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VID : 80242230001
Name : Mr.INDRAJIT KAILAS LAUTRE
Age / Gender : 55 Y(s) /Male
Ref By : SELF
Client Name : (NSK) Arcofemi Health Care
Sample Type : EDTA Whole Blood

Registration Date : 09-11-2024 08:20
Collection Date : 09-11-2024 09:17
Reporting Date : 09-11-2024 18:18
Regn Centre : NM NASHIK
Processing Lab : NM NASHIK
Ref no. : 24D74344100120180E

CBC

Test	Result	Unit	Biological Reference Interval
W.B.C. Count <i>Method : Impedance</i>	: 6030	/c.mm	4000 - 10000
R.B.C. Count <i>Method : Impedance</i>	: 5.25	mill/c.mm	4.50-5.50
Haemoglobin <i>Method : Spectrophotometry</i>	: 14.2	gm %	13-17
PCV <i>Method : Calculated</i>	: 44.4	%	40.0 - 50.0
MCV <i>Method : Calculated</i>	: 84.6	fl	83 - 101
MCH <i>Method : Calculated</i>	: 27.0	Pg	27 - 32
MCHC <i>Method : Calculated</i>	: 31.9	g/dl	31.5 - 34.5
RDW <i>Method : Calculated</i>	: 16.3	%	11.6 - 14.0
Platelet Count <i>Method : Impedance</i>	: 227	10 ³ /c.mm	150-410
MPV <i>Method : Calculated</i>	: 9.2	fl	9.0 - 13.0
Neutrophils <i>Method : Flowcytometry / Microscopy</i>	: 56	%	40 - 80
Absolute Neutrophil Count	: 3376.8	/c.mm	2000-7000
Lymphocytes <i>Method : Flowcytometry / Microscopy</i>	: 34	%	20 - 40
Absolute Lymphocyte Count	: 2050.2	/c.mm	1000-3000
Monocytes <i>Method : Flowcytometry / Microscopy</i>	: 08	%	2-10
Absolute Monocytes Count	: 482.4	/c.mm	200-1000
Eosinophils <i>Method : Flowcytometry / Microscopy</i>	: 02	%	1-6
Absolute Eosinophil Count	: 120.6	/c.mm	20-500
Basophils <i>Method : Impedance & Flowcytometry / Microscopy</i>	: 0.0	%	0 - 1

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Microcytes : -
Macrocytes : -
Anisocytosis : -
Poikilocytosis : -
Hypochromia : -

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Erythrocyte Sedimentation Rate (ESR)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Remarks	: 05		

Method : Westergren Done on Fully Automated VISION Pro A ESR Analyzer.

- Although the ESR is a non-specific phenomenon,its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins.
- In rheumatoid arthritis or tuberculosis, it provides an index of progress of the disease, and it is of value in diagnosis of temporal arteritis and polymyalgia rheumatica.It is also useful as a screening test in the routine examination of patients.
- The ESR is higher in women than in men,and correlates with sex differences in fibrinogen levels.
- The ESR is influenced by age,stage of the menstrual cycle and drugs (eg:corticosteroids,contraceptive pills,etc),it is especially low (0-1 mm) in polycythaemia, hypofibrinogenaemia and in congestive cardiac failure, and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Blood Group

<u>Test</u>	<u>Result</u>
<u>Blood Group ABO And Rh D Typing</u>	
Blood Group (ABO typing)	: "AB"
RhD Factor (Rh typing)	: Positive

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 Ref By : SELF
 Client Name : (NSK) Arcofemi Health Care
 Sample Type : SERUM

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 Regn Centre : NM NASHIK
 Processing Lab : NM Medical Marine Lines
 Ref no. : 24D74344100120180E

Prostate Specific Antigen

Test	Result	Unit	Biological Reference Interval
Prostate Specific Antigen	: 0.87	ng/ml	0 - 4.0

Method : CLIA

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- Increasing levels of PSA are associated with prostatic pathology;including prostatitis, benign prostatic hyperplasia (BPH) and cancer of the prostate.



