

LETTER OF APPROVAL / RECOMMENDATION

To.

The Coordinator,

Mediwheel (Arcofemi Healthcare Limited)

Helpline number: 011-41195959

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. GAUDE KUNKALKAR VAMAN SAWLO		
EC NO.	93421		
DESIGNATION	SINGLE WINDOW OPERATOR A		
PLACE OF WORK	MARCELA		
BIRTHDATE	26-10-1980 42/M		
PROPOSED DATE OF HEALTH CHECKUP	15-03-2023		
BOOKING REFERENCE NO.	22M93421100048138E		

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 11-03-2023 till 31-03-2023 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,

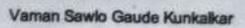
Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



Mich acest





DOB: 26/10/1980 MALE



8577 8240 8386

मेरा आधार, मेरी पहचान



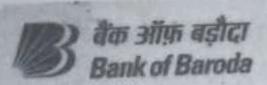
शास्त्रेय विशिष्ट पहुंचान प्राधिकरण

Unique Identification Authority of India

Address:

S/O,Sawlo Vaman Gaude Kunkalkar, House No 164 Chimulwada Marcel, Near Sharada English High School Marcel, Orgao, North Goa, Goa - 403107

> 8577 8240 8386



Name

Vaman Sawlo Gaude Kunkalka

धर्मधारी बुट म. E.C.No. : 93421

मारिकर्ती प्राधिकारी Issuing Authority Chief Manager (HRM) Pune Zone

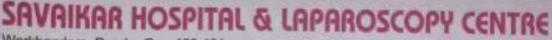
Whitehallow धारक के इस्ताक्षर Sonature of Holder

मिलने पर, निम्नलिक्षित को लीटाई कुछ सहारकक महस्त्रकाक (सुरक्षा) बिंक अंग्रेड बारीदा, चार्विदा कार्योशि सेम्ब्रेड शी-26, जी वर्गोक, बांग्या कुर्मा कॉम्प्सेवल, मुंबई - 400 051, भारत whit 91 22 5698 5198 \$188 91 22 2652 5747

If found, please return to Asst. General Manager (Security) Bahk of Baroda, Baroda Corporate Centre C-26, G-Block, Bandra-Kurla Complex, Mumbai 400 051, India Phone 91 22 5598 5196 Fax 91 22 2652 5747

am any / Blood Group : A+ve upper flow / Identification Marks : Mole near right ear





Warkhandem, Ponda, Goa 403 401

Hosp. Reg. No. T/0/412

Tel. No. 2312603, 2319202 OPD.: 2311031 Fax No. 2319870

website: www.savaikarhospital.com email: drsavaikar@gmail.com

Patient: MR. VAMAN SAWLO GAUDE KUNKALKAR

UHID No: SHLC/28728

Ref. by : DR.MEGHA SAVAIKAR

Bill No: 8678 Age/Sex:

42/Male

Date:

24.03.2023

Print Date: 24.03.2023 03:54:13 PM

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HAEMATOLOGY REPORT

Test Done	Observed values	Ref. Range
HAEMOGLOBIN (HB)	14.9 g/dl	M: 13.5 - 19.5 g/dl, F: 11.5 - 16. g/dl
TOTAL WBC COUNT	7,800 Cells/cu mm	4,000-10,500 /cu mm
DIFFERENTIAL COUNT		
STAB CELLS (IMMATURAL NEUTROPHILS)	02 %	0 - 5 %
NEUTROPHILS	62 %	40 - 70 %
LYMPHOCYTES	30 %	20 - 45 %
EOSINOPHILS	02 %	1 - 4 %
MONOCYTES	04 %	2 - 8 %
BASOPHILS	00 %	0-1%
PLATELETS	2,35,000 /cu mm	1,50,000 - 4,00,000 /cu mm
RBC COUNT	4.89 millions/cu mm	4.5 - 6.5 / cu mm
нст	41.1 %	40 to 54 %
ESR	08 mm/hr	0 - 20 mm/hr
		The state of the s

CHECKED BY LAB TECHNICIAN DR. MRS. USHA V. PRIOLKAR

M.B.B.S., M.D. Consultant Pathologist

GMC Rep Nursing Hope + 1

The Hospital for perfect health

..... End of Report

AR HOSPITAL & LAPAROSCOPY

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UHID No: SHLC/28728

Ref.by: DR.MEGHA SAVAIKAR

Bill No: 8678

Age/Sex:

