



DEPARTMENT OF LABORATORY

NAVI MUMBAI

Patient Name : Mr. SUNIL KUMAR PANDEY	Age /Gender : 55 Y(s)/Male
Bill No/ UMR No : NMBC60859/NMU0047237	Referred By : Dr. DMO
Received Dt : 09-Mar-24 10:43 am	Report Date : 09-Mar-24 03:25 pm

FINAL REPORT

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
ESR	CITRATED BLOOD	10	0 - 10 mm/1st hour	WESTERGREN'S METHOD

COMPLETE BLOOD COUNT

RBC

R B C COUNT	Blood	5.66	4.5 - 5.5 $10^6/\mu\text{L}$
HEMOGLOBIN		16.8	13.0 - 17.0 g/dl
PCV/HCT		50.6	40 - 50 % 36 - 46 %
MCV		89	83 - 101 fl 83 - 101 fl
MCH		29.7	27 - 32 pg
MCHC		33.3	31.5 - 34.5 g/dL
RDW(cv)		14.0	11.6 - 14.0 %

PLATELETS

PLATELET COUNT	Blood	110	150 - 400 $10^3/\mu\text{L}$
MPV		13.3	7.5 - 11.5 fl

WBC

TC (TOTAL LEUCOCYTE COUNT)	Blood	7.6	4.0 - 11.0 $10^3/\mu\text{L}$
----------------------------	-------	-----	-------------------------------

DIFFERENTIAL COUNT

NEUTROPHILS	Blood	60	40 - 80 %
LYMPHOCYTES		32	20 - 40 %
MONOCYTES		05	02 - 10 %
EOSINOPHILS		03	00 - 06 %
BASOPHILS		00	00 - 01 %

PERIPHERAL SMEAR EXAMINATION
RBC

Mild anisopoikilocytosis. Predominantly normocytic normochromic with ovalocytes. Normal morphology.
Mildly reduced in smear. Macroplatelets and giant platelets are also seen.

WBC
PLATELETS

*** End Of Report ***





MEDICOVER HOSPITALS

DEPARTMENT OF LABORATORY

NAVI MUMBAI

Patient Name : Mr. SUNIL KUMAR PANDEY	Age / Gender : 55 Y(s)/Male
Bill No/ UMR No : NMBC60859/NMU0047237	Referred By : Dr. DMO
Received Dt : 09-Mar-24 10:43 am	Report Date : 09-Mar-24 03:57 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
------------------	-----------------	----------------------	-----------------------------	---------------





Patient Name : Mr. SUNIL KUMAR PANDEY	Age / Gender : 55 Y(s)/Male
Bill No/ UMR No : NMBC60859/NMU0047237	Referred By : Dr. DMO
Received Dt : 09-Mar-24 10:44 am	Report Date : 09-Mar-24 05:01 pm

FINAL REPORT

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
FBS (FASTING BLOOD GLUCOSE WITH URINE GLUCOSE)				
FASTING BLOOD GLUCOSE	PLASMA AND URINE	94	Normal Range : 70 - 99 mg/dL	Hexokinase
SERUM ELECTROLYTES				
SERUM SODIUM		141	136 - 145 mmol/L	ISE INDIRECT
SERUM POTASSIUM		5.0	3.5 - 5.1 mmol/L	ISE INDIRECT
SERUM CHLORIDES		104	98 - 107 mmol/L	ISE INDIRECT
BUN / CREATININE RATIO				
BUN (Blood Urea Nitrogen.)		8	7.0 - 21.0 mg/dL	Calculated
SERUM CREATININE		0.93	0.8 - 1.3 mg/dL	
BUN / CREATININE RATIO		8.60	10 - 20	
LFT(LIVER FUNCTION TEST)				
TOTAL BILIRUBIN		0.8	< 1.2 mg/dL	Method : Diazo Method
DIRECT BILIRUBIN		0.3	<= 0.20 mg/dL	Method: Diazo Method
INDIRECT BILIRUBIN		0.5	<= 1.0 mg/dL	
SGPT (ALT)		40	<= 41 U/L	Method : UV without P5P
SGOT (AST)		26	<= 40 U/L	Method : UV without P5P
ALKALINE PHOSPHATASE (ALP)		114	40 - 129 U/L 35 - 105 U/L	Method : PNPP, AMP Buffer - IFCC Ref.
TOTAL PROTEINS		7.5	6.0 - 8.0 g/dL	Method : Biuret method
SERUM ALBUMIN		4.9	3.5 - 5.2 g/dL	Method : Bromcresol Green (BCG)
GLOBULINS		2.6	2.5 - 3.5 g/dL	
A/G RATIO		1.88	1.2 - 2.5	
GAMMA GLUTAMYL TRANSFERASE(GGT)		18	10 - 71 U/L	Method : G-glutamyl-carboxy-nitr anilide - IFCC Ref.
BUN(BLOOD UREA NITROGEN)				
BUN (Blood Urea Nitrogen.)		8	7.0 - 21.0 mg/dL	Calculated
TOTAL PROTEIN				
TOTAL PROTEINS		7.5	6.0 - 8.0 g/dL	Method : Biuret method
LIPID PROFILE				





