

MEDICAL EXAMINATION REPORT

Date – 08/03/2025

Name : Santosh Gokuldas Korgaonkar.

Age : 51 years

Gender : Male

Measurements : **Temp:**98F, **Height :** 171cms ,**Weight :**82kg , **BMI :** 28.04%

Chest Measurements : Inspiration - 109cms, Expiration -107cms, Abdominal girth – 100 cms.

History : K/c/o T2DM+HTN+Dyslipidemia since last 15years and 10 years

Past history : H/o Fatty Liver – 2023,H/o Left Renal calculi -2023

Personal history : Alcohol – Occasionally.

Neurological history : Nil significant history .

Menstrual history : Nil significant history.

Family history : HTN + T2DM in Mother,Sister,Brother.

Allergic history : Nil significant history .

Nature of work :Nil significant history.

Occupational history : Nil significant history.

Ongoing treatment : Tab.Carvistar 6.25mg 1-0-1 for HTN [Other 2 medication not specified] ,Homeopathic Drops for T2DM+HTN+Dyslipidemia, Ayurvedic Insulux for Diabetes,LIV Amrut for Fatty Liver.

General examination : No Pallor ,No jaundice, clubbing, cyanosis, lymphadenopathy ,pedal oedema.

Built : Good .

Nutrition : Good.

Pulse : 78 bpm

B.P: 150/80mmHg

RS: Clear , NAD .

CVS: S1S2, NAD.

CNS: conscious, well oriented

PA: Soft, non-tender , No organomegaly

Skin: NAD.

Musculoskeletal : NAD

Vision : [R] [L] -Without glasses

Distant : 6/36[1.25] Distant : 6/36[0.75]

Near : N - 6 Near : N - 6

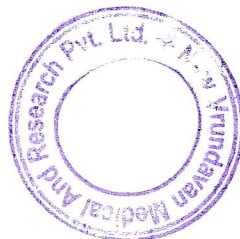
[R] [L] -With glasses

Distant : 6/12 Distant : 6/12

Near : N - 6 Near : N - 6

Colour vision : Normal , NAD.

ENT : NAD




DR.DIGAMBAR.S.NAIK

[M.B.B.S , MD]

[Consultant Physician Cardiologist]

DR. DIGAMBAR NAIK M.D
Consultant Physician Cardiologist
GMC Reg.No. 1238

Patient ID	: 21826	SampleID	: 40448
Patient Name	: Mr. SANTOSH KORGAONKAR	Receipt Date	: 08-Mar-2025
Age/ Sex	: 51 Years / Male	Report Date	: 08-Mar-2025
Consultant Doctor	: MEDIWHEEL	LabCode	

INVESTIGATION	RESULT	REFERENCE RANGE	UNIT
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HAEMATOLOGY

CBC

Haemoglobin	16.5	13.5-18.0	gm%
Total Leucocyte Count(TLC)	9600	4000-10000	cells/cumm

Differential Leucocyte Count(DLC)

Neutrophil	56.5	50-70	%
Lymphocyte	35.2	20- 40	%
Monocyte	4.9	0-8	%
Eosinophil	3.3	0-4	%
Basophil	0.10	0-1	%
Packed Cell Volume (PCV)	48.0	36-48	%
Total RBC Count	5.62	3.5-5.5	millions/cu mm
Platelets Count	1.50	1.45-4.5	lakh/cumm

RBC Indices

MCV	85.41	80-99	Cu microns
MCH	29.4	26-32	Picograms
MCHC	34.38	32-36	g/dl
E.S.R.	8	upto 15	mm/hr

Blood Group

ABO	"AB"
RH- Typing	POSITIVE



P. Reddy
DR. PRADNYA N. REDDY
M.B.B.S, MD PATHOLOGY
GMC Reg. No. 5184

Patient Name : SANTOSH KORGAONKAR
Age/ Sex : 51YEARS / Male
Consultant Doctor : ... MEDIWHEEL

Receipt Date:08-Mar-2025
Report Date:08-Mar-2025

INVESTIGATION	RESULT	REFERENCE RANGE	UNIT
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TEST NAME	VALUE	UNITS	NORMAL RANGES
BUN	9	Mg/dl	7-20
CREATININE	1.0	Md/dl	0.5-1.5
BUN/SR.CREATININE RATIO	9	Ratio	



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BIOCHEMISTRY

Complete Liver Profile

Bilirubin Total	0.83	upto 1.0	mg/dl
Direct Bilirubin	0.17	upto 0.3	mg/dl
Indirect Bilirubin	0.66	upto 0.9	mg/dl
S.G.O.T	33	upto 45	IU/L
S.G.P.T	20	upto 49	IU/L
GAMMA GT	25	11-61	U/L
Alkaline Phosphatase	159	110-310	U/L
Total Protein	6.6	6.5-8.5	gm/dl
Albumin	4.8	3.2 - 5.5	gm/dl
Globulin	1.80	1.8 - 3.6	gm/dl
Albumin:Globulin	2.67	1.1 - 2.2 : 1	