42/Male

Date:

24.03.2023

Print Date: 24.03.2023 03:55:13 PM

Test Done Observed values Ref. Range **FASTING BLOOD SUGAR**

FASTING BLOOD SUGAR

101.0 mg/dl

60 to 110

BLOOD SUGAR POST PRANDIAL

BLOOD SUGAR POST PRANDIAL

128.9 mg/dl

70 to 150 mg/dl

HBA1C

HBA1C

5.01 %

Normal 0.0-6.0% Good Control 6.0-7.0% Fair Control 7.0-8.0%

Poor Control 8.0-10.0%

Unsatisfactory c

Test Done Observed values Ref. Range

HBA1C

Mean Blood Glucose

101.01 mg% 100-140

... End of Report

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RECHNICIAN

DR. MRS. USHA V. PRIOLKAR

M.B.B.S., M.D.

PATHOLOGY LABOR

DR. USHA V FRIOLKAR

GMC.Reg.W

Ir Nursing Home, For



Warkhandem, Ponda, Goa 403 401

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UHID No: SHLC/28728

Ref.by: DR.MEGHA SAVAIKAR

Bill No: 8678

Age/Sex:

42/Male

Date:

24.03.2023

Print Date: 24.03.2023 03:56:35 PM

Test Done

Observed values

Ref. Range

BLOOD GROUP RH TYPING

BLOOD GROUP RH TYPING

'A' Rh Positive

BIOCHEMISTRY REPORT

Ref. Range Observed values **Test Done RENAL FUNCTION TEST** 15.0 - 40.0 25.5 mg/dl **Blood Urea** 5.0 - 21.0 11.90 mg/dl BUN 0.5 - 1.50.81 mg/dl

CREATININE Male: 3.5 - 7.2, Female: 2.5 - 6.2 4.90 mg/dl **URIC ACID**

Observed values Ref. Range **Test Done**

GAMMA GT (GGT)

M - <49, F - <32 18.2 U/L GAMMA GT (GGT)

. End of Report

CHECKED BY

B TECHNICIAN

DR. MRS. USHA V. PRIOLKAR M.B.B.S., M.D.

Consultant Pathologist PATHOLOGY LABOR

DR. USHA V. PRIDLKAR

PATH.

Nursing Hone

GMC Rep. Te This



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Patient: MR. VAMAN SAWLO GAUDE KUNKALKAR

UHID No: SHLC/28728

Ref.by: DR.MEGHA SAVAIKAR

Bill No: 8678

42/Male Age/Sex: 24.03.2023 Date:

Print Date: 24.03.2023 03:57:31 PM

BIOCHEMISTRY REPORT

Test Done LIPID PROFILE	Observed values	Ref. Range
SERUM CHOLESTEROL	171.9 mg/dl	130 to 240 mg/dl
HDL CHOLESTEROL	52.3 mg/dl	M:35-80,F:42-88
SERUM TRIGLYCERIDES	90.8 mg/dl	0 to 200
VLDL CHOLESTEROL	18.16 mg/dl	0 - 35
LDL CHOLESTEROL	101.44 mg/dl	0 - 160
LDL/HDL CHOLESTROL (R)	1.93	0.0 - 4.0
TOTAL CHOL / HDL CHO	3.29	0.0 - 4.5

...... End of Report

CHECKED BY

AB TECHNICIAN

DR. MRS. USHA V. PRIOLKAR

M.B.B.S., M.D.

Consultant Pathologist

DR. USHAM PRIOLKAR

GMC.Rep. 4

Mar Nursing Home



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UHID No: SHLC/28728

Ref.by: DR.MEGHA SAVAIKAR

Bill No: 8678

Age/Sex: 42/N

42/Male

Date:

24.03.2023

Print Date: 24.03.2023 03:59:34 PM

BIOCHEMISTRY REPORT

Test Done	Observed values	Ref. Range	
LIVER FUNCTION TEST WITH PROTEI	NS		
SGOT	15.0 U/L	5 - 40	
SGPT	23.3 U/L	7 - 50	
BILIRUBIN			
TOTAL	1.19 mg/dl	0.1 - 1.2	
DIRECT	0.45 mg/dl	0.058 - 0.3	
INDIRECT	0.74 mg/dl	0.2 - 0.7	
ALKALINE PHOSPHATASE	98.0 U/L	53 - 128	
SERUM PROTEIN			
TOTAL PROTEINS	6.74 gms %	6.0 - 8.5	
ALBUMIN	3.92 gms %	3.2 - 5.5	
GLOBULIN	2.82 gms %	2.1 - 3.3	
A:G RATIO	1.39	1.5 - 2.1:1	

...... End of Report

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LAB TECHNICIAN

DR. MRS. USHA V. PRIOLKAR M.B.B.S., M.D.

