

### MEDICAL SUMMARY

NAME:	Mr. Dily Parl	UHID:	
AGE:	54	DATE OF HEALTHCHECK:	27 1/2024
GENDER:	~		

HEIGHT:	173.5	MARITAL STATUS:	
WEIGHT:	88.0	NO OF CHILDREN:	2
BMI:	29.2		

C/O: - Cus layer

K/C/O: -HTH : logo.
PRESENT MEDICATION: Tob Televida D

P/M/H: No

P/S/H: - NO

ALLERGY:

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING: ~

ALCOHOL: \_

TOBACCO/PAN: - yes

O/E:

BP: 40 90 PULSE: -60 am

AG36

TEMPERATURE: → SCARS:

LYMPHADENOPATHY:

FAMILY HISTORY FATHER:

PALLOR/ICTERUS/CYNOSIS/CLUBBING:

OEDEMA:

S/E:

RS:

P/A:

CVS: Sih x

Extremities & Spine:

ENT: - MAS

Skin: ~ rvas

#### Vision:

	Without Glass			With Glass	
	Right Eye	Left Eye	Right Eye	Left Eye	
FAR:					
NEAR :					
COLOUR VISION:					

ANDHERI
 COLABA
 NASHIK
 VASHI

## Findings and Recommendation:

Findings:-

Evere acid - 75 mg/de Chips)

Red responts were

### Recommendation:-

Groelt Physician For Ligh Evrice acid levels

DR. PRADNYA P. TATI

DR. PRADNYA P. T

Signature:

Consultant -





## **OPHTHALMIC EVALUATION**

UHID No.:		<u></u>				Λ	D	ate 🖳	7/1/2	4
Name :	/	110	Dil	if t	alif	Age	9 9	Gende	er : Male/F	emale
UHID No.:  Name :  Without Correct  Distance: Righ	ction :		A	-010	90	Ned	30	P. fee	ety d	raf
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Near : Right	t Eye			N6		Left E	ye	/	46	
								LEFT		
	SPH	CYL	RIGHT	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
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Near	2t0					30				
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Colour Vision	:			A	IAD	B				
Anterior Segr	nent Exa	mination	:				(4)			
Pupils :										
Fundus :				07	110	lan				
Intraocular Pressure:										
Diagnosis:										
Advice:										
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		,					Dr	la-	Ophthalmo	
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DR. RUCHIRA SHARMA





The Emerald, 1st Floor, Plot No. 195, Sector-12,
Besides Neel Siddhi Tower, Vashi-Navi Mumbai-400703.
Tel.: (022) - 2788 1322 / 23 / 24 § 8291490000
Email: apolloclinicvashi@gmail.com



Name

: Mr. Dilip Chintaman Patil

Gender

: Male

0 - 20

Age : 54 Years

**UHID** 

: FVAH 10387.

Bill No

Lab No : V-3554-23

Ref. by

: SELF

Sample Col.Dt

: 27/01/2024 08:20

Barcode No

: 5824

Reported On

: 27/01/2024 17:25

**TEST** 

**RESULTS** 

**BIOLOGICAL REFERENCE INTERVAL** 

HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)

Haemoglobin(Colorimetric method) 13 - 18 15.7 q/dl RBC Count (Impedance) 5.24 Millions/cumm. 4 - 6.2 PCV/Haematocrit(Calculated) % 35 - 55 46.8 78 - 98 89.2 fl MCV:(Calculated) MCH:(Calculated) 30 pg 26 - 34 MCHC:(Calculated) 33.6 gm/dl 30 - 36 11.5 - 16.5 RDW-CV: 12.9 % Total Leucocyte count(Impedance) 6810 /cumm. 4000 - 10500 40 - 75 Neutrophils: 55 20 - 40 Lymphocytes: % 36 0 - 6 06 % Eosinophils: 2 - 10 % 03 Monocytes: 0 - 2 Basophils: 00 0/0 1.5 - 4.5 Lakhs/c.mm Platelets Count(Impedance method) 2.35 6.0 - 11.0 8.3 MPV

ESR(Westergren Method)

Peripheral Smear (Microscopic examination) RBCs:

Normochromic, Normocytic

WBCs:

Normal

02

Platelets

Adequate

Note:

Test Run on 5 part cell counter. Manual diff performed.

mm/1st hr

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Chief Pathologist





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**RESULTS** 

Blood Grouping (ABO & Rh)-WB(EDTA) Serum

ABO Group:

:B:

Rh Type:

**Positive** 

Method:

Matrix gel card method (forward and reverse)

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### HbA1c(Glycosylated Haemoglobin )WB-EDTA

(HbA1C) Glycosylated Haemoglobin:

5.4

Normal < 5.7 %

Pre Diabetic

5.7 - 6.5 %

Diabetic

>6.5 %

Target for Diabetes on therapy < 7.0 % Re-evalution of therapy > 8.0 %

Mean Blood Glucose:

108.28

mg/dL

#### Corelation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
	126
6 7	154
8	183
9	212
10	240
11	269
12	298

Method

High Performance Liquid Chromatography (HPLC).

#### INTERPRETATION

The HbA1c levels corelate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose.

This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.

\* It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics .

\* Mean blood glucose (MBG) in first 30 days ( 0-30 )before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

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RESULTS

UNITS

BIOLOGICAL REFERENCE INTERVAL

#### PLASMA GLUCOSE

Fasting Plasma Glucose:

98

mg/dL

Normal < 100 mg/dL

Impaired Fasting glucose: 101 to 125 mg/dL

Diabetes Mellitus : >= 126 mg/dL (on more than one occasion)

(American diabetes association guidlines 2016)

Post Prandial Plasma Glucose:

95

mg/dL

Normal < 140 mg/dL

Impaired Post Prandial glucose: 140 to 199 mg/dL

Diabetes Mellitus : >= 200 mg/dL (on more than one occasion)

(American diabetes association guidlines 2016)

Method:

Hexokinase

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LIPID PROFILE - Serum

S. Cholesterol(Oxidase)

189

mg/dL

Desirable < 200

Borderline:>200-<240

Undesirable:>240

S. Triglyceride(GPO-POD)

98

mg/dL

Desirable < 150

Borderline:>150-<499 Undesirable:>500

S. VLDL:(Calculated)

19.6

mg/dL

Desirable <30

S. HDL-Cholesterol(Direct)

36.4

mg/dL

Desirable > 60

Borderline:>40-<59

Undesirable: <40

S. LDL:(calculated)

133

mg/dL

Desirable < 130

Borderline:>130-<159

Undesirable:>160

Ratio Cholesterol/HDL

<u>5.2</u>

3.5 - 5

Ratio of LDL/HDL

3.7

2.5 - 3.5

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UNITS

BIOLOGICAL REFERENCE INTERVAL

### LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.11	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.71	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.4	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.96		0.9 - 2
S.Total Bilirubin (DPD):	0.73	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.20	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.53	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	28	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	44	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	100	U/L	40 - 129
S.GGT(IFCC Kinetic):	<u>67</u>	U/L	11 - 50

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**RESULTS** 

BIOLOGICAL REFERENCE INTERVAL

**BIOCHEMISTRY** 

S.Urea(Urease Method)

37.8

mg/dl

10.0 - 45.0

BUN (Calculated)

17.63

mg/dL

5 - 20

S.Creatinine(Jaffe's Method)

1.09 16.17

0.50 - 1.3mg/dl

S.Uric Acid(Uricase Method)

BUN / Creatinine Ratio

7.5

mg/dl

3.4 - 7.0

9:1 - 23:1

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BIOLOGICAL REFERENCE INTERVAL

Thyroid (T3,T4,TSH)- Serum

Total T3 (Tri-iodo Thyronine) (ECLIA)

2.33

nmol/L

1.3 - 3.1 nmol/L

Total T4 (Thyroxine) (ECLIA)

(Thyroid-stimulating hormone)

108.4

66 - 181 nmol/L

TSH-Ultrasensitive

Method: ECLIA

1.73

nmol/L IU/ml

Euthyroid: 0.35 - 5.50 | IU/ml

Hyperthyroid: < 0.35 IU/ml

Hypothyroid: > 5.50 IU/ml

Grey zone values observed in physiological/therapeutic effect.

#### Note:

#### T3:

1. Decreased values of T3 (T4 and TSH normal) have minimal Clinical significance and not recommended for

diagnosis of hypothyrodism.

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) etc. In such cases Free T3 and free T4 give corrected Values.

3. Total T3 may decrease by < 25 percent in healthy older individuals

1. Total T3 and T4 Values may also be altered in other condition due to changes in serum proteins or binding sites, Pregnancy Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nerphrosis etc. In such cases Free T3 and Free T4 give Corrected values.

1. TSH Values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure. Severe burns, trauma and surgery etc.

Drugs that decrease TSH values e,g L dopa, Glucocorticoids.

3. Drugs that increase TSH values e.g. lodine, Lithium, Amiodarone

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BIOLOGICAL REFERENCE INTERVAL

PROSTATE SPECIFIC ANTIGEN

Prostate Specific Antigen (ECLIA):

0.683 ng/mL

0.03 - 3.5 ng/ml

#### INTERPERETATION

Serum PSA is a useful diagnostic tool for diagnosis of prostatic cancer. PSA levels should always be assessed in conjunction with the patient's medical history, clinical examination, prostatic acid phosphatase and radiological findings Elevated levels are indicative of pathologic conditions of prostatits ,Benign hyperplasia or Prostatic adenocarcinoma Rate of the fall of PSA levels to non dectectable levels can occur following radiotherapy, hormonal therapy or radical surgical removal of the prostate & provides information of the success of treatment. Inflammation or trauma of prostate can lead to elevated PSA levels of varying magnitude and duration.

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**RESULTS** 

BIOLOGICAL REFERENCE INTERVAL

#### URINE REPORT

<b>PHYSICAL</b>	EVAMIN	ATTON
PHISICAL	EXAMIN	AILON

QUANTITY

10

mL

COLOUR

Yellow

**APPEARANCE SEDIMENT** 

Slightly Hazy Absent

Clear Absent

### CHEMICAL EXAMINATION(Strip Method)

REACTION(PH)

6.0

4.6 - 8.0

SPECIFIC GRAVITY

1.015

1.005 - 1.030

URINE ALBUMIN

Absent

Absent

URINE SUGAR(Qualitative)

Absent

Absent

**KETONES** 

**BILE SALTS** 

Absent

Absent Absent

**BILE PIGMENTS** 

Absent Absent

Absent

UROBILINOGEN

Normal(<1 mg/dl)

Normal

OCCULT BLOOD

Absent

Absent

**Nitrites** 

Absent

Absent

MICROSCOPIC EXAMINATION

**PUS CELLS** 

Occasional

0 - 3/hpf

RED BLOOD CELLS

Nil /HPF

Absent

EPITHELIAL CELLS

Occasional

3 - 4/hpf

**CASTS** 

Absent

Absent

**CRYSTALS BACTERIA** 

Absent Absent Absent Absent

Dilpreetkaur S Singh

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Ms Kaveri Gaonkar Verified By