LIPID PROFILE

Cholesterol	130	upto 200	mg/dl
Triglyceride	103	60-165	mg/dl
HDL (High Density Lipoprotein)	43	35-55	mg/dl
LDL (Low Density Lipoprotein)	66.40	L 80-120	mg/dl
VLDL (Very Low Density Lipoprotein)	20.60	5-30	mg/dl
CHOL:HDL	3.02	0-4.4	mg/dl

Complete Renal Profile

Blood UREA	20	15-45	mg/dl
Sr. CREATININE	1.0	0.5-1.5	mg/dl
URIC ACID	3.2	L 3.5-7.5	mg/dl



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Age/ Sex : 51Years / Male
Consultant Doctor : · MEDIWHEEL

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URINE ANALYSIS

Urine Routine/Microscopic Exam

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SP.GRAVITY	1.005	1.003-1.030	

CHEMICAL EXAMINATION

REACTION	ACIDIC		
SUGAR	PRESENT(++)		
ALBUMIN	NIL		
UROBILINOGEN	NORMAL		
KETONE BODIES	ABSENT		
BLOOD	ABSENT		
LEUKOCYTES	ABSENT		

MICROSCOPIC EXAMINATION

PUS CELLS	2-3		
RBC's	NIL	0-2	/HPF
EPITHELIAL CELLS	1-2	0-6	/HPF
CRYSTALS	ABSENT		/HPF
CASTS	ABSENT		
BACTERIA	ABSENT		
YEAST CELLS	ABSENT		



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LABORATORY TEST REPORT

Patient Name **Mr SANTOSH KORGAUNEKER**

Age : 51 Year(s) Gender : Male

Sample ID : 21248520

Sample Type : Serum

Patient ID : 2725729

Ref. Doctor :

Ref. Customer :

Lab Code : CPC-GO-020

Sample Collection Date : 2025-03-08 00:00

Registration Date : 2025-03-08 15:57

Approved Date : 2025-03-08 18:21



CLINICAL BIOCHEMISTRY

Test Description	Result	Units	Biological Reference Ranges
Prostate Specific Antigen (PSA Total) <small>(Method: Chemiluminescence)</small>	0.368	ng/mL	0-4

INTERPRETATION

1. This is a recommended test for detection of prostate cancer along with Digital Rectal Examination (DRE) in males above 50 years of age.
2. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
3. PSA levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies & nonspecific protein binding.
4. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
5. PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.
6. Sites of Non-prostatic PSA production are breast epithelium, salivary glands, periurethral & anal glands, cells of male urethra & breast milk.
7. Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.

Recommended Testing Intervals

- Pre-operatively (Baseline)
- 2-4 days post-operatively
- Prior to discharge from hospital
- Monthly followup if levels are high or show a rising trend

Clinical Use

- An aid in the early detection of Prostate cancer when used in conjunction with
- Digital rectal examination in males more than 50 years of age and in those with two or more affected first degree relatives. Followup and management of Prostate cancer patients
- Detect metastatic or persistent disease in patients following surgical or medical treatment of Prostate cancer

Increased Levels

- Prostate cancer
- Benign Prostatic Hyperplasia
- Prostatitis
- Genitourinary infections

M Ramesh Babu
Manager Lab Operations



Dr Johanna Alba De Souza
MD, Pathologist

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CLINICAL BIOCHEMISTRY

Test Description	Result	Units	Biological Reference Ranges
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Thyroid Profile I

T3-Total, Tri Iodothyronine (TT3)

(Method: Chemiluminescence)

121.34

ng/dL

60 - 200

T4-Total, Thyroxine (TT4)

(Method: Chemiluminescence)

7.9

µg/dL

4.6 - 10.5

Thyroid Stimulating Hormone, (TSH)

(Method: Ultrasensitive Chemiluminescence TSH3rd generation)

2.68

µIU/mL

0.37-5.50

Thyroid Function Test Interpretation

The thyroid gland is not functioning properly due to one of a variety of disorders, then increased or decreased amounts of thyroid hormones may result. When TSH concentrations are increased, the thyroid will make and release inappropriate amounts of T4 and T3 and the person may experience symptoms associated with hyperthyroidism. If there is decreased production of thyroid hormones, the person may experience symptoms of hypothyroidism.

The following table summarizes some examples of typical test results and their potential meaning.