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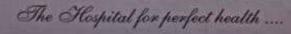
Consultant Pathologist

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UHID No: SHLC/28728

Ref.by: DR.MEGHA SAVAIKAR

Bill No: 8678

Age/Sex: 42/Male

Date:

24.03.2023

Print Date: 24.03.2023 04:01:08 PM

CLINICAL PATHOLOGY REPORT

Test Done Observed values Ref. Range

URINE ROUTINE

PHYSICAL EXAMINATION

Colour Pale Yellow
Odour Fainty Aromatic
Appearance Slightly Hazy

CHEMICAL EXAMINATION

Reaction 6.0 5.5 - 7.5

Specific Gravity 1.020 1.010 - 1.025

Deposit Absent
Protein Absent
Sugar Absent

Ketones Absent

MICROSCOPIC EXAMINATION

Pus Cells 3-4 /hpf 0 - 5 hpf

Epithelial Cells 1-2 /hpf

RBC's Nil /hpf 0 - 2hpf

. End of Report

CHECKED BY

LAB TECHNICIAN

DR. MRS. USHA V. PRIOLKAR

M.B.B.S., M.D.
Consultant Pathologist

DR. USHA V. PRIOLKAP M.D.(PATH.)

PATHOLOGY LABOR

GMC.Reg.No. 0613





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UHID No: SHLC/28728

Ref.by: DR.MEGHA SAVAIKAR

Bill No: 8678

Age/Sex:

42/Male

Date:

24.03.2023

Print Date: 24.03.2023 04:03:08 PM

CLINICAL PATHOLOGY REPORT

Test Done Observed values

Ref. Range

STOOL REPORT

PHYSICAL EXAMINATION

Colour Brownish
Consistency Semi- Solid
Mucus Absent

Blood Absent

CHEMICAL EXAMINATION

Reaction 6.5

Occult Blood Negative Reducing Substances Absent

MICROSCOPIC EXAMINATION

Epithelial Cells Nil /hpf
Pus Cells 0-1 /hpf
RBCs Nil /hpf
Ova Absent
cysts Absent
veg. forms Present
Bacteria Absent

.. End of Report .

CHECKED BY

DR. MRS. USHA V. PRIOLKAR

Poller

M.B.B.S., M.D. Consultant Pathologist

DR. USHA V. PRIOLXAF

PATHOLOGY LAST

GMC.Reg.No. 051

ar Nursing Home.



CID

: 2308318832

Name

: MR. VAMAN SAWLO GAUDE KUNKALKAR

Age / Gender

: 42 Years / Male

Consulting Dr. Reg. Location

: MEGHA SAVAIKAR : Margao, South Goa Collected

: 24-Mar-2023 / 12:45

Suthenticity Check

Reported

:24-Mar-2023 / 15:14

THYROID FUNCTION TEST

PARAMETER

RESULTS

BIOLOGICAL REF RANGE METHOD

RR EE

PP

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Total T3, Serum

1.3-3.1 nmol/l

ECLIA

NOTE: The unbound fraction of total T3 concentrations, free triiodothyronine (FT3) is metabolically active hence, more useful than measuring total T3 as altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG as in case of normal pregnancy and steroid therapy.

Total T4, Serum

99.0

66-181 nmol/L

ECLIA

NOTE: T4 circulates in the blood as an equilibrium mixture of free and protein bound hormone. FT4 is a better indicator of thyroid hormone action than Total T4 because it is not affected by changes in Thyroxine Binding Globulin (TBG) or other Thyroxine Binding Proteins like in Illness, drug intake or pregnancy.

sensitiveTSH, Serum

1.97

0.35-5.5 microlU/ml

ECLIA



CID

: 2308318832

Name

: MR. VAMAN SAWLO GAUDE KUNKALKAR

Age / Gender

: 42 Years / Male

Consulting Dr.