Slims Interface
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Dr.Ashwini k Singh
M.D.,D.P.B.,D.N.B
Consulting Pathologist

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Thyroid Function Test

Test	Result	Unit	Biological Reference Interval
T3 (Tri-iodothyronine) Method : ECLIA	: 119.27	ng/dl	80 - 200
T4 (Thyroxine) Method : CMLA	: 10.81	ug/dl	4.87 - 11.72
TSH Method : ECLIA	: 2.34	uIU/ML	0.35 - 4.94

Reference : TIETZ Fundamentals of ClinicalChemistry.

Interpretation :

1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism.
2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy,Drugs (Androgens,Estrogens,O C pills, Phenytoin),Nephrosis etc. In such cases Free T3 and Free T4 gives corrected values.
3. Total T3 may decrease by <25 percent in healthy older individuals. -

In cases of primary hypothyroidism, T3 and T4 levels are low and TSH is significantly elevated. In the case of pituitary dysfunction,either due to intrinsic hypothalamic or pituitary disease i.e central hypothyroidism, normal or marginally elevated basal TSH levels are often seen despite significant reduction in T4 and T3 levels.
Primary hyperthyroidism (eg: Grave~s disease,nodular goiter) is associated with high levels of thyroid hormones and depressed or undetectable levels of TSH.
TSH results between 4.5 to 15.0 show considerable physiological & seasonal variation.Suggesttd clinical correlation or repeat testing with fresh sample.

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Glycosylated Haemoglobin (HbA1c)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HbA1c	: 5.1	%	>8 : Action suggested<7 : Goal<6 : Non-Diabetic Level
Estimated Average Glucose (eAG)	: 99.67	mg/dl	

NOTE:HbA1c PARAMETER IS NGSP LEVEL 1 CERTIFIED.

Interpretation & Remark:

- 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%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glyated 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.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- 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 detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .
Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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Client Name : (NSK) Arcofemi Health Care
Sample Type : Urine

Registration Date : 09-11-2024 08:20
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Urine Routine

Test	Result	Unit	Biological Reference Interval
<u>PHYSICAL EXAMINATION</u>			
Quantity	: 20 ML		---
Colour (Urine)	: Pale Yellow		---
Appearance (Urine)	: Clear		---
Deposit (Urine)	: Absent		---
<u>CHEMICAL EXAMINATION</u>			
pH (Urine)	: 8.0		
<i>Method : Double indicator principle</i>			
Specific Gravity	: 1.015		
<i>Method : Ionic concentration</i>			
Albumin (Urine)	: Negative		Negative
<i>Method : Protein-error-of-indicators principle</i>			
Sugar (Urine)	: Negative		
<i>Method : Double sequential enzyme reaction</i>			
Ketone Bodies	: Negative		
<i>Method : Sodium nitroprusside</i>			
Nitrite (Urine)	: Negative		
<i>Method : Diazonium-quinolin reaction</i>			
Blood (Urine)	: Negative		
<i>Method : Peroxidase activity</i>			
Bile Salt (Urine)	: Negative		
<i>Method : Dichloroanilina diazonium</i>			
Bile Pigment (Urine)	: Negative		
<i>Method : Dichloroaniline diazonium</i>			
Urobilinogen (Urine)	: Normal		
<i>Method : Ehirlich reaction</i>			
<u>MICROSCOPIC EXAMINATION</u>			
Epithelial Cells (Urine)	: 1-2/hpf		---
Pus Cells (Urine)	: 1-2/hpf		0 - 5 cells/hpf
Red Blood Cells (Urine)	: Absent		
Casts	: Absent		
Crystals	: Absent		
Amorphous Materials (Urine)	: Absent		

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Bacteria : Absent
Yeast Cells : Absent

METHOD: Chemical Examination is done by Strip Method

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Ref By : SELF	Regn Centre : NM NASHIK
Client Name : (NSK) Arcofemi Health Care	Processing Lab : NM NASHIK
Sample Type : Fluoride Plasma	Ref no. : 24D74344100120180E

Investigation	Observed Value			Reference Range
	Low	Normal	High	

Blood Glucose Fasting Method : Hexokinase/G-6-PDH AS PER ADA GUIDELINES : <u>Fasting plasma Glucose (FPG) :</u> Normal - Less than 100 mg/dL Prediabetec - 100 mg/dl to 125 mg/dl Diabetes - 126 mg/dl or Higher <u>Oral Glucose Tolerance Test (OGTT):</u> Normal - Less than 140 mg/dl Prediabetec - 140 mg/dl to 199 mg/dl Diabetes - 200 mg/dl or Higher <u>Random Plasma Glucose Test :</u> Diabetes is diagnosed at blood sugar of grater than or equal to 200 mg/dl		80		70 - 105 mg/dl
** END OF REPORT **				
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Sample Type : Fluoride Plasma	Ref no. : 24D74344100120180E