DEPARTMENT OF LABORATORY

NAVI MUMBAI

Patient Name : Mr. SUNIL KUMAR PANDEY	Age / Gender : 55 Y(s)/Male
Bill No/ UMR No : NMBC60859/NMU0047237	Referred By : Dr. DMO
Received Dt : 09-Mar-24 10:43 am	Report Date : 09-Mar-24 04:11 pm

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference In</u>	<u>Method</u>
TOTAL CHOLESTEROL		241	Desirable : : < 200 mg/dL Borderline High : : 200 - 239 mg/dL High risk : > 240 mg/dL	METHOD : Enzymatic colorimetric
HDL CHOLESTEROL		32	Low : : < 40 mg/dL High : : > 60 mg/dL	Homogeneous enzymatic colorimetric
LDL CHOLESTEROL		179	Optimal : - < 100 mg/dL Near Optimal : 100 - 129 mg/dL Borderline High : 130 - 159 mg/dL High : 160 - 189 mg/dL Very High : : > 190 mg/dL	Direct-Enzymatic colorimetric
VLDL		35		
SERUM TRYGLYCERIDES		173	< 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL	METHOD: Enzymatic colorimetric
CHO/HDL RATIO		7.53	Normal : - < 3.5 High Risk : : > 5.0	
LDL/HDL RATIO		5.59		
SERUM URIC ACID		4.8	3.4 - 7.0 mg/dL	uricase
PSA (PROSTATE SPECIFIC ANTIGEN).				
PROSTATE SPECIFIC ANTIGEN (PSA)		0.498	0 - 4.0 ng/mL	Method : ECLIA
T3,T4 AND TSH				
T3		121.3	70 - 204 ng/dL	
T4		6.95	5.1 - 14.1 ug/dL	Method : ECLIA
TSH(THYROID STIMULATING HORMONE)		3.89	0.270 - 4.20 uIU/mL	Method : ECLIA
HBA1C (GLYCOSYLATED HAEMOGLOBIN)				
HBA1C		6.4	< 5.7 Normal Prediabetic 5.7 - 6.4 & >=6.5 Diabetic %	TINIA
MPG(Mean Plasma Glucose)		137	Excellent Control : 90 - 120 mg/dL Good Control : 121 - 150 mg/dL	
PLBS (POST LUNCH BLOOD SUGAR WITH URINE SUGAR)				
PLBS (POST LUNCH BLOOD GLUCOSE)		78	110 - 180 mg/dL	Hexokinase

*** End Of Report ***





MEDICOVER HOSPITALS

DEPARTMENT OF LABORATORY

Patient Name : Mr. SUNIL KUMAR PANDEY	Age / Gender : 55 Y(s)/Male
Bill No/ UMR No : NMBC60859/NMU0047237	Referred By : Dr. DMO
Received Dt : 09-Mar-24 02:01 pm	Report Date : 11-Mar-24 08:45 am

NAVI MUMBAI

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
------------------	-----------------	----------------------	-----------------------------	---------------

Lab Incharge


Dr. VISHAL MEHROTRA, MD Pathology
Head of Hematology Services

Verified By : : 022633

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.



Patient ID:	NMU0047237	Patient Name:	SUNIL KUMAR PANDEY
Age:	55 Years	Sex:	M
Accession Number:	NMBC60859	Modality:	DX
Referring Physician:	DR.DMO	Study:	CHEST
Study Date:	09-Mar-2024		

X RAY CHEST PA VIEW

Both lungs are clear.

