

WT - 100 kg
H - 162 cm
BP - 130/80
P - 94/min

Mr. Abhishek Mitra
Age - 36 y/o

12/04/24

No H/O OMU/HMY

WU FL

CBC - 11.4 | 4.72 | 10.4 | 187 | 10

HbA1c - 5.4

TSH - 2.640

Creatinine - 0.79

D. Acid - 3.69

RBS - F - 98.0 | PP - 253.0

Lipid - 150.0 | 98.0 | 44.0 | 86.40

LFT - 27 | 34 | 69

WU FL

No RUMR

- Tab Amlorus
qpr BP x 30d

- Tab VORXAR 47 mg
73mg



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

0.05-45Hz ACS0 25mm/s



Abhishek mittal

Occlusor cavity

\bar{c} $\frac{7}{8}$

Advice

RC7

\bar{c}

$\frac{7}{8}$

Filling

\bar{c}

$\frac{7}{8}$

Dr. Bushra

7828251782



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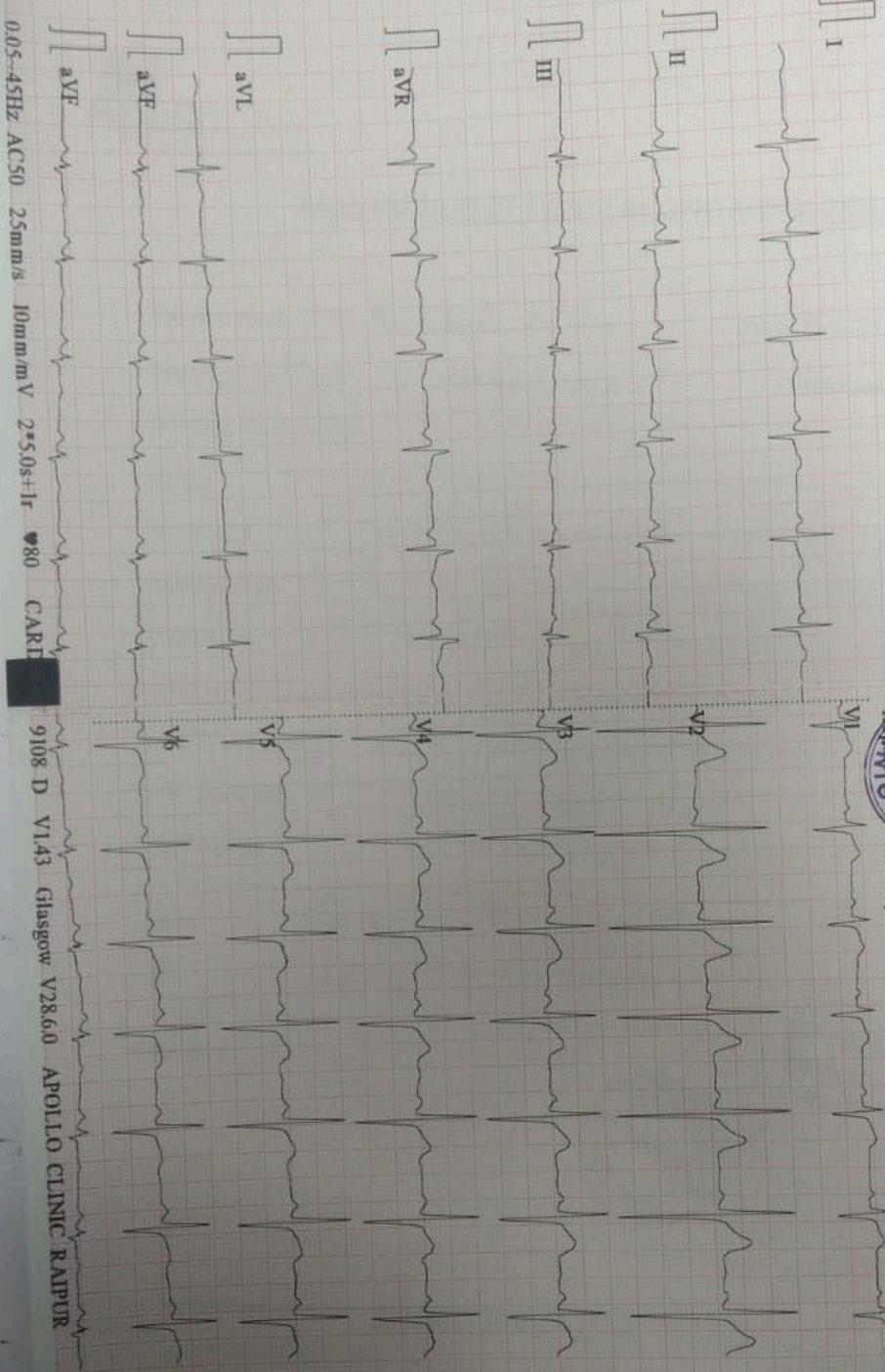