: MEGHA SAVAIKAR

Reg. Location

: Margao, South Goa



Use a QR Code Scanner plication To Scan the Code

Collected

:24-Mar-2023 / 12:45

Reported

:24-Mar-2023 / 15:14

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1)TSH Values between high abnormal upto 15 microfU/ml should be correlated clinically or repeat the test with new sample as physiological

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns,

TSH	FT4/T4	FT3/T3	inteas like severe infections, liver disease, renal and heart severe burns,
High	Normal	Normal	Internacional and a second
	(TOTAL DE	Ivormal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-
High	Low	Low	Hynothyroidies A. A. Hynothyroidies A. A. Hynothyroidies A. A. Hynothyroidies A. Hyn
n			Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy. Anti thyroid drugs, tyrosia hypothyroidism, Graves disease, toxic multipodules or in thyroid tumors & congenital hypothyroidism.
LOW	High	110011	Phyperlhyroidism Greyor diagram in the state of the state
			Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake pregnancy related (hyperemesis gravidarum, hydatiform mole)
OW	Normal	Normal	Subclinical Hypathysis is Subclinical Hypathysis is a subclinical Hypathysis is subclinical Hypa
			Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal
ow	Low	Low	Central Human. Non inground
igh	High	1.01 4	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism,
3"	rnigh	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti
			pelleptics. nal rhythm and is at maximum between 2 am and 4 am and 4 am.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

- 1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
- Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O. koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

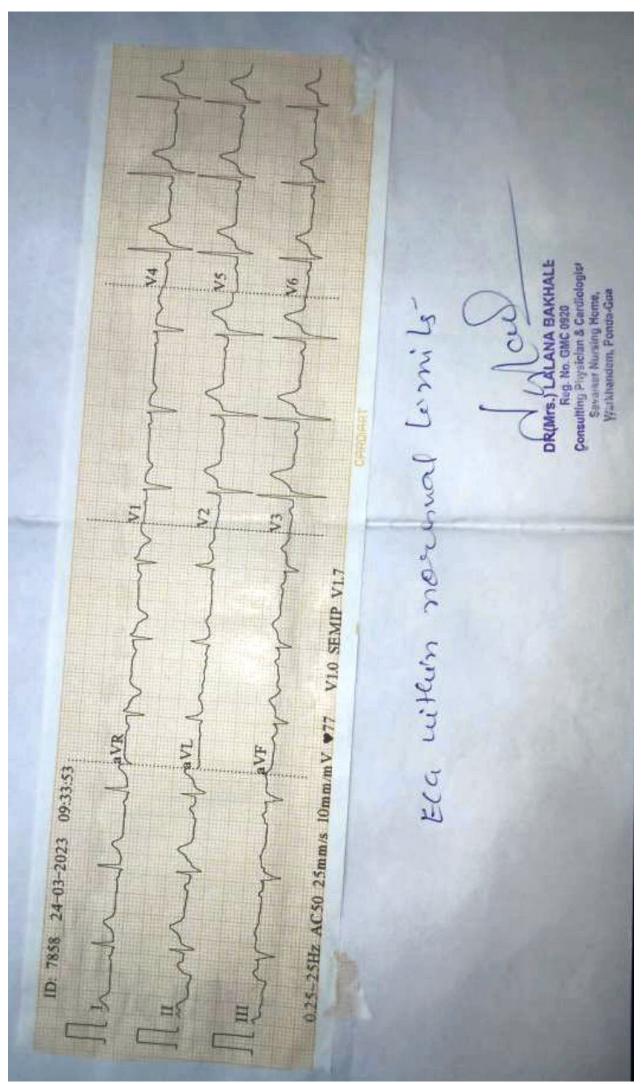
Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Goa Lab, Margao *** End Of Report ***

