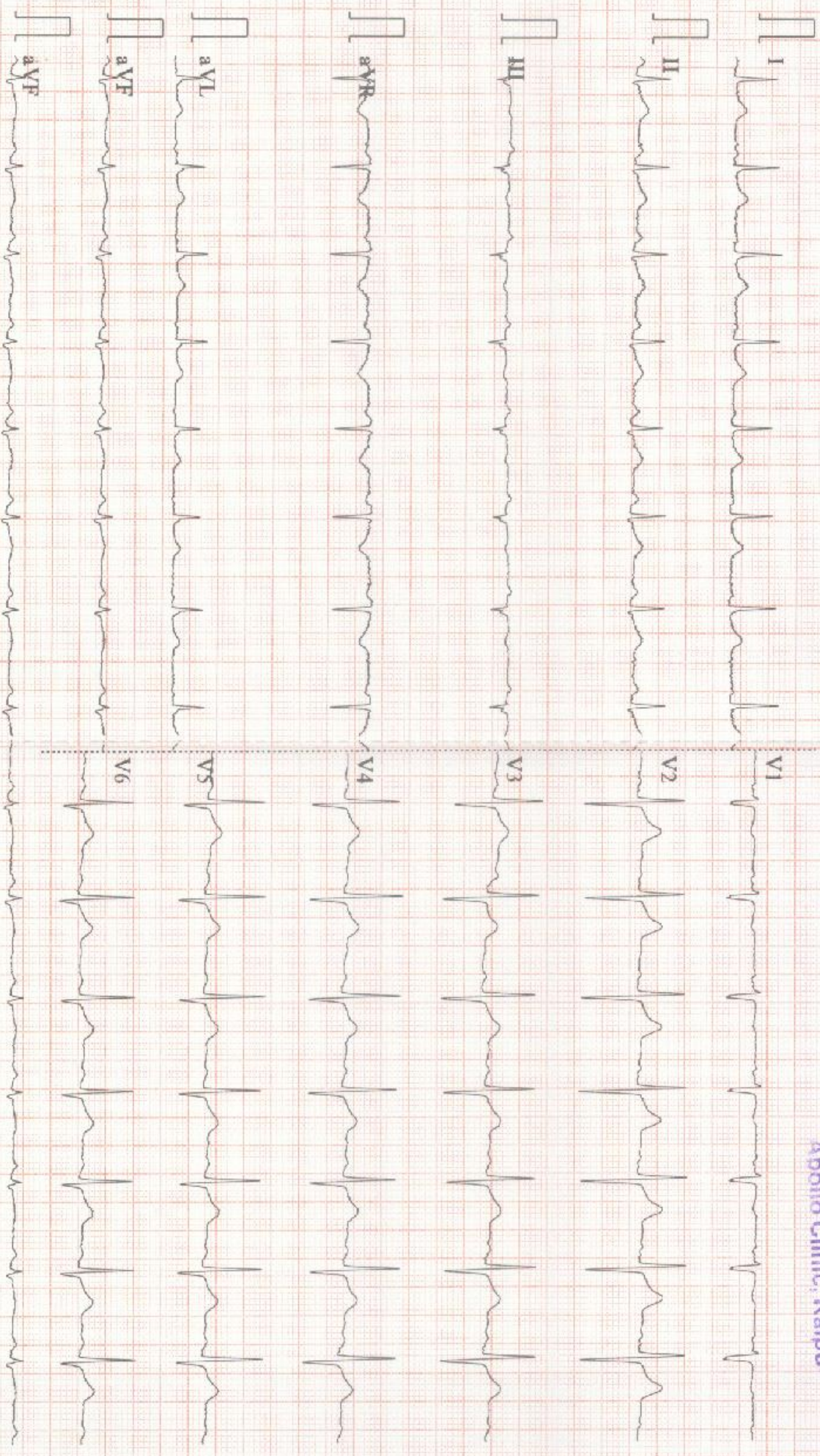
HR : 91 bpm
P : 116 ms
PR : 148 ms
QRS : 80 ms
QT/QTc : 354/436 ms
P/QRS/T : 71/12/31 °
RV5/SVI : 1.042/0.472 mV

Diagnosis Information:
Sinus rhythm
Normal ECG



Report Confirmed by:

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



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

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

Patient Name : MR ADITYA KUMAR VERMA
UHID/ MR No : 9754
Visit Date : 16/03/2024
Sample Collected On : 16/03/2024 03:36PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 17/03/2024 10:18AM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB) Method: CELL COUNTER	13.7	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.48	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	41.10	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	91.7	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	30.6	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	13.4	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	8.05	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	60	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	30	%	15.0 - 45.0
Eosinophils Method: CELL COUNTER	04	%	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

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DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Apollo Clinic

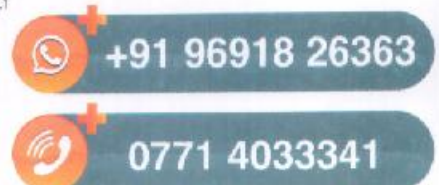
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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	191	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	9	mm /HR	0 - 10

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UHID/ MR No : 9754
Visit Date : 16/03/2024
Sample Collected On : 16/03/2024 03:36PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y Male
OP Visit No : OPD-UNIT-II-4
Reported On : 16/03/2024 07:17PM

HAEMATOLOGY

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

End of Report
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0771 4033341



0771 4033341

Patient Name : Mr.ADITYA KUMAR VERMA	Collected : 16/Mar/2024 04:29PM
Age/Gender : 33 Y 0 M 0 D /M	Received : 16/Mar/2024 05:40PM
UHID/MR No : DSUS.0000006842	Reported : 16/Mar/2024 06:53PM
Visit ID : DSUSOPV7979	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)	1.02	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	7.9	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.380	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 Adenoma; TSHoma/Thyrotropinoma

