

H - 84 kg
H - 172 cm
BP - 130/80
P - 94 bpm
CBC - 13.5 | 4.36 | 6.55 | 20 | 243 | 110
RBS - F - 109.0 / PP - 146.0
Creatinine - 1.05
U. Acid - 3.8
HbA1c - 6.2
TSH - 1.46
PSA - 0.330
Lipid - 132.0 | 60.0 | 35.0 | 85
LFT - 18 | 26 | 119.0

40 PL

Mr. R. Sheshadri Tyer
Age - 56 y

12/03/24

KW Hru (Amlodypn 5)
C/O Hru
? Anal Area

- 1 tab Amlodypn 5 qd
- 1 tab Sitam forte BD x 100d
- 1 cap mcd dm सोफ नाए 2 बार x 300d
- 1 cap PEG FIBER ~~100g~~ BD 1-2 x 300d
- Antibiotics on Demand 100
- SITZ BATH



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

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+91 9691826363

Mr R. Sheshadra 14yr Age 5641M
Case Dr Prasad Roy MS ENT

Come for Routine M.ENT Examination

No active ENT Complaints

On Examination R of

EAC clear



BIL Intact

Nose FLW BU clear

Throat (M) ppw clear

ENT Examination is WNL



Prasad
12/3/24

11-03-2024 11:48:21 AM

ID: 479

MR R SHESHADRI IYER

Male 56Years

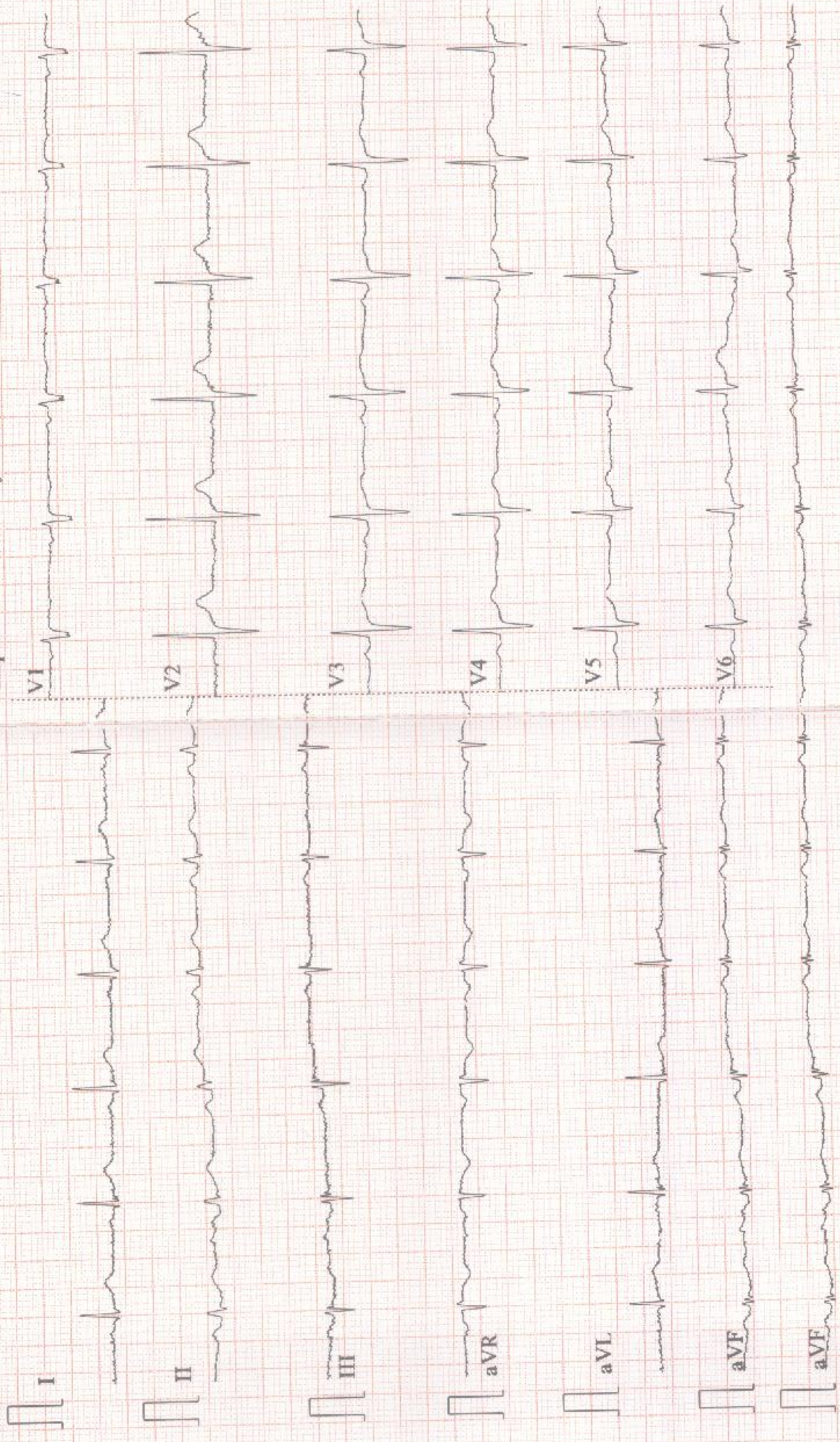
Diagnosis Information:

Sinus rhythm
Normal ECG



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

Report Confirmed by:



0.05-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♡71 CAR

ECHOCARDIOGRAPHY REPORT

NAME : MR. R. SHESHADRI IYER	Age/Sex: 56Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 12/03/2024	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	3.2	2.0 – 3.7	IVS Thickness	ED = 1.0 ES = 1.3	0.6 – 1.1
AorticValve Opening	1.8	1.5 – 2.6	PW Thickness	ED = 1.0 ES = 1.3	0.6 – 1.1
LA Dimension	3.8	1.9 – 4.0	RA Dimension	---	2.6
LVID(D)	4.2	3.7 – 5.5	RV Dimension	---	2.6
LVID(s)	2.7	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.
LV DIASTOLIC DYSFUNCTION GRADE I
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.



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

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PATIENT NAME:- MR. R. SHESHADRI IYER
REF BY :- BOB

AGE/SEX: 56 YRS/M
DATE:- 11.03.2024

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 cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	9.94X4.93cm	10.24X5.58cm
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 21.198 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**

Advised clinical correlation/further evaluation if clinically indicated.



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

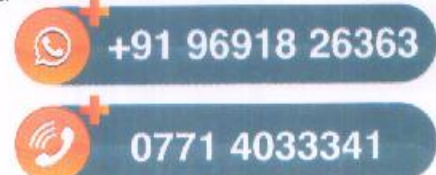
This report is for perusal of the doctor only not the definitive diagnosis, findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retroperitoneal organs. All congenital abnormalities cannot be detected on USG. This report is not for medico-legal purposes.

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NAME OF PATIENT: MR. R. SHESHADRI IYER

AGE: 56 YRS/MALE

REFERRED BY: BOB

DATE: 11/03/2024

CHEST X - RAY PA VIEW

FINDINGS:

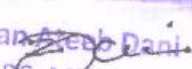
- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

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.

EXAMINATION OF EYES :- (BY OPHTHALMOLOGIST)

Patient Name Mr. R. Sheshachari Iyer

Date 11/1/24

Sex/Age 56 Y/M

MR No

Employee Id

EXTERNAL EXAMINATION				
SQUINT				
NO				
NYSTAGMUS				
COLOUR VISION				
NORMAL				
FUNDUS:(RE):-		(LE):-		
WNL		WNL		
INDIVIDUAL COLOUR IDENTIFICATION				
Good.				
DISTANT VISION:(RE):-		(LE):-		
6/24 E 6/6		6/24 E 6/6		
NEAR VISION:(RE):-		(LE):-		
N18 E 4 2/6		N18 E 4 2/6		
NIGHT BLINDNESS				
NAD				
	SPH	CYL	AXIS	ADD
RIGHT	+1.50	+1.0	180	+2.25
LEFT	+1.0	+1.0	20	+2.25
REMARKS :-				



Dr. Vikas Mishra
 MBBS, MS(Ophthalmologist)
 Reg. No. CGM 624/2006

R. Sheshadri

86 / NA

Dental treatment send for

Dr. Bushra
7828251782





Patient Name	: Mr.R SHESHADRI IYER	Collected	: 11/Mar/2024 04:08PM
Age/Gender	: 56 Y 0 M 0 D /M	Received	: 11/Mar/2024 04:41PM
UHID/MR No	: DSUS.0000006744	Reported	: 11/Mar/2024 05:51PM
Visit ID	: DSUSOPV7865	Status	: Final Report
Ref Doctor	: APOLLO CLINIC	Client Name	: PUP APOLLO CLINIC SAMRIDDHI AR
IP/OP NO	:	Patient location	: Raipur,Raipur

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Blo. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.5	g/dL	13-17	Spectrophotometer
PCV	38.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.36	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	89.3	fL	83-101	Calculated
MCH	31.1	pg	27-32	Calculated
MCHC	34.8	g/dL	31.5-34.5	Calculated
R.D.W	13.2	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,550	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	68.1	%	40-80	Electrical Impedance
LYMPHOCYTES	26.1	%	20-40	Electrical Impedance
EOSINOPHILS	1.9	%	1-6	Electrical Impedance
MONOCYTES	3.1	%	2-10	Electrical Impedance
BASOPHILS	0.8	%	<1-2	Electrical Impedance
CORRECTED TLC	6,550	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4460.55	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1709.55	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	124.45	Cells/cu.mm	20-500	Calculated
MONOCYTES	203.05	Cells/cu.mm	200-1000	Calculated
BASOPHILS	52.4	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.61		0.78- 3.53	Calculated
PLATELET COUNT	243000	cells/cu.mm	150000-410000	Electrical impedance