Investigation	Observed Value	Reference Range
---------------	----------------	-----------------

Investigation	Low	Normal	High	Reference Range
	Blood Glucose Post Prandial Method : Hexokinase/G-6-PDH AS PER ADA GUIDELINES : <u>Fasting plasma Glucose (FPG) :</u> Normal - Less than 100 mg/dL Prediabetec - 100 mg/dl to 125 mg/dl Diabetes - 126 mg/dl or Higher <u>Oral Glucose Tolerance Test (OGTT):</u> Normal - Less than 140 mg/dl Prediabetec - 140 mg/dl to 199 mg/dl Diabetes - 200 mg/dl or Higher <u>Random Plasma Glucose Test :</u> Diabetes is diagnosed at blood sugar of grater than or equal to 200 mg/dl ** END OF REPORT **		86	

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Ref By : SELF	Regn Centre : NM NASHIK
Client Name : (NSK) Arcofemi Health Care	Processing Lab : NM NASHIK
Sample Type : SERUM	Ref no. : 24D74344100120180E

Investigation	Observed Value			Reference Range
	Low	Normal	High	
GGTP <i>Method : L-Gamma-glutamyl-3-carboxy-4-nitranilide as substrate with glycylglycine</i>		26		12 - 64 U/L
Bilirubin (Total) <i>Method : Diazo with Sulphanilic Acid in presence of DMSO</i>		0.80		0.19-1.20 mg/dl
Bilirubin (Direct) <i>Method : Diazo Reaction</i>		0.30		0-0.5 mg/dl
Bilirubin (Indirect) <i>Method : Calculated</i>		0.50		0.0 - 1.0 mg/dl
SGOT <i>Method : NADH (without P-5-P)</i>		25		5 - 34 U/L
SGPT <i>Method : NADH (without P-5-P)</i>		21		0 - 55 U/L
Alkaline Phosphatase <i>Method : Enzymatic p-NPP</i>		73		40-150 U/L
Total Proteins <i>Method : Biuret</i>		7.00		6.40- 8.30 gm/dl
Albumin <i>Method : Bromocresol Green</i>		4.50		3.5-5.2 g/dl
Globulin <i>Method : Calculated</i>		2.50		2.3 - 3.5 gm/dl
A/G Ratio <i>Method : Calculated</i>		1.80		1.10 - 2.20
Uric Acid <i>Method : Enzyme Uricase</i>		5.7		3.50 - 7.20 mg/dl
** END OF REPORT **				
			Nitin Patil Verified By	 Dr.Minal Desale (Nikam) M.B.B.S. M.D. Reg. No.2012/05/1120

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Investigation	Observed Value			Reference Range
	Low	Normal	High	
<u>LIPID PROFILE</u>				
Triglycerides <i>Method : Glycerol Phosphate Oxidase</i>		97.0		Up to 150 mg/dl
Total Cholesterol <i>Method : Enzymatic method (IMT)</i>		137		0 - 200 mg/dl
HDL Cholesterol <i>Method : Accelerator Selective Detergent (IMT)</i>		40		40 - 60 mg/dl
Non-HDL Cholesterol <i>Method : Calculated</i>		97.00		mg/dl
LDL Cholesterol <i>Method : Liquid Selective Detergent</i>		77.60		mg/dl
VLDL <i>Method : Calculated</i>		19.4		7 - 35 mg/dl
LDLC/HDLC Ratios :	1.94			
TC/HDL Ratio :	3.43			
Sample Type :	Clear Serum Sample			
	** END OF REPORT **			
		Nitin Patil Verified By		 Dr.Minal Desale (Nikam) M.B.B.S. M.D. Reg. No.2012/05/1120

Release Date : 09-11-2024 18:18

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Mumbai - Jn of 14th and 33rd Rd, Khar (W), Mumbai - 52. Tel : 91-22-4342 8888 Fax : 91-22-4342 8880

Pune - Fortaleza, Central Avenue, Kalyani Nagar, Pune - 06 Tel : 91-20-2660 0505 Fax : 91-20-2660 0506