TSH	Total T4	Total T3	Conditions
Normal	Normal	Normal	None
Low	High	High	Hyperthyroidism
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or normal	Hypothyroidism
Low	Normal	Normal	Mild (Subclinical) hyperthyroidism
Low	High or normal	High or normal	Hyperthyroidism
Low	Low or normal	Low or normal	pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome

Note:

- The above test results alone are not diagnostic but will prompt a health practitioner to perform additional testing to investigate the cause of the excess or deficiency and thyroid disorder. As examples, the most common cause of hyperthyroidism is Graves disease and the most common cause of hypothyroidism is Hashimoto thyroiditis.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

--End of Report--

M Ramesh Babu
Manager Lab Operations



Dr Johanna Alba De Souza
MD, Pathologist

Name : KORGAONKER SANTOSH

Gender : Male

Date of Birth : 20/06/1973

Case ID : 4696

Height : 1.71 cm(s)

BSA : 1.97

Age : 51 Year(s), 8 Month(s), 16 Day(s)

Weight : 82.0 Kg(s)

BMI : 28.04

BP : 120/80 mmHg

Date of Echo : 08/03/2025 01:59:46 PM

Date of Report : 08/03/2025

Reason for Echo : Routine checkup

Referred By : None

Clinic Observations :

Examined By : Dr. Digambar Naik

Echocardiography Report

Echocardiographic study was done by using:

1. M Mode Echocardiography
2. Two Dimensional Echocardiography
3. Conventional and Colour Doppler Echocardiography
4. Tissue Doppler
5. Speckle Tracking and Strain Imaging

Echo Window: Good

Following observations were obtained

Valves

Mitral valve	: Regurgitation Severity : Trace
Aortic valve	: Aortic Regurgitation Severity : Trace (Trivial) Aortic Annulus Calcified : Trace
Pulmonary valve	: Normal in size and contractility
Tricuspid valve	: Regurgitation Severity : Trace

Chambers

Left atrium	: Normal in structure and opens and closes normally
Left ventricle	: Normal in structure and opens and closes normally
Right atrium	: Normal in structure and opens and closes normally
Right ventricle	: Normal in structure and opens and closes normally

Artery Relation

Aorta	: Aorta Dilatation : Ascending aorta
Pulmonary Artery	: Normal in size and structure

Vein Relation

IVC : Normal in size and contractility
Pulmonary Vein : Normal in size and contractility

Regional Wall Motion

Anterior wall : Contracts well
Posterior wall : Contracts well
Inferior wall : Contracts well
Lateral wall : Contracts well
Anterior septum : Contracts well
Inferior septum : Contracts well
Apex : Contracts well

Ventricular Function

Left Ventricular Function : Normal
Right Ventricular Function : Normal

Pericardium

Pericardium : Normal
Pericardial Effusion : Nil

Intracardiac

Intracardiac Clots : Nil
Intracardiac Tumour : Nil
Interatrial Septum : Normal
Interventricular Septum : Normal

Ejection Fraction

Value Of EF : 58.00 %

Speckle Tracking

Average peak systolic strain is : -14.70 %
Reduced peak systolic strain : None
over

Special Observation

Nil

Impressions

No Diastolic Dysfunction
No Regional wall motion abnormality noted

Normal RV Function
Normal PA pressures
No vegetation
No pericardial effusion noted
No Intracardiac clots seen
Normal resting left ventricular systolic function with Ejection Fraction 58%

Trivial aortic regurgitation
Calcification of aortic Annulus
Trivial mitral regurgitation
Trivial tricuspid regurgitation
Dilatation of ascending aorta

Conclusions

Degenerative changes

Doctor's Comments / Advice

Medical Line of Management

DN

Dr. Digambar Naik

M.D. (Med) D.O.I.H., F.I.A.E., D.H.A., F.A.I.M.P (Cardiology)