The frontal cardiac dimensions are normal.

The pleural spaces are clear.

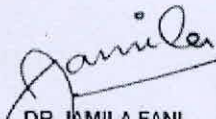
Both hilar shadows are normal in position and density.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.

Impression:

- **No significant abnormality is seen.**



DR. JAMILA FANI
Consultant Radiologist
MBBS, MD

Date: 10-Mar-2024 14:16:26

Patient ID:	NMU0047237	Patient Name:	SUNIL KUMAR PANDEY
Age:	55 Years	Sex:	M
Accession Number:	NMBC60859	Modality:	US
Referring Physician:	DR.DMO	Study:	USG ABDOMEN WHOLE
Study Date:	09-Mar-2024	Study Time:	11:53:13

USG ABDOMEN & PELVIS

The Liver is normal in size (14.5 cm) and shows grade I fatty change. Tiny subcentimeter sized simple cyst seen in segment V of right lobe of liver. The Hepatic veins appear normal. There is no IHBR dilatation. The portal vein appears normal.

The gall bladder is partially distended with normal wall thickness. There is no evidence of gallstones. C.B.D. is of normal caliber.

The Pancreas is normal in size and echotexture.

The spleen is normal size (8 cm). No focal lesion is seen.

The Right Kidney measures 11 x 4 cm. The Left Kidney measures 12 x 4.8 cm

Both kidneys are normal in size, shape and echotexture. They show normal cortical echogenicity with maintained cortico-medullary distinction.

There is no evidence of a calculus, hydronephrosis, or hydroureter.

The Urinary bladder is adequately distended and shows normal wall thickness. No evidence of any intraluminal mass or calculi.

The Prostate gland is normal in size and echotexture.

It measures 3.4 x 3.4 x 3.4 cm corresponding to an estimated weight of 22 gms.

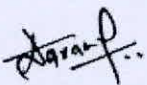
Visualised bowel loops are unremarkable.

There is no evidence of significant lymphadenopathy.

No ascitis is seen.

IMPRESSION:

- **Grade I fatty liver.**
- **No other significant abnormality is seen.**



DR. ANUPKUMAR AGRAWAL
Consultant & HOD Radiology
MBBS, MD

Date: 09-Mar-2024 12:31:16

Male

55 Years

Rate 81 . Sinus rhythm.....normal P axis, V-rate 50- 99
. Baseline wander in lead(s) V3,V4