Bangalore - Corporate Block-A, Airport Road, Bangalore - 08. Tel : 91-80-4046 6464 Fax : 91-80-4046 6465

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LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. LAUTRE INDRAJIT KAILAS
EC NO.	74344
DESIGNATION	SECURITY
PLACE OF WORK	NASHIK,RO NASHIK
BIRTHDATE	09-04-1969
PROPOSED DATE OF HEALTH CHECKUP	09-11-2024
BOOKING REFERENCE NO.	24D74344100120180E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **06-11-2024** till **31-03-2025** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. LAUTRE INDRAJIT KAILAS
क.कू.संख्या	74344
पदनाम	SECURITY
कार्य का स्थान	NASHIK,RO NASHIK
जन्म की तारीख	09-04-1969
स्वास्थ्य जांच की प्रस्तावित तारीख	09-11-2024
बुकिंग संदर्भ सं.	24D74344100120180E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 06-11-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।


भवदीय,


हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा


Indrajit Lautre


Indrajit Lautre

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)

Regn Date	09-Nov-2024	Print Date	09-Nov-2024
Name	Mr.INDRAJIT KAILAS LAUTRE	Age / Gender	55 Years /Male
VID	80242230001	Regn Center	NM NASHIK
Ref.By	SELF	Client Name	(NSK) Arcofemi Health Care Ltd

DIGITAL X-RAY**CHEST PA VIEW**

Both lung fields are clear.

Both cardio-phrenic and costo-phrenic angles are clear.

No hilar or mediastinal mass is seen.

Domes of diaphragm are normal in position and contour.

The cardiac outline is normal.

Bones and soft tissues are normal.

CONCLUSION :

No significant abnormality is seen.



Dr. Shobhana Patil
MBBS, DMRE
Reg. No. No 56752
(Consultant Radiologist)

Dr. Shobhna Patil
MBBS, DMRE
Rgn.No. 56752



Regn Date	09-Nov-2024	Print Date	09-Nov-2024
Name	Mr.INDRAJIT KAILAS LAUTRE	Age / Gender	55 Years /Male
VID	80242230001	Regn Center	NM NASHIK
Ref.By	SELF	Client Name	(NSK) Arcofemi Health Care Ltd

USG ABDOMEN AND PELVIS**FINDINGS:**

LIVER: Is normal in size (**12.6cm**) with normal parenchymal echotexture. No focal lesion seen. No intra-hepatic biliary radicle dilatation noted. Peri-hepatic spaces are clear. Portal vein in normal measuring 10.0mm.

GALLBLADDER: Is well distended. No gall stones. No pericholecystic collection. Wall thickness is normal. CBD is normal in size and measures 2.5mm.

SPLEEN: Is normal in size and echotexture. No focal lesion.

PANCREAS: Appears normal in size and echogenicity.

KIDNEYS:

Both kidneys are normal in size, shape and shows normal parenchymal echogenicity with maintained corticomedullary differentiation.

Right Kidney measures 9.0 x 4.8cm. Cortical thickness measures 13.8mm. No calculus identified. No hydronephrosis. Ureter is not dilated.

Left Kidneys measures 9.4 x 5.2cm. Cortical thickness measures 14.0mm. No calculus identified. No hydronephrosis. Ureter is not dilated.

URINARY BLADDER: Is well distended. Lumen is clear. Wall thickness is normal. IVC and abdominal aorta appears normal.

PROSTATE Is mildly enlarged in size (~ volume 29cc).

Prevoid: 327cc. Postvoid: 48cc.

BOWEL LOOPS: Normal limits. No evidence of free fluid in abdomen / pelvis.

No evidence of pleural effusion.


No evidence of lymphadenopathy.

No ascites.

IMPRESSION:

Prostatomegaly grade I.

No other significant abnormality at present study.


Dr. Shobhna Patil

MBBS, DMRE

Reg. No. No 56752

(Consultant Radiologist)

Dr. Shobhna Patil

MBBS, DMRE

Rgn.No. 56752

Mumbai Pune Bangalore Nashik



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Regn Date	09-Nov-2024	Print Date	09-Nov-2024
Name	Mr.INDRAJIT KAILAS LAUTRE	Age / Gender	55 Years /Male
VID	80242230001	Regn Center	NM NASHIK
Ref.By	SELF	Client Name	(NSK) Arcofemi Health Care Ltd

ECG REPORT

IMPRESSION : Within normal limits.