KMC registration : 165050



Name : KORGAONKER SANTOSH

Case ID : 4696

Gender : Male

Date of Birth : 20/06/1973

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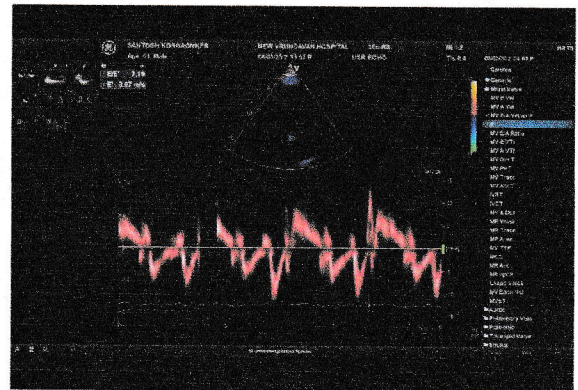
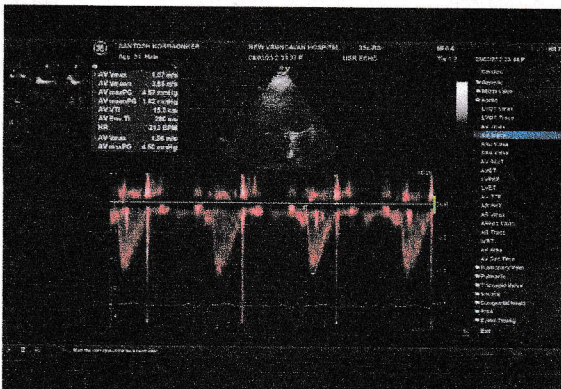
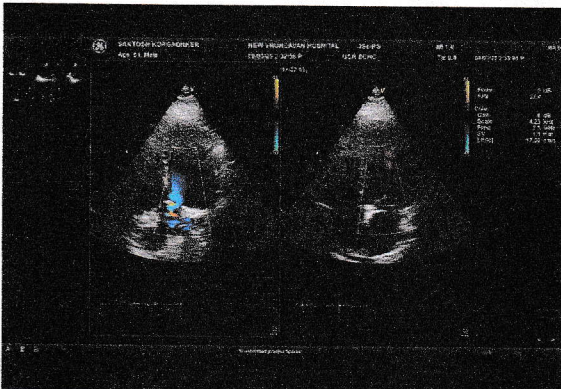
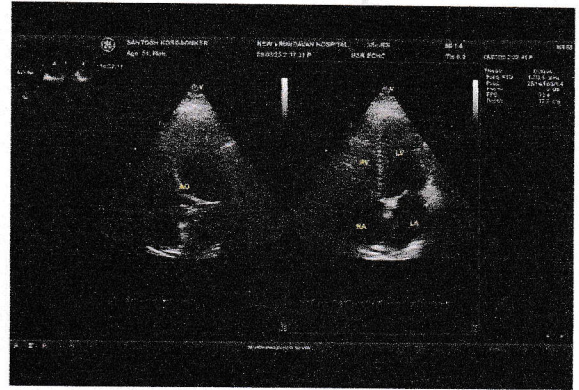
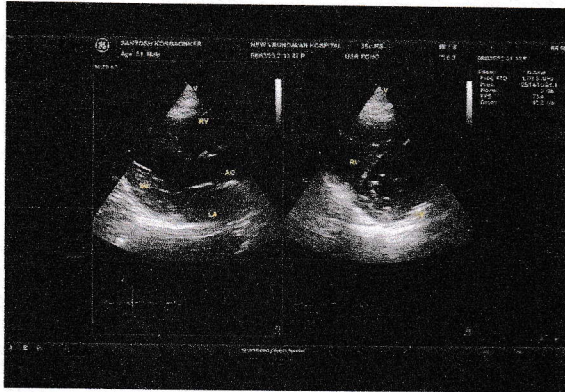
Referred By : None

Reason for Echo : Routine checkup

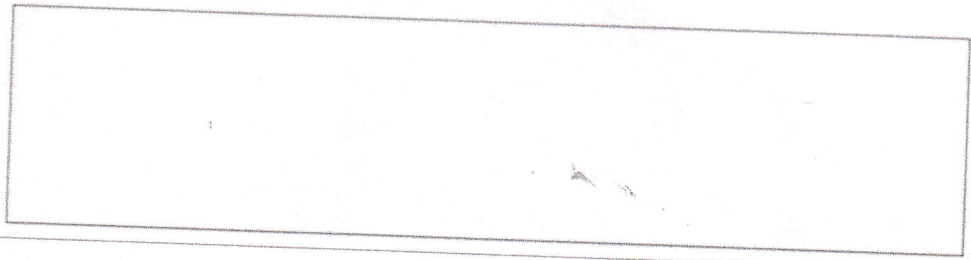
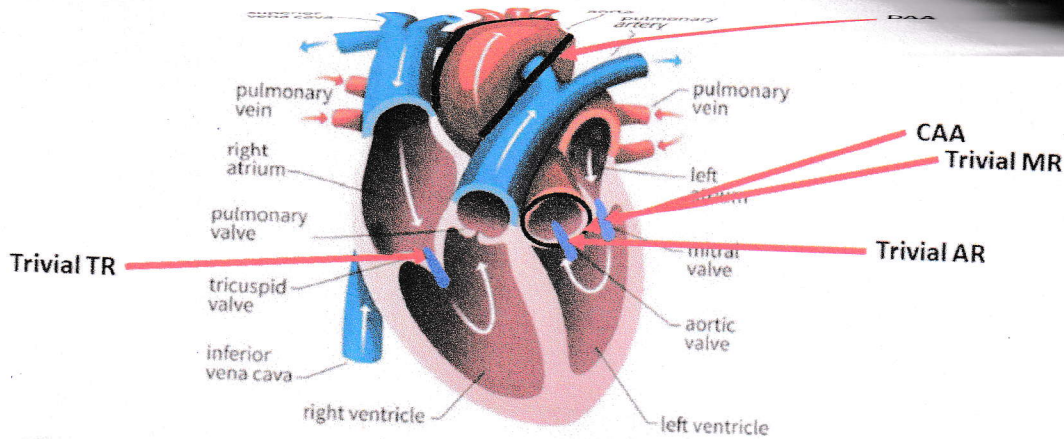
Examined By : Dr. Digambar Naik