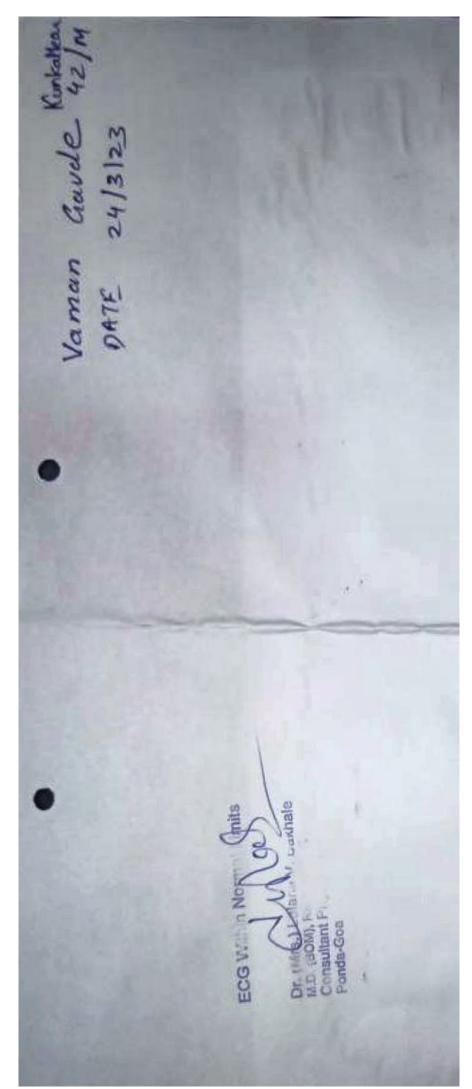




E Cop Sund Dr.VINEETH NAIR M.D. (PATH) Pathologist

Page 3 of 3







Warkhandem, Ponda, Goa 403 401

Hosp. Reg. No. T/0/412

Tel. No. 2312603, 2319202 OPD.: 2311031 Fax No. 2319870

website: www.savaikarhospital.com email: drsavaikar@gmail.com



ECHOCARDIOGRAPHY REPORT

Name: Vaman Gaude Kunkalkar 42Y/M

Referred by:

Date: 24th March - 2023

M Mode Measurements:

IVSd (cms) = 1.16	LVsD (cms) = 2.79	
LVdD (cms) = 4.82	Aorta (cms) = 3.3	
PWd (cms) = 1.16	LA (cms) = 3.4	
EF (%) = 65%	RVD (cms) =	

Doppler Data:

Mitral Valve:

E(m/s) = 0.91

A (m/s) = 0.61

Regurgitation: nil

Stenosis: nil

MVA -

Tricuspid Valve:

Regurgitation - nil

PASP = + RAP mmHg

Stenosis: Nil

Aortic Valve:

Peak velocity (m/s+) = 1.22

Gradient (mmHg): PG/MG = nil

Regurgitation: nil Stenosis: nil

Pulmonary valve:

Peak velocity (m/s)1.36

Gradient (mmHg): PG/MG = normal

Regurgitation: nil

Stenosis: Nil

Regional Wall Motion Abnormality (RWMA): nil

FINAL IMPRESSION:

NORMAL SIZE ALL 4 CARDAC CHAMBERS

VALVES NORMAL

NO RWMA, IAS/IVS INTACT. NORMAL LV FUNCTION(EF= 65%) NO CLOT/VEGETATION/PE

> abyasachi Mukhopadhyay onsultant Cardiologist





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NAME: VAMAN GAUDE KUNKALKAR

REF BY: HEALTH CHECK UP

DATE: 24/03/2023

RADIOGRAPH OF THE CHEST-PA VIEW

The trachea is central The lung fields are clear Both CP angles are clear Cardiothoracic ratio is within normal limits The rib cage is normal Both the diaphragm contours are normal

With warm regards.

el house Dr. RESHMA DALVI M.D, D.N.B (RADIO-DIAGNOSIS)

> Dr. Reshma Dalvi MD, DNB (RADIODIAGNOSIS) Reg. No. 0896



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website: www.savaikarhospital.com email: drsavaikar@gmail.com

Name: VAMAN SAWLO GAUDE KUNKOLKAR 42/M

Date:24-03-2023

HEALTH CHECKUP

USG ABDOMEN & PELVIS

Liver: normal in size, with normal echotexture. Hepatic veins are normal. No focal mass lesion noted. The Portal Vein is normal.

There is no dilatation of intra-hepatic biliary radicals. The CBD is normal in caliber.

Gall bladder: adequately distended. No calculi. No wall thickening. No peri-cholecystic fluid.

Spleen: normal in size, with normal echotexture. No focal mass lesion.

Pancreas: normal in size and echotexture. No focal mass noted. The pancreatic duct is normal. No calculi / calcification. No peri-pancreatic collection.

Right kidney: measures 8.8 cm. The cortical echogenicity is normal. Cortico-medullary differentiation is maintained. No dilatation of pelvicalyceal system noted. No calculi. No focal lesion.

Left kidney: measures 9.7 cm. The cortical echogenicity is normal. Cortico-medullary differentiation is maintained. No dilatation of pelvicalyceal system noted. No calculi. No focal lesion.