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ID: 85
MR ABHISHEK MITRA
Male 36Years

01-04-2024 10:31:05 AM

HR	: 80	bpm
P	: 114	ms
PR	: 140	ms
QRS	: 106	ms
QT/QTc	: 356/411	ms
PQRS/T	: 51/33/11	
RV5/SV1	: 1.146/0.512	mV



Diagnosis Information:

Sinus rhythm
Normal ECG



Confirmed by:

Dr. Animesh Choudha
MD Medicine
Reg. No. CGMC 3583/20
Apollo Clinic, Raipur

0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r 80 CART

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ECHOCARDIOGRAPHY REPORT

NAME : MR. ABHISHEK MITRA	Age/Sex: 36Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 01/04/2024	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	3.6	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.2	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.6	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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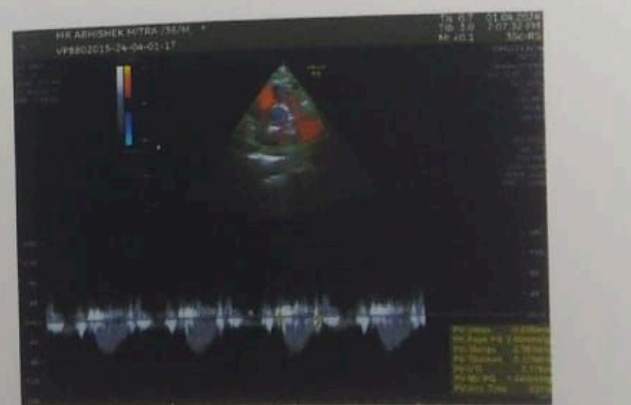
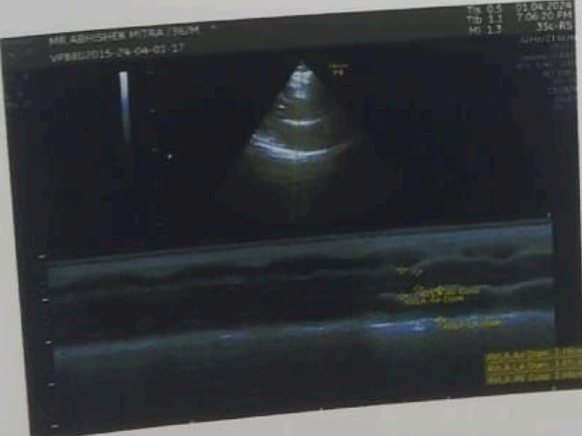
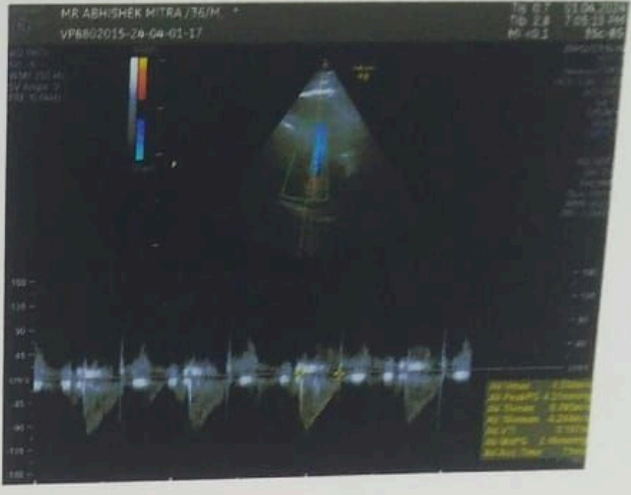
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PATIENT NAME:- MR. ABHISHEKH MITRA

REF BY :- BOB

AGE/SEX: 36 YRS/M

DATE:- 01.04.2024

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 cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.51X4.21cm	9.90X4.52cm
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 24.563 CC gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- FATTY LIVER GRADE - II

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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C/S/3 Dr. Prasad Roy MS ENT
Name A. B. Shikha Mitra 36y1 M

On Ex R/L by
EAC wax wax
Tx B/L Not seen Dr
Nose 1/1 2 B/L Soli wax ear drop 4 drop QID
Throat (M) ppw 0000 0000 0000 0000
to Today

Ret ENT Examination 2/1/24

Prasad
1/4/24



EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. Abhishek Mishra Date 11/04/24
 Sex/Age M/36y MR No Employee Id