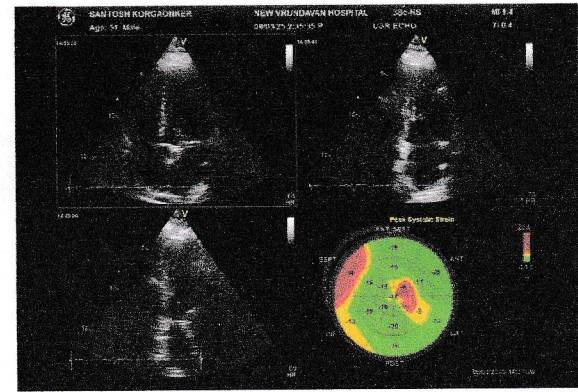
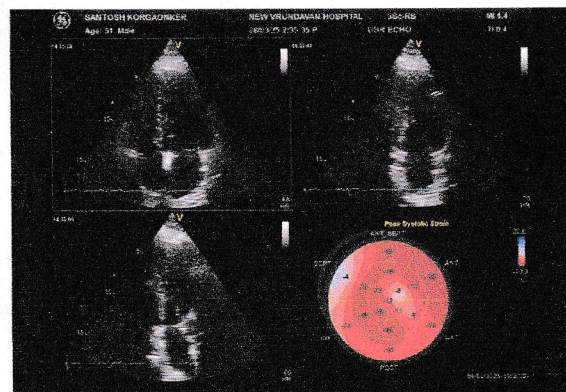
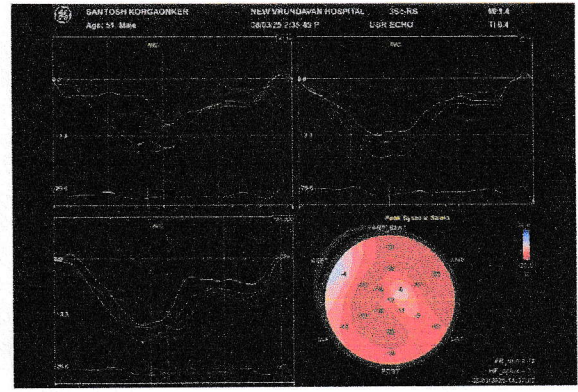
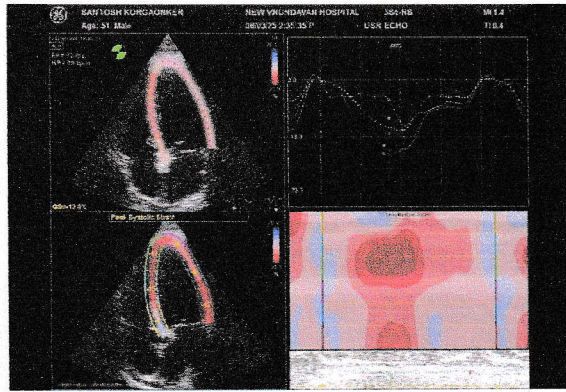
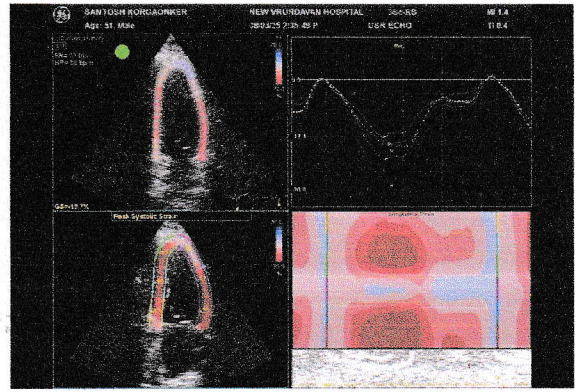
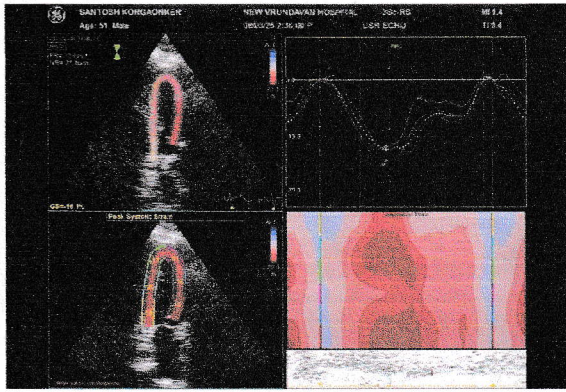
Clinic Observations :