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 **0771 4033341**

Patient Name : Mr. RAMASWAMY SHESHADRI IY
UHID/ MR No : 9643
Visit Date : 11/03/2024
Sample Collected On : 11/03/2024 01:44PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 56 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 12/03/2024 02:23PM

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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DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

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Patient Name : MR RAMASWAMY SHESHADRI IY
UHID/ MR No : 9643
Visit Date : 11/03/2024
Sample Collected On : 11/03/2024 01:44PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 56 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 11/03/2024 05:32PM


HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
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

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Patient Name : Mr. RAMASWAMY SHESHADRI IY
UHID/ MR No : 9643
Visit Date : 11/03/2024
Sample Collected On : 11/03/2024 01:44PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 56 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 12/03/2024 03:27PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	146.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	109.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	15	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.05	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	3.8	mg/dL	2.6 - 7.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
path



Patient Name : Mr.R SHESHADRI IYER	Collected : 11/Mar/2024 04:08PM
Age/Gender : 56 Y 0 M 0 D /M	Received : 11/Mar/2024 04:42PM
UHID/MR No : DSUS.000006744	Reported : 11/Mar/2024 07:52PM
Visit ID : DSUSOPV7865	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI 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	6.2	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	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.
- Falsely 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)



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Apollo Clinic
DR. MAIKAL KUMAR
M.B.B.S, M.D(Pathology)
Consultant Pathologist

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Patient Name : Mr.R SHESHADRI IYER	Collected : 11/Mar/2024 04:08PM
Age/Gender : 56 Y 0 M 0 D /M	Received : 11/Mar/2024 04:24PM
UHID/MR No : DSUS.0000006744	Reported : 11/Mar/2024 05:52PM
Visit ID : DSUSOPV7865	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDDI 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)	1.07	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	12.0	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	1.46	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 ***

Result/s to Follow:

Page 3 of 4



DR. MANOJ KUMAR
LICENSURE: SAMBODINI AROGYAM PVT. LTD.
M.B.B.S, M.D(Pathology)
Apollo Clinic, Tara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)
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Patient Name : Mr.R SHESHADRI IYER	Collected : 11/Mar/2024 04:08PM
Age/Gender : 56 Y 0 M 0 D /M	Received : 12/Mar/2024 01:09PM
UHID/MR No : DSUS.0000006744	Reported : 12/Mar/2024 02:09PM
Visit ID : DSUSOPV7865	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
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.330	ng/mL	0-4	CLIA

*** End Of Report ***



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Consultant biochemist

K. Anusha
Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
consultant Biochemist

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COLLEGE of AMERICAN PATHOLOGISTS



+91 94516 3363

 **0771 4033341**

Patient Name : MR RAMASWAMY SHESHADRI IY
 UHID/ MR No : 9643
 Visit Date : 11/03/2024
 Sample Collected On : 11/03/2024 01:44PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 56 Y. Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 11/03/2024 05:32PM

BIO CHEMISTRY

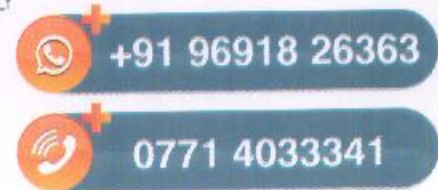
Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	132.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	60.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	35.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	85	mg/dl	Optimal:< 100 Near Optimal : 100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	12	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.77		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



+91 96918 26363
0771 4033341

Patient Name : MR RAMASWAMY SHESHADRI IY
UHID/ MR No : 9643
Visit Date : 11/03/2024
Sample Collected On : 11/03/2024 01:44PM
Ref. Doctor : SELF
Sponsor Name :

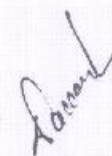
Age/Gender : 56 Y Male
OP Visit No : OPD-UNIT-II-2
Reported On : 11/03/2024 05:32PM

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	0.3	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.50	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	18	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	26	U/L	0 - 41
ALKALINE PHOSPHATASE	119.0	U/L	
Total Proteins Method: Spectrophotometric	7.4	g/dl	6 - 8
Albumin Method: Spectrophotometric	3.4	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



DR DHANANJAY RAMCHANDRA PRASAD
M.D. PATHOLOGY

Patient Name : MR RAMASWAMY SHESHADRI IY
UHID/ MR No : 9643
Visit Date : 11/03/2024
Sample Collected On : 11/03/2024 01:44PM
Ref. Doctor : SELF
Sponsor Name :

Age/Gender : 56 Y. Male
OP Visit No : OPD-UNIT-II-2
Reported On : 11/03/2024 05:32PM

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)	6.0		
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)	0-1	/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



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