PR 134
QRSD 92
QT 343
QTc 398

--AXIS--

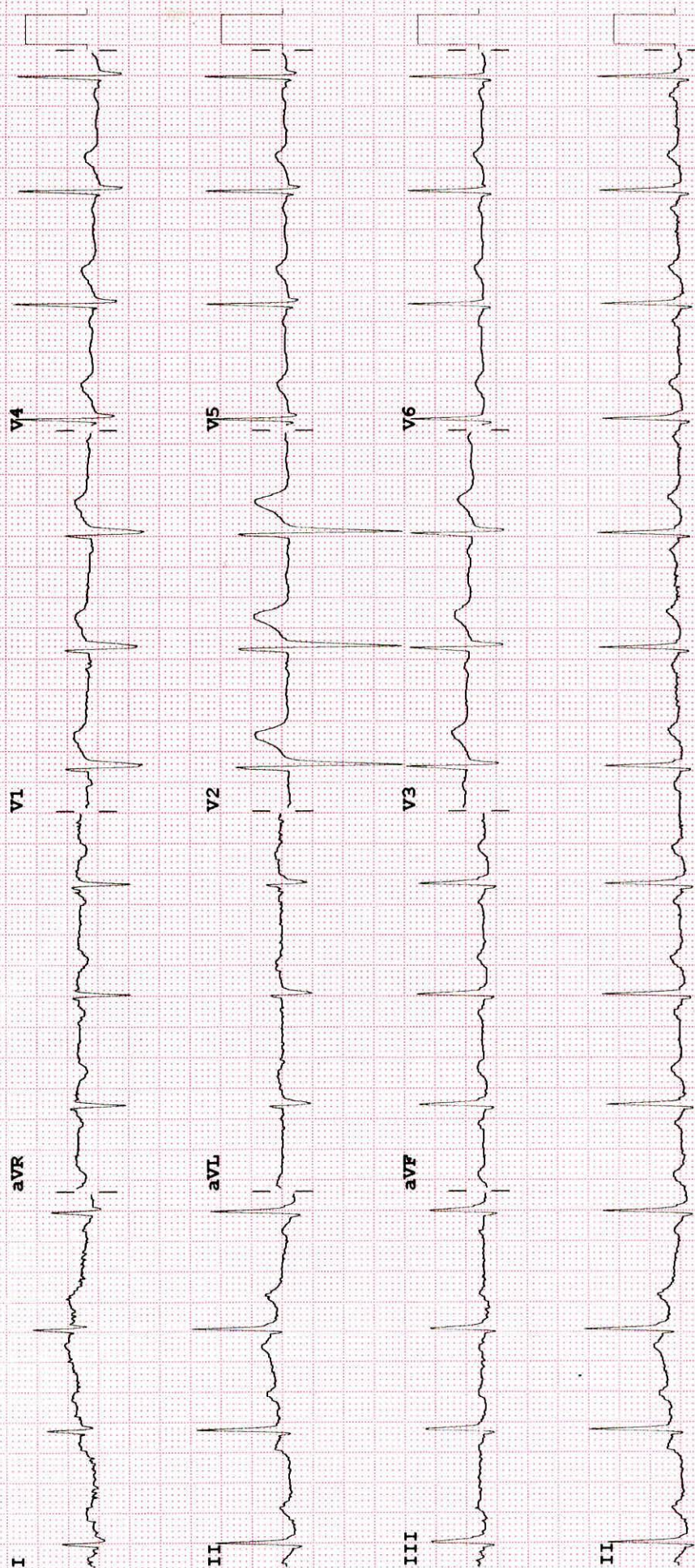
P 56
QRS 77
T 33

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis

Handwritten notes:
AKM
M
W



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B CL

P?



DEPARTMENT OF OPHTHALMOLOGY

MEDICOVER HOSPITALS

DATE: 01/03/24

PATIENT NAME: Mrs Sunil Keshav Pendey. AGE / SEX: 55 / M NAVI MUMBAI

UMR NO: NMM0047237

	RE	LE
VA (DISTANCE)	G/B CP4	G/9 CP4
VA (NEAR)	NG CP4	NG CP4
COLOUR VISION	Normal	Normal

		SPHERE	CYLINDER	AXIS	VA	Acen
MRx	O D ②	+ -	- 200	90°	G/B	+ 2.50 NC
	O S ④	+ 0.50	- 3.00	90°	G/9p.	+ 2.50 NC

HISTORY :

- No h/o HT / DM / Thyroid.
- No spectacle use - 20 yrs
- No h/o ocular Trauma (BE)

OCULAR FINDINGS :

(BE) (RE) - Early NS
(LE) - NS I

Disc (BE) - appear ②

ADVICE:

Refresh Tears bid qid 1777 x 1 month

AS
CDR. ANUSHREE VANKAR





MEDICOVER
HOSPITALS

NAVI MUMBAI

Sunil Pandey

O/E: Generalised gingival Recession seen

Generalised Attrition seen

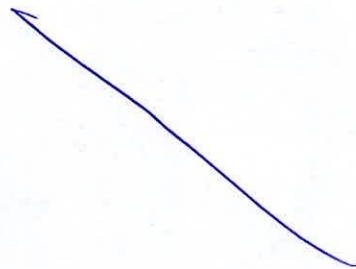
Root piece $\bar{c} \quad \frac{+}{b}$


Stain ++

Calculus +++

Adv : complete Oral prophylaxis

Extⁿ $\bar{c} \quad \frac{+}{b}$




Dr. Sayali Vasant Mandekar
MDS In Conservative Dentistry
And Endodontics
Reg. No. A-32634.



MEDICAL HEALTH CHECK- UP ASSESMENT FORM

NAME : Mr / Mrs Sanil Pandey

DATE: 9/13/24

AGE : 55 yrs

SEX: Male/ Female



NMU: NMU000 47237

DOCTOR'S NAME:

Health Package

TEMP :	<u>98.2</u>	° f	BP :	<u>110/60</u>	mmHg
PULSE :	<u>90</u>	b/m	HEIGHT :	<u>172</u>	cm
RR :	<u>20</u>	b/m	WEIGHT :	<u>81.1</u>	kg
SPO2 :	<u>97</u>	% RA	HGT:	<u>—</u>	

REMARK: