

NAME:	Mishant Baroad	UHID:	18643
AGE:	46 yrs	DATE OF HEALTHCHECK:	25/3/23
GENDER:	Male	BMI	36.2

HEIGHT:	170 cm	MARITAL STATUS:	Yes
WEIGHT:	104.5 kg	NO OF CHILDREN:	2

C/O: Disturbed sleep

K/C/O: Diabetes since 12 yrs.

P/M/H: No

PRESENT MEDICATION: Glimicron - 1-0-0
Hyppalin - 100


P/S/H: No
T-Caluan
multivitamin

H/A: SMOKING: }
ALCOHOL: } No
TOBACCO/PAN: }

FAMILY HISTORY FATHER: } were
MOTHER: } Diabetic

O/E:
BP: 130/84 PULSE: 80 bpm
TEMPERATURE: H SCARS: No

LYMPHADENOPATHY: No
PALLOR/LCTERUS/CYNOSIS/CLUBBING: No
OEDEMA: No

S/E:
RS:  AFBG
No adv sounds

P/A:  Soft, NonTend.

CVS: S1S2 +, No Murmur

Extremities & Spine: N

ENT:

CNS: - N

Skin:

Vision:

	Without Glass		With Glass	
	Right Eye	Left eye	Right Eye	Left eye
FAR :				
NEAR :				
COLOUR VISION:	/			
ADVISE :				

Findings and Recommendation:


Findings :-

- FB1 - P
- PLBS - P
- HbA1C r

Recommendation:-

- Diet / E. umu
- Syn T. Clopidog 10 mg



Signature: 
Consultant -

DR. ANIRBAN DASGUPTA
MBBS, D.N.B MEDICINE
DIPLOMA CARDIOLOGY
MMC- 2005/02/0920

OPHTHALMIC EVALUATION

UHID No.: 18643

Date: 25/3/23

Name: M. Nishant Age: 46 Gender: Male / Female

Without Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

Distance: Right Eye 6/6 Left Eye 6/6

Near : Right Eye N6 Left Eye N6

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance		<u>0.50</u>	<u>90°</u>				<u>0.50</u>	<u>90°</u>		
Near	<u>+1.5</u>	<u>0.50</u>	<u>90°</u>			<u>+1.5</u>	<u>0.50</u>	<u>90°</u>		

P. of eye P. of eye

Colour Vision : Normal (BC)

Anterior Segment Examination : _____

Pupils : _____

Fundus : No (BC)

Intraocular Pressure : 16 mm Hg (BC)

Diagnosis : bc glaucoma

Advice : _____

Re-Check on 6 months (This Prescription needs verification every year)

DR. RUCHIRA SHARMA
M. S. (OPHTH)
CONSULTING OPHTHALMOLOGIST
& MICRO SURGEON
REG. No.: 3262 / 09 / 02

Dr. [Signature]
(Consultant Ophthalmologist)

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

DENTAL CHECKUP

Name: Nishant Bansode	MR NO:
Age/Gender : 46 / M	Date: 25/3/2023

Medical history: Diabetes Hypertension _____

EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus & Stains				
Mobility				
Caries (Cavities)				
a) Class 1 (Occlusal)	✓			
b) Class 2 (Proximal)				
c) Class 5 (Cervical)				
Faulty Restoration				
Faulty Crown				
Fractured Tooth				
Root Pieces				
Impacted Tooth				
Missing Tooth				
Existing Denture				

TREATMENT ADVISED:

TREATMENT	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling	✓			
Root Canal Therapy				
Crown				
Extraction				

Oral Prophylaxis: Scaling & polishing
 Orthodontic Advice for Braces: Yes / No
 Prosthetic Advice to Replace Missing Teeth: Denture Bridge Implant
 Oral Habits: Tobacco Cigarette Others since ___ years
 Advice to quit any form of tobacco as it can cause cancer.
 Other Findings: NA

Filling = 57 - 1200



• ANDHERI • COLABA • NASHIK • VASHI

Name: Mr. Nishant Bansode Age: 46 Sex: m UHID No.: 25/3/23 Date: 07.10.23

DM / on medication / Non veg.

Em. 1 glass warm water + 1 TSP jera powder /
1/2 TSP methi seeds.

- 1 fruit

3 hr. 1 egg full +
poha + sprouts / upma + Beans /
2-3 Idli + large bowl sambhar
(any 1)

mid 1 fruit / chas.
:30

Lunch. 1 cup salad
khichdi / 1 Bhakri
1 cup veg + 1 cup curd + 1 TSP flax seeds.

Dr. _____



Apollo Clinic
VASHI

- Consultation
- Diagnostics
- Health Check-Ups
- Dentistry

Name : Mr. Nishant Dattatray Bansode Gender : Male Age : 46 Years
UHID : FVAH 18643. Bill No : Lab No : V-3044-23
Ref. by : SELF Sample Col.Dt : 25/03/2023 09:18
Barcode No : 58 Reported On : 25/03/2023 20:34

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

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

Haemoglobin(Colorimetric method)	15.2	g/dl	13 - 18
RBC Count (Impedance)	5.12	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	45.4	%	35 - 55
MCV:(Calculated)	88.6	fl	78 - 98
MCH:(Calculated)	29.6	pg	26 - 34
MCHC:(Calculated)	33.4	gm/dl	30 - 36
RDW-CV:	13.8	%	11.5 - 16.5
Total Leucocyte count(Impedance)	6810	/cumm.	4000 - 10500
Neutrophils:	61	%	40 - 75
Lymphocytes:	29	%	20 - 40
Eosinophils:	06	%	0 - 6
Monocytes:	04	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	3.59	Lakhs/c.mm	1.5 - 4.5
MPV	7.6	fl	6.0 - 11.0
ESR(Westergren Method)	05	mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)			
RBCs:	Normochromic, Normocytic		
WBCs:	Normal		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter. Manual diff performed.		