Dr. Sagar Vyavahare
MBBS D Card FICR
Reg. No. 2010/03/0335

Dr. Sagar Vyavahare
MBBS Dip. Cardiology FICR
Non Invasive Cardiologist
Reg. No. 2010/03/0335

Mumbai Pune Bangalore Nashik



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LAUTRE, INDRAJIT

Patient ID: 80242230001

09.11.2024

9:32:29am

Male 163 cm 67 kg

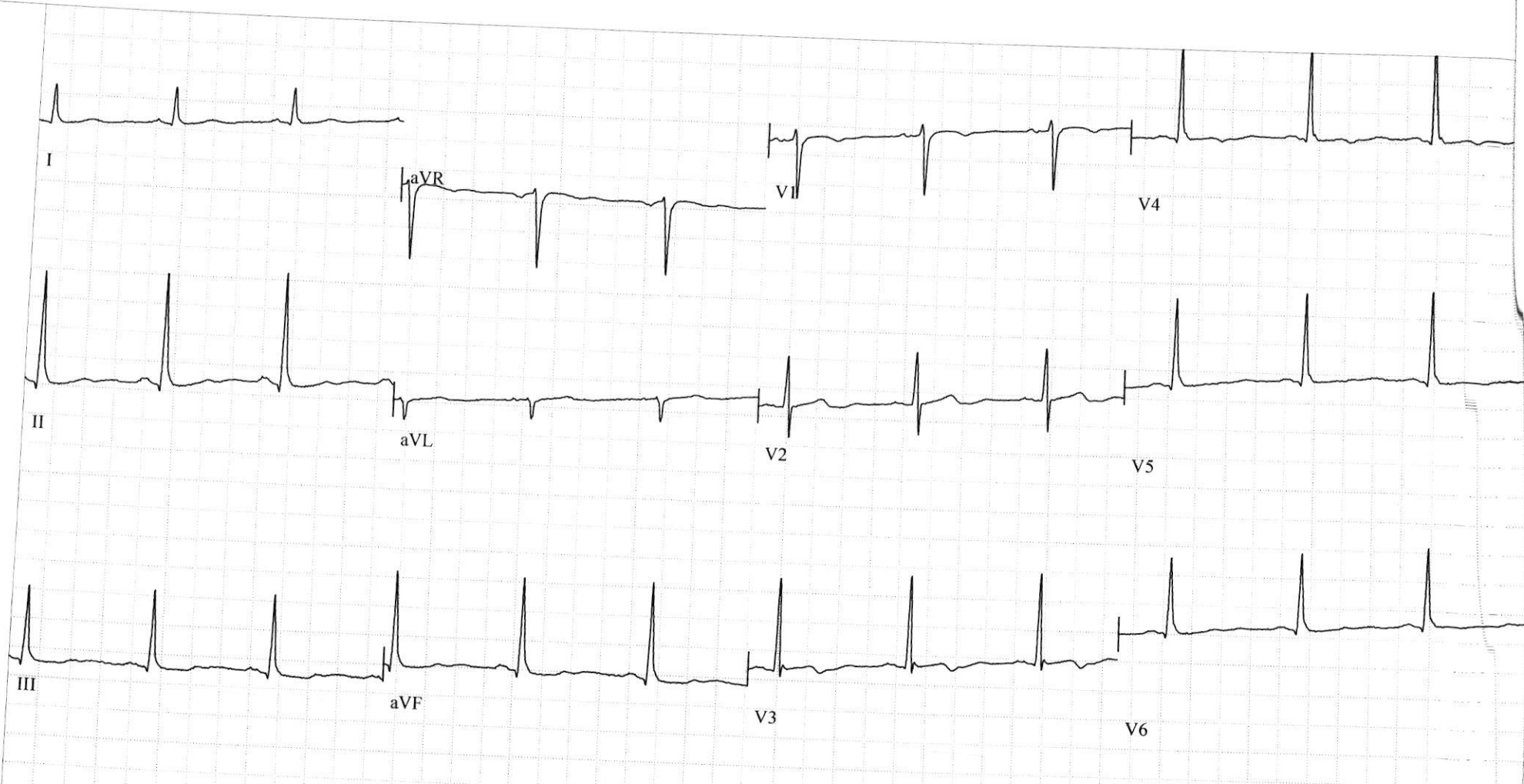
55yrs Asian

REST ECG / 4 * 2.5s

NM Medical Diagnostic Centre

Vent. Rate 70bpm
PR interval 138ms
QRS duration 100ms
QT/QTc 378/408ms
P-R-T axes 61/72/-6°
P duration 106ms
RR/PP interval 860/855ms

Interpretation:
Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG



GE CardioSoft V6.73(2)
25mm/s 10mm/mV 0.01-100Hz 50Hz 12SL V21

Unconfirmed

Attending MD:

Regn Date 09-Nov-2024 Print Date 09-Nov-2024
Name **Mr.INDRAJIT KAILAS** Age / Gender **55 Years /Male**
LAUTRE
VID **80242230009** Regn Center **NM NASHIK**
Ref.By **SELF** Client Name

2 D ADULT ECHOCARDIOGRAPHY REPORT

AO	LA	IVSd	LV PWD	LV IDD	LV IDS	RV ID	LV EF
31mm	38mm	10mm	09mm	50mm	37mm	30mm	60%

1. Normal left ventricular systolic function. LVEF by biplane method = 60 %.
2. No regional wall motion abnormality.
3. Normal size of cardiac chambers.
4. Normal valves.
5. Grade I diastolic dysfunction. No signs of raised left ventricular end diastolic pressures.
6. No intracardiac shunt.
7. No pulmonary hypertension.
8. No pericardial or pleural effusion.
9. Inferior vena cava normal in size with good collapsibility.

Impression:**Normal left ventricular systolic function.****Normal valves, No PAH, IVC normal.**

Dr. Sagar Vyavahare
MBBS D Card FICR
Reg. No. 2010/03/0335

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Regn Date	09-Nov-2024	Print Date	09-Nov-2024
Name	Mr.INDRAJIT KAILAS LAUTRE	Age / Gender	55 Years /Male
VID	80242230001	Regn Center	NM NASHIK
Ref.By	SELF	Client Name	(NSK) Arcofemi Health Care Ltd

DIET CONSULTATION**TYPE OF DIET :**

HT: 163 cm

WT: 67 kg

BMI : 25 Kg/m²

According to your height and weight your BMI falls in Normal category.
Ideal Weight is 67- 68 kg.

Health Problems if any: None.**Medication:** None.**Life style:** Sedentary.

Exercise: Yoga.

Drinking: - NA.

Smoking: NA.

Allergies if any:- NA.

Sudden Weight Gain/Loss: NA. Veg / Non-Veg: - Mixed.

DIET CHART:**Breakfast:**

1 cup tea (less sugar)

1 medium bowl Upma / poha / paratha / Idli

Lunch : 1 pm

3 - 4 Chapati, Bhaji, Dal, Rice (optional), salad, papad

Tea & Snack :

2 biscuits / dry bhel / sprouts / Cutlet

Tea (without sugar) Mumbai Pune Bangalore NashikScan QR Code for
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Dinner : 9 pm

Roti, sabji, Rice / Khichadi

DIETARY GUIDLINES

- Oil consumption 2 Lit / Month.
- Water intake 5- 6 glass / day.
- Ghee/Butter /Cheese: - Occasionally.
- Red Meat: - NA.
- Chicken : - -
- Fish : - NA.
- Tea / Coffee: 2 times a day.

- Fried Foods: NA.
- Sweets/ Ice cream/ Chocolates / Pastries - NA.
- Nuts & Dry Fruits: - 4- 5 times a week.
- Cold Drinks: NA.
- Bread/Biscuits/Toasts: - NA.
- Eggs: Occasionally.
- Fruits: 3- 4 times a week.

ADVICE:

- 1. Include salads in every meal.**
- 2. Avoid fried foods / drinks/ sweets/ rice products.**
- 3. Option for protein sources like paneer (cow's), sprouts, soyabean, tofu and millets.**

FOLLOW UP AFTER 15 DAYS.**Dr. Sonali Hatkar**
MSc.

Clinical Nutrition & Dietetics

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Regn Date	09-Nov-2024	Print Date	09-Nov-2024
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DIET PRESCRIBED

Early morning: 1 cup coffee /Tea/Green Tea

Breakfast:1 katori Poha/Upma/Thalipeeth/ 2 idlis+ sambar

Lunch: 2 chapatis+1 katori Vegetable+dal/curd/ Salad

Mid evening: 1 cup tea+ 2 biscuits/khakra / 1 Fruit

Dinner: Same as lunch

DIETARY GUIDELINES:

All types of cereals, dals, sprouts, seasonal vegetables and fruits can be consumed

Leafy vegetables -2 to 3 times a week

Sprouts -2 to 3 times a week Nonveg - chicken/ fish 2 times a week

Egg once a week

Red meat -occasionally

Include salads in lunch and dinner

Use oil in moderate amount

Consume Ghee, Butter &cheese in least amounts

Consume fried foods in least amounts

Use oil in moderate amount

Mithais, chocolates, Ice cream, cold drinks-least amount

Bakery products in least amounts

Avoid using extra salt

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VID	80242230001	Regn Center	NM NASHIK
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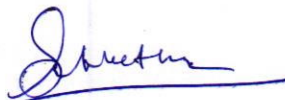
Body Mass Index Report

Height : 163 cms

Weight : 67.3 kgs.

Body Mass Index : 25 kg/m²

- BMI gives you an indication of the grade of obesity. As per your BMI (Indian Standards) you fall in **Normal** category.



Dt. Sonali Hatkar
MSc.

Clinical Nutrition & Dietetics



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Regn Date	09-Nov-2024	Print Date	09-Nov-2024
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EYE CHECKUP

H/o eye related complaints : Routine eye check-up.

H/o systemic illness : No diabetes mellitus.
No Hypertension.

H/o eye surgery : Nil

DVn Vn V/A : RE - 6/6 LE - 6/6

Near Vn V/A : RE - N6 LE - N6

DVn With glasses : RE - LE -

NVn With glasses : RE - LE -

IOP : RE - Normal LE - Normal

COLOUR VISION : RE - Normal LE - Normal
[Monocularly]

REMARK : RE - Normal LE - Normal

ADVICE : Refraction.
: Refraction, complete eye check-up.
: Refer to an ophthalmologist for complete eye evaluation.
: Continue with same glasses.

Right

Left

	SPH	CYL	AXIS	VISION		SPH	CYL	AXIS	VISION
Dist									

Add : + ___ DS (BE) N6

Add : + ___ DS (BE) N6

P. Bagad
Dr. Parag Anil Bagad
MBBS DNB, FVRS



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VID	80242230001	Regn Center	NM NASHIK
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GENERAL PHYSICAL EXAMINATION REPORT

General Physical Examination

Weight : 67.3 kg
Height : 163 cm
Blood Pressure : 120 /70 mmHg
Temperature (HC) : Normal
Skin (HC) : Normal
Lymph node (HC) : Not enlarged
Oedema (HC) : Absent.
Thyroid (HC) : Not enlarged
Respiration (HC) : Normal.
Remark (GE) : No pallor / icterus /Cyanosis / Clubbing.
Neck veins are normal. No oedema foot.
No lymphadenopathy. No thyroid swelling.

ABDOMINAL EXAMINATION

Remark (AB EX) No free fluid in abdomen. No hepatosplenomegaly.
No other abnormality detected on abdominal examination.

CARDIOVASCULAR SYSTEM

Remark (CS) Heart sounds: **S1 & S2** normal.
No abnormal heart sound or murmur on auscultation.

RESPIRATORY SYSTEM

Remark (RS) Breath Sounds: Vesicular breathing with normal breath sound on both lungs. No adventitious sounds detected on respiratory system examination.



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NERVOUS SYSTEM:

Remark (NS) No sensorimotor or cranial nerve abnormality.
Normal superficial deep tendon reflexes. No FND.

MUSCULOSKELETAL SYSTEM:

Remark (MS) Normal range of movements at all joints.

ASSESSMENT:


HB - 14.2 g / dl

RECOMMENDATIONS:

Regular walk.
Plenty of oral fluid - 4-5 lts / day.
Low fat diet.
Consult physician with all reports.

Referred to treating physician for favour of further management.
Rest all reports are normal & fit for employment.
(Treatment suggested above to be started on advise of treating Physician).

Dr. Sagar Vyavahare
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