Urinary bladder: adequately distended. No calculi. No focal mass. No wall thickening, No e/o internal echoes.

Prostate: normal in size, with normal echotexture.

The great vessels are normal.

No bowel wall thickening. No intra-abdominal lymphadenopathy.

No free fluid in the abdominal cavity.

No basal pleural effusion.

No obvious mass lesion.

Impression:

No significant abnormality detected during present examination.

Dr. Sarvesh L. S. Dubhashi Consulting Radiologist

Thanks for the reference



CID

: 2308318832

Name

: MR. VAMAN SAWLO GAUDE KUNKALKAR

Age / Gender

: 42 Years / Male

Consulting Dr.

: MEGHA SAVAIKAR

Reg. Location : Margao, South Goa

Ure a QR Code Scanner

Collected

: 24-Mar-2023 / 12:45

Reported :

:24-Mar-2023 / 15:14

PROSTATE SPECIFIC ANTIGEN (PSA)

PARAMETER RESULTS

BIOLOGICAL REF RANGE METHOD

TOTAL PSA, Serum

0.671

0.03-2.5 ng/ml

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Clinical Significance:

PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.

Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.

 Prostate cancer screening 4.The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BP than in patients with prostate cancer. 5.Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation

Increased In- Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations I Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radintion therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and saliva glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta, Acute renal failure, Acute myocardial infarction.

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artifactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5-α reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA, USG Prostate

Limitations:

tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could
the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, there
the tPSA values obtained upon changing over to the new procedure must be confirmed by parallelmeasurements with both methods.
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.

 Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.

- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Reference:

- · Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Goa Lab, Margao
*** End Of Report ***







Dr.VINEETH NAIR M.D. (PATH) Pathologist

Page 1 of 3



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Date:- 24-03-2023

NAME: Vaman Sawlo Gaude Kunkalkar

AGE:- 42

SEX: Male

COMPANY NAME :-

OPHTHALMIC EXAMINATION:

VISION	DISTANT		NEAR	
VISUAL ACUITY	RIGHT	LEFT	RIGHT	LEFT
WITH SPECTS	spects not Braght			C.C. I
WITHOUT SPECTS	616	616		
COLOUR VISION			NIG	NIG
SIGNS OF MIGHT DI	NORMAL			
DIGINS OF NIGHT BL	INDNESS:- Yes /No		PHORIAS :- Nil	

SIGNATURE OF THE EMPLOY



Warkhandem, Ponda, Goa 403 401

Hosp. Reg. No. T/0/412

Tel. No. 2312603, 2319202 OPD.; 2311031 Fax No. 2319870

website: www.savaikarhospital.com email: drsavaikar@gmail.com



Vaman Exercise: - 1/2 hour walking Wate: - 2-3 wares Perbay

Hge=42 weight = 65 Height =163

Early Morning: All + Aglass water

Breakfast: - Poha/upna/Velmiculle -> 1 Bowd.
Nick -> 1 glass wor Ensure | Prolineri)

Mid morning: Any of fruit

(Spoonps)

dunch: Aui >1 Bourt.

Jishany | Bal | Massor 1

Egg > 200 | Chickney (1 cup)

county

5:00 pm: - Conomit water Tea - 1 cup Any seasonal Vydalata 2 Cup

Savaikar Hospital Health Check Summary

Date :- 24.03.2023 Name :- Vaman Sawlo Gaude kunkalkar Age :- 42 Sex :- Male Height - 163 weight - 65 Address :- Marcel Cont. No. :- 9049986400 Past History :-- Ni Obstetric History :- N - A - No . It . Mentrual History :-Personal History: - Steep good.

Steep good.

morical

morical

morical Addidion - Nil Family History: - pather - Drawettes expired at 75 you Renal Calcul, of ape. - mother healthy no illus On Examination :cvs: Hs normal - No municip R/S:- Lewp clock Bis normal.

CNS:- 700 defect p P/A: Soft No Tenderness river spien 2 P No man full

Lab Investigations:-Significant Findings:- All within normal Resting ECG:- normalnozeral Ultrasound: -X-Ray: Chest - nosual. Summary: - - No abnornally detected Advice: - Diet as advised) Dr.(Mrs.) Lalana Bakhale M.B.B.S. M.D. DR(Mrs.) LALANA BAKHALE Reg. No. GMC 0920 Consulting Physician & Cardiologist Savaiker Nursing Home. Warkhandem, Ponda-Goa