EXTERNAL EXAMINATION		
SQUINT	NO	
NYSTAGMUS		
COLOUR VISION	NORMAL	
FUNDUS:(RE):-	WNL	(LE):- WNL
INDIVIDUAL COLOUR IDENTIFICATION	Good	
DISTANT VISION:(RE):-	6/12 @ 6/6	(LE):- 6/12 @ 6/6
NEAR VISION:(RE):-	N6	(LE):- N6
NIGHT BLINDNESS	NAD	

	SPH	CYL	AXIS	ADD
RIGHT	-0.75			
LEFT	-1.50			

REMARKS :-



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

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NAME OF PATIENT; MR. ABHISHEK MITRA

REFERRED BY: BOB

AGE: 36YRS/MALE

DATE: 01/04/2024

CHEST X - RAY PA VIEW

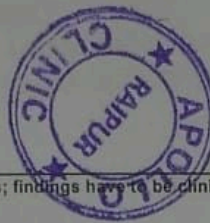
FINDINGS:

- 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

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Patient Name : Mr. ABHISHEK MITRA
 UHID/ MR No : 20243410016
 Visit Date : 03/04/2024
 Sample Collected On : 03/04/2024 03:00PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 36 Y Male
 OP Visit No : G/7096
 Reported On : 03/04/2024 05:53PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	08	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	0.79	mg/dl	0.6-1.4

COMMENTS: 1. Creatinine is a waste product formed in the muscle from the high energy storage compound, creatine phosphate.
 2. The amount of creatinine produced is fairly constant (unlike Urea), and is primarily a function of muscle mass.
 3. It is not greatly affected by diet, age, sex or exercise.
 4. Creatinine is removed from plasma by glomerular filtration and then excreted in urine without any appreciable resorption by the tubules; thus it is used to assess the renal function. However, serum creatinine levels do not start to rise until renal function has decreased by atleast 50%.

Uric Acid

Uric Acid Method: Spectrophotometric	3.69	mg/dL	2.6 - 7.2
---	------	-------	-----------

GLUCOSE - (POST PRANDIAL)

Glucose -Post prandial Method: REAGENT GRADE WATER	153.0	mg/dl	70-140
---	-------	-------	--------

GLUCOSE (FASTING)

Glucose- Fasting SUGAR REAGENT GRADE WATER	98.0	mg/dl	70 - 120
---	------	-------	----------

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	187	lacs/cu mm	150-400
Method: CELL COUNTER			

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
- Test conducted on EDTA whole blood.

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
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HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10


1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

End of Report

Results are to be corelated clinically

Lab Technician / Technologist
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Page 4 of 6


DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Patient Name : Mr.ABHISHEK MITRA	Collected : 01/Apr/2024 04:16PM
Age/Gender : 36 Y 0 M 0 D /M	Received : 01/Apr/2024 06:37PM
UHID/MR No : DSUS.0000007068	Reported : 01/Apr/2024 07:43PM
Visit ID : DSUSOPV8228	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.4	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	108	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- False low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Patient Name : Mr.ABHISHEK MITRA	Collected : 01/Apr/2024 04:16PM
Age/Gender : 36 Y 0 M 0 D /M	Received : 01/Apr/2024 04:40PM
UHID/MR No : DSUS.0000007068	Reported : 01/Apr/2024 06:11PM
Visit ID : DSUSOPV8228	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)	1.38	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	7.9	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	2.670	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

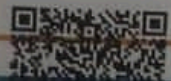
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Apollo Clinic
Dr. Manoj Kumar
M.B.B.S, M.D (Pathology)
Consultant Pathologist

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CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volum of urine	15ML		Clear
Appearance	Clear		Colourless
Colour	Pale Yellow		1.001 - 1.030
Specific Gravity	1.020		
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	

End of Report

Results are to be corelated clinically

Lab Technician / Technologist
path



DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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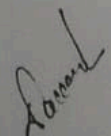
HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
CBC - COMPLETE BLOOD COUNT			
Haemoglobin(HB) Method: CELL COUNTER	14.4	gm/dl	12 - 17
Erythrocyte (RBC) Count Method: CELL COUNTER	4.72	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	43.20	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	91.5	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	30.5	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	12.5	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	10.4	cells/cumm	3.50 - 10.00
Neutrophils Method: CELL COUNTER	54	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	39	%	15.0 - 45.0
Monocytes	05	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	02	%	1-6%
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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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	150.0	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	86.40	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	3.41		3.5-5
Method: Spectrophotometric			

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY



Patient Name : Mr. ABHISHEK MITRA
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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	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	27	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	34	U/L	0 - 41
ALKALINE PHOSPHATASE	69	U/L	25-147
Total Proteins Method: Spectrophotometric	6.5	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.2	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.82	%	1.1 - 2.2

End of Report

Results are to be correlated clinically

Lab Technician / Technologist
path