*** End Of Report ***



Patient Name : MR ADITYA KUMAR VERMA
UHID/ MR No : 9754
Visit Date : 16/03/2024
Sample Collected On : 16/03/2024 03:36PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 23/03/2024 04:18PM


BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE (FASTING)			
Glucose- Fasting	119.0	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen	10	mg/dl	7 - 20
METHOD: Spectrophotometric			
Creatinine	0.93	mg/dl	0.6-1.4
METHOD: Spectrophotometric			
Uric Acid	4.23	mg/dL	2.6 - 7.2
Method: Spectrophotometric			

End of Report
Results are to be correlated clinically

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Patient Name : MR ADITYA KUMAR VERMA
 UHID/ MR No : 9754
 Visit Date : 16/03/2024
 Sample Collected On : 16/03/2024 03:36PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 35 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 16/03/2024 07:17PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	157.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	112.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	37.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	97.60	mg/dl	Optimal:< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	22.40	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	4.24		3.5-5
Method: Spectrophotometric			

End of Report

Results are to be correlated clinically

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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR ADITYA KUMAR VERMA
 UHID/ MR No : 9754
 Visit Date : 16/03/2024
 Sample Collected On : 16/03/2024 03:36PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 35 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 16/03/2024 07:17PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.4	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.1	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.30	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	20	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	15	U/L	0 - 41
ALKALINE PHOSPHATASE	99	U/L	25-147
Total Proteins Method: Spectrophotometric	7.5	g/dl	6 - 8
Albumin Method: Spectrophotometric	3.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	4.0	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.3	%	1.1 - 2.2

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path



Patient Name : MR ADITYA KUMAR VERMA
UHID/ MR No : 9754
Visit Date : 16/03/2024
Sample Collected On : 16/03/2024 03:36PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 35 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 16/03/2024 07:17PM

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	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	Not Seen

End of Report

Results are to be correlated clinically

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ECHOCARDIOGRAPHY REPORT

NAME : MR. ADITYA KUMAR VERAM	Age/Sex: 35Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 23/03/2024	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	2.8	2.0 – 3.7	IVS Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
AorticValve Opening	1.9	1.5 – 2.6	PW Thickness	ED = 1.0 ES = 1.4	0.6 – 1.1
LA Dimension	3.1	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.9	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.9	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.
NORMAL CARDIAC CHEMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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

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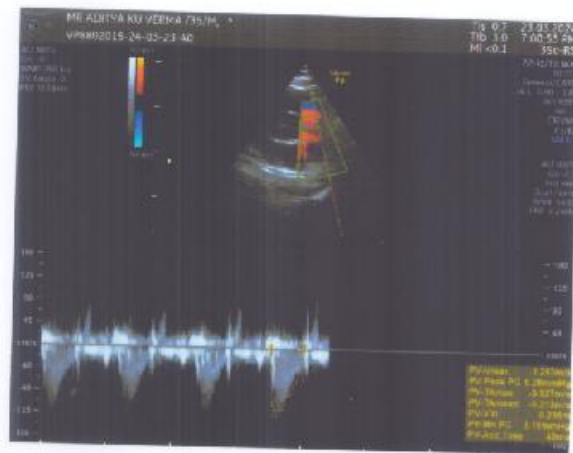
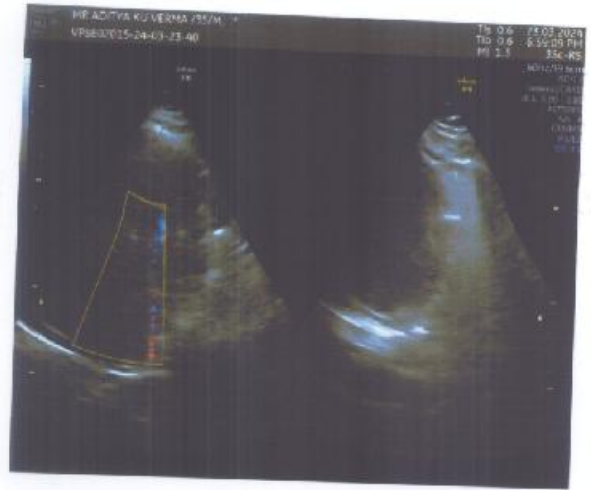
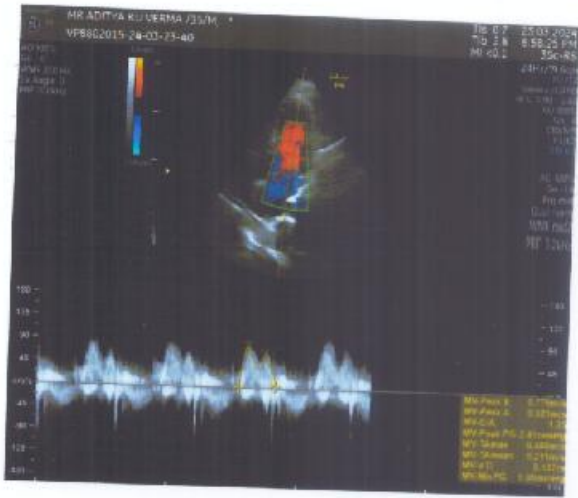
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CLINIC Dr. Prasad Roy M.D ENT

Name:- Aditya Verma 35y 1m

No Active Complaint

On Examination Rt Lf

EAC Clear Clear



Both eminent

Nose L/R clear

Throat (M) ppw clear

ENT Examination is WNL

Prasad

23/3/24