Critical Image



Heart Anatomy





Name : KORGAONKER SANTOSH

Case ID : 915

Gender : Male

Date of Birth : 20/06/1973

Age : 51 Year(s), 8 Month(s), 16 Day(s)

Height : 1.71 cm(s)

BSA : 0.2

BP : 0/0 mmHg

Weight : 82.0 Kg(s)

BMI : 0

Date of Report : 08/03/2025

Date of Ultrasound : 08/03/2025 01:58:38 PM

Referred By : None

Reason for Ultrasound : Routine checkup

Examined By : Dr. Digambar Naik

Following observations were obtained

- LIVER** : Is normal in size and overall echogenicity
The visible hepatic vessels are normal
Portal vein is normal
CBD is normal
Hepatic duct is normal
No focal lesions
- LEFT KIDNEY** : Is smoothly marginated.
Corticomedullary differentiation is maintained
No hydonephrosis
No abnormal growth seen
No calculi or calcinosis
- RIGHT KIDNEY** : Is smoothly marginated.
Corticomedullary differentiation is maintained
No hydonephrosis
No abnormal growth seen
No calculi or calcinosis
- ADRENALS** : Not Enlarged
- PANCREAS** : Head, tail and body of the pancreas appear normal
- GALL BLADDER** : Is normal in size, shape and position
Wall is not thickened
No calculi
No polyp
- SPLEEN** : Is normal in size and overall echogenicity
Splenic vein is normal
No varieces
- AORTA** : Is well seen and is smooth
No aneurysmal dilatation
No calcification
- IVC** : Is normal in size
Collapses during inspiration
Contents clear
- URINARY BLADDER** : Is full

No calculi
No growth

Normal bladder wall

LYMPH NODES : No significant lymphadenopathy

HERNIA : No hernia seen

PROSTRATE : **Size:** Prestatomelagy

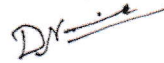
INTESTINE : Small Intenstines and Large Intenstines are Normal

APPENDICITIS : Normal in size.