Dr. Milind Patwardhan M.D(Path) Page 1 of Offief Pathologist

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54 Years

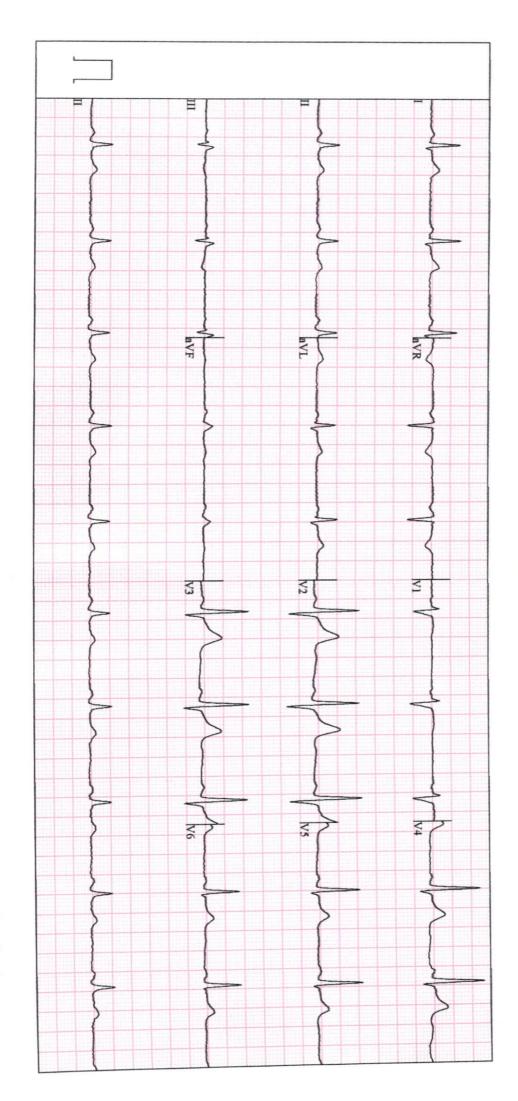
-- / -- mmHg 62 ьрт

QRS: 94 ms
QT/QTcBaz: 396/401 ms
PR: 134 ms
P: 100 ms
RR/PP: 964/967 ms
P/QRS/T: 36/27/18 degrees

Normal sinus rhythm Normal ECG

1,3

Dr. ANIRBAN DASGUPTA Diploma Cardiology MMC -2005/02/0920 M.B., B.S., D.N.B. Medicine







PATIENT'S NAME	DILIP C PATIL	AGE :- 54/M
UHID	10387	DATE :- 27-01-24

### 2D Echo and Colour Doppler Report

All cardiac chambers are normal in dimension

No obvious resting regional wall motion abnormalities (RWMA)

Interatrial and Interventricular septum - Appears Normal

Valves – Structurally normal

### **Trivial TR**

Good biventricular function.

IVC is normal.

Pericardium is normal.

Great vessels - Origin and visualized proximal part are normal.

No coarctation of aorta.

## **Doppler study**

Normal flow across all the valves.

No pulmonary hypertension.

Grade I diastolic dysfunction.





### Measurements

Aorta annulus	18 mm
Left Atrium	35 mm
LVID(Systole)	21 mm
LVID(Diastole)	36 mm
IVS(Diastole)	10 mm
PW(Diastole)	09 mm
LV ejection fraction.	55-60%

### Conclusion

- > Good biventricular function
- > No RWMA
- Valves Structurally normal
- > Grade I diastolic dysfunction
- No PAH

Jangup!

Performed by: Dr. Anirban Dasgupta D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).





PATIENT'S NAME	DILIP C PATIL	AGE:- 54 YRS/M
UHID NO	10387	27 Jan 2024

### DIGITAL RADIOGRAPH OF CHEST (PA VIEW)

The lung fields are clear.

Heart and aorta appears normal.

Both hila appear normal.

Both costo-phrenic angles are clear.

Visualized bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED IN CURRENT RADIOGRAPH.

Clinico-haematological correlation is recommended.

Thanking you for the referral, With regards,

DR. SIDDHI PATIL Cons. Radiologist





PATIENT'S NAME	DILIP C PATIL	AGE :- 54y/M
UHID NO	10387	27 Jan 2024

### **USG WHOLE ABDOMEN**

LIVER is normal in size, shape and echotexture . No evidence of any focal lesion. The portal vein appears normal & shows normal hepatopetal flow. No evidence of intra-hepatic biliary duct dilatation.

Gall Bladder appears well distended with normal wall thickness. There is no calculus or pericholecystic collection or free fluid noted. CBD appears normal.

Visualised parts of head & body of pancreas appear normal. PD is not dilated.

**SPLEEN** is normal in size and echotexture. No focal lesion seen. SV is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen. **RIGHT KIDNEY** measures 11.0 x 4.6 cm. **LEFT KIDNEY** measures 12.1 x 4.6 cm.

Urinary Bladder is adequately distended; no e/o any obvious wall thickening or mass or calculi seen.

PROSTATE is normal in size, shape & echotexture. It measures approximately 18 gms.

Visualised bowel loops appear normal. There is no free fluid seen.

#### **IMPRESSION** -

No significant abnormality detected.

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE. THE CONTENTS OF THIS REPORT REQURE CLINICAL CO-RELATION BEFORE ANY APPLICATION.

DR. DISHA MINOCHA
DMRE (RADIOLOGIST)

• ANDHERI • COLABA • NASHIK • VASHI