EO FLUID AND VISUAL BOWEL LOOPS : -

Impressions

prostatomegaly



Dr. Digambar Naik

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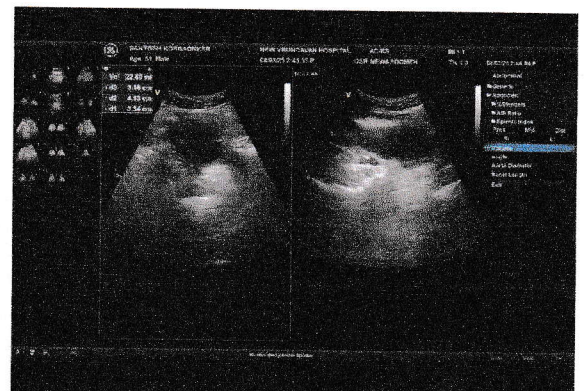
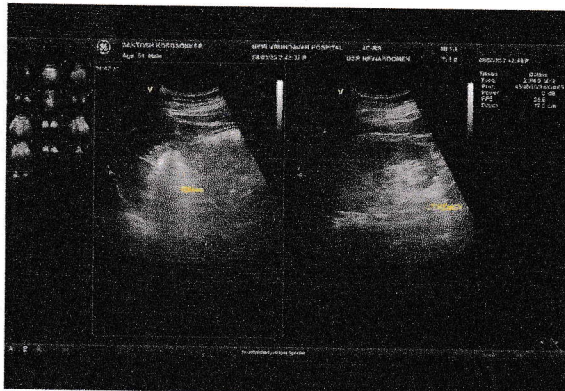
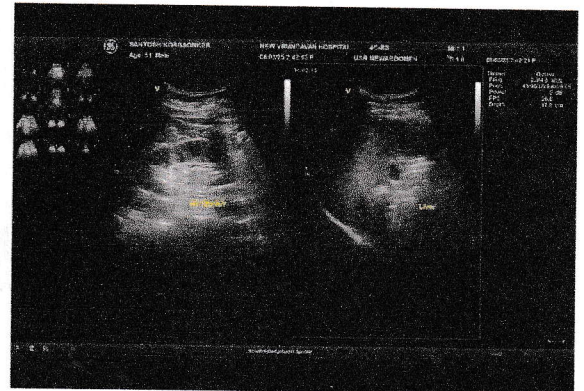
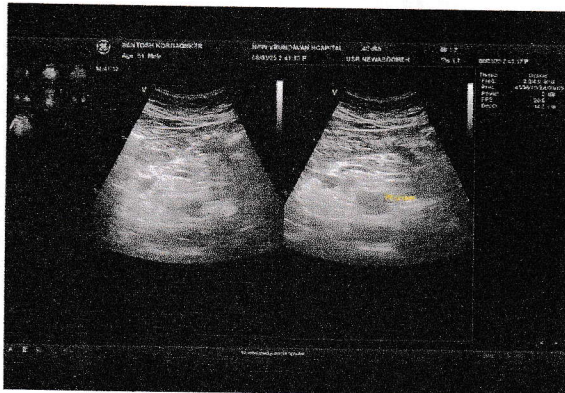
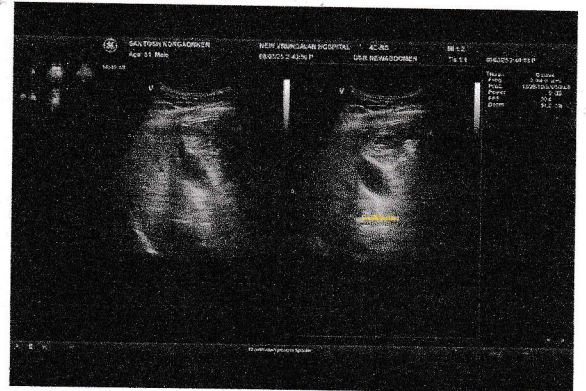
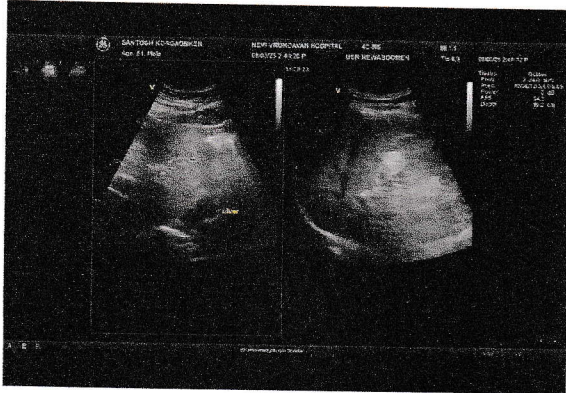
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Critical Image (s)

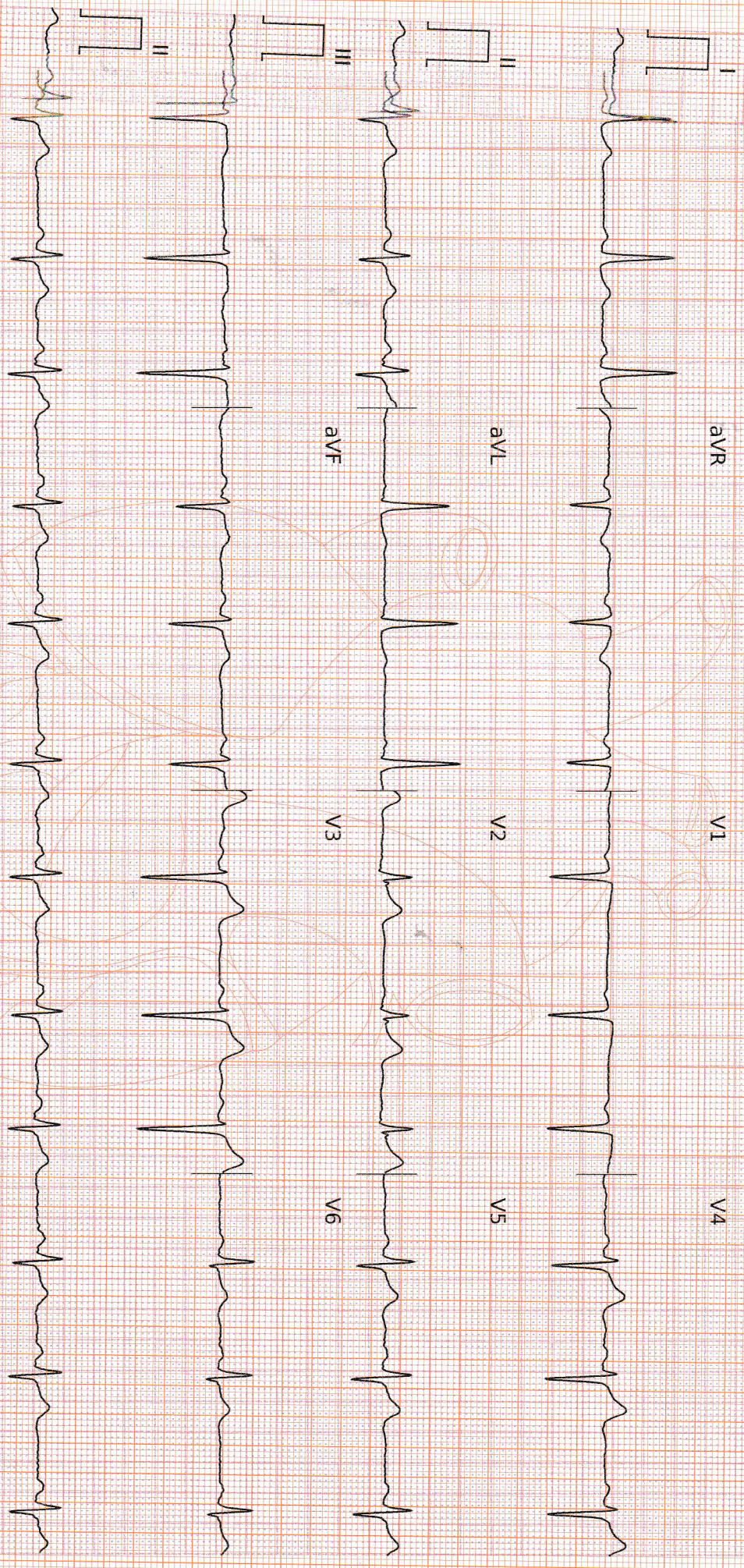


Patient Name: Santosh Korgaonkar
Gender: M, Age: 51 Years
Pat ID:

Recording Date: 08-Mar-2025 11:51:20
Attended by: New Vrundayan Daycare Centre
Remote Viewer: Dr Shalak D Naik

Vent. Rate: 72BPM
Avg. RR: 828ms PR: 154ms
QRS dur: 94ms ST dur: 84ms

QT/QTc: 370/391ms
P-R-T Axes: 50° -30° 49°
IMPORTANT: See NOTE 1



Dr Shalak D Naik (08-Mar-2025 11:54:06):
Observation: Sinus arrhythmia, Left axis deviation, Poor R wave progression

DR. SHALAK NAIK
MBBS
GMC Reg. No. 3770

Shalak

Filter: 0.5Hz - 35Hz Scale: 10mm/mV, 25mm/sec

Subject: Health Check up Booking Confirmed Request(35E8701), Package Code-, Beneficiary Code-308813
From: Mediwheel <wellness@mediwheel.in>
Date: 07-03-2025, 2:45 pm
To: hospital@newvrundavan.com
CC: customercare@mediwheel.in

Hi **New Vrundavan Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

Hospital Package Name : Mediwheel Full Body Plus Annual Check Advanced With Vitamin Male
Patient Package Name : MediWheel Full Body Health Checkup Male 50 To 60
Contact Details : 9822140805
Appointment Date : 08-03-2025
Confirmation Status : Booking Confirmed
Preferred Time : 09:00 AM - 09:30 AM

Member Information		
Booked Member Name	Age	Gender
SANTOSH GOKULDAS KOREGAUNKAR	51 year	Male

We request you to facilitate the employee on priority.

Thanks,
Mediwheel Team
Please Download Mediwheel App



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भारत सरकार
GOVERNMENT OF INDIA

Issue Date: 04/02/2012



Santosh Gokuldas Korgaonker

जन्म तिथि / DOB: 20/06/1973

पुरुष / MALE

Mobile No.: 9730231759

5058 4107 4514

VID : 9135 4287 4767 4365

मेरा आधार, मेरी पहचान

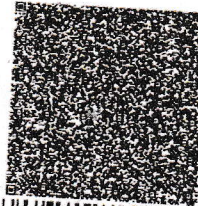


भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

Download Date: 03/04/2023

Address:

S/O Gokuldas Korgaonker, Hno
101/B, pralwada, Cansaulim, South Goa,
Goa - 403712



5058 4107 4514
VID : 9135 4287 4767 4365



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Santosh Korgaonker



FRP6+CPG, Dayanand Bandodkar Marg, Miramar, Panaji, Goa
403001, India

Latitude
15.486161°

Longitude
73.812108°

Signature

Local 09:04:22 AM
GMT 03:34:22 AM

Altitude 10 meters
Date Sat, 08 Mar 2025