Alsaba Shaikh
Entered By

Ms Kaveri Gaonkar
Verified By

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Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically

Name : Mr. Nishant Dattatray Bansode Gender : Male Age : 46 Years
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TEST

RESULTS

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

ABO Group: **:A:**
Rh Type: **Positive**
Method : Tube Agglutination (forward and reverse)

Shweta Unavane
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M.D(Path)
Chief Pathologist

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : **7.4** %
 Normal <5.7 %
 Pre Diabetic 5.7 - 6.5 %
 Diabetic >6.5 %
 Target for Diabetes on therapy < 7.0 %
 Re-evaluation of therapy > 8.0 %

Mean Blood Glucose : 165.68 mg/dL

Corelation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
6	126
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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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	130	mg/dL	Normal < 100 mg/dL Impaired Fasting glucose : 101 to 125 mg/dL Diabetes Mellitus : \geq 126 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)
Post Prandial Plasma Glucose :	228	mg/dL	Normal < 140 mg/dL Impaired Post Prandial glucose : 140 to 199 mg/dL Diabetes Mellitus : \geq 200 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)

Method : Hexokinase

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Lipid Profile- Serum

S. Cholesterol(Oxidase)	168	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	132	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	26.4	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	37.5	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	104.1	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4.5		3.5 - 5
Ratio of LDL/HDL	2.8		2.5 - 3.5

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
LFT(Liver Function Tests)-Serum			
S.Total Protein (Biuret method)	7.52	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.77	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.75	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.73		0.9 - 2
S.Total Bilirubin (DPD):	0.50	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.22	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.28	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	20	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	27	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	52	U/L	40 - 129
S.GGT(IFCC Kinetic):	22	U/L	11 - 50

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

RFT - Renal Profile-serum

S.Urea(Urease-GLDH)	28.9	mg/dL	10.0 - 45.0
S. Urea Nitrogen(Calculated)	13.48	mg/dL	5 - 20
S.Creatinine(Jaffe's Kinetic)	0.90	mg/dL	0.50 - 1.3
S.Uric Acid(Uricase-POD)	5.3	mg/dL	3.4 - 7.0
S.Total Protein(Biuret)	7.52	g/dL	6.6 - 8.7
S.Albumin(BCG)	4.77	g/dL	3.5 - 5.2
S.Globulin(Calculated)	2.75	g/dL	2 - 3.5
A/G Ratio(Calculated)	1.73		0.9 - 2
S.Sodium(Na) (ISE-Direct)	138	mmol/L	135 - 145
S.Potassium(K) (ISE-Direct)	5.3	mmol/L	3.5 - 5.3
S.Chloride(Cl) (ISE-Direct)	99	mmol/L	95 - 106
S.Calcium(NM-BAPTA)	9.85	mg/dL	8.6 - 10.0
S.Phosphorus(UV Phosphomolybdate)	3.46	mg/dL	2.5 - 4.5

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Thyroid (T3,T4,TSH)- Serum			
Total T3 (Tri-iodo Thyronine) (ECLIA)	1.61	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	101.1	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.69	□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 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) etc. In such cases Free T3 and free T4 give corrected Values.
3. Total T3 may decrease by < 25 percent in healthy older individuals

T4 :

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.

TSH :

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.
2. Drugs that decrease TSH values e,g L dopa, Glucocorticoids.
3. Drugs that increase TSH values e.g. Iodine,Lithium, Amiodarone

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M.D(Path)

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
PROSTATE SPECIFIC ANTIGEN		
Prostate Specific Antigen (ECLIA):	0.479ng/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 prostatitis, Benign hyperplasia or Prostatic adenocarcinoma
Rate of the fall of PSA levels to non detectable 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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Dr. Milind Patwardhan
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End of Report
Results are to be correlated clinically



Indira Health And Lifestyle Private Limited.
NABL Accredited Laboratory
 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. Nishant Dattatray Bansode Gender : Male Age : 46 Years
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	50	mL
COLOUR	Pale Yellow	
APPEARANCE	Clear	Clear
SEDIMENT	Absent	Absent

CHEMICAL EXAMINATION(Strip Method)


REACTION(PH)	5.0	4.6 - 8.0
SPECIFIC GRAVITY	1.010	1.005 - 1.030
URINE ALBUMIN	Absent	Absent
URINE SUGAR(Qualitative)	Present (+)	Absent
KETONES	Absent	Absent
BILE SALTS	Absent	Absent
BILE PIGMENTS	Absent	Absent
UROBILINOGEN	Normal(<1 mg/dl)	Normal
OCCULT BLOOD	Absent	Absent
Nitrites	Absent	Absent

MICROSCOPIC EXAMINATION

PUS CELLS	1 - 2/hpf	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	2 - 3 /hpf	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	Absent	Absent

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 M.D(Path)
 Page 5 of Chief Pathologist

End of Report
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Nishant, Bansode
18643

46 Years

Male

25.03.2023 9:37:28
Apollo Clinic
1st Flr, The Emerald, Sector-12,
Vashi, Mumbai-400703.

72 bpm
--/-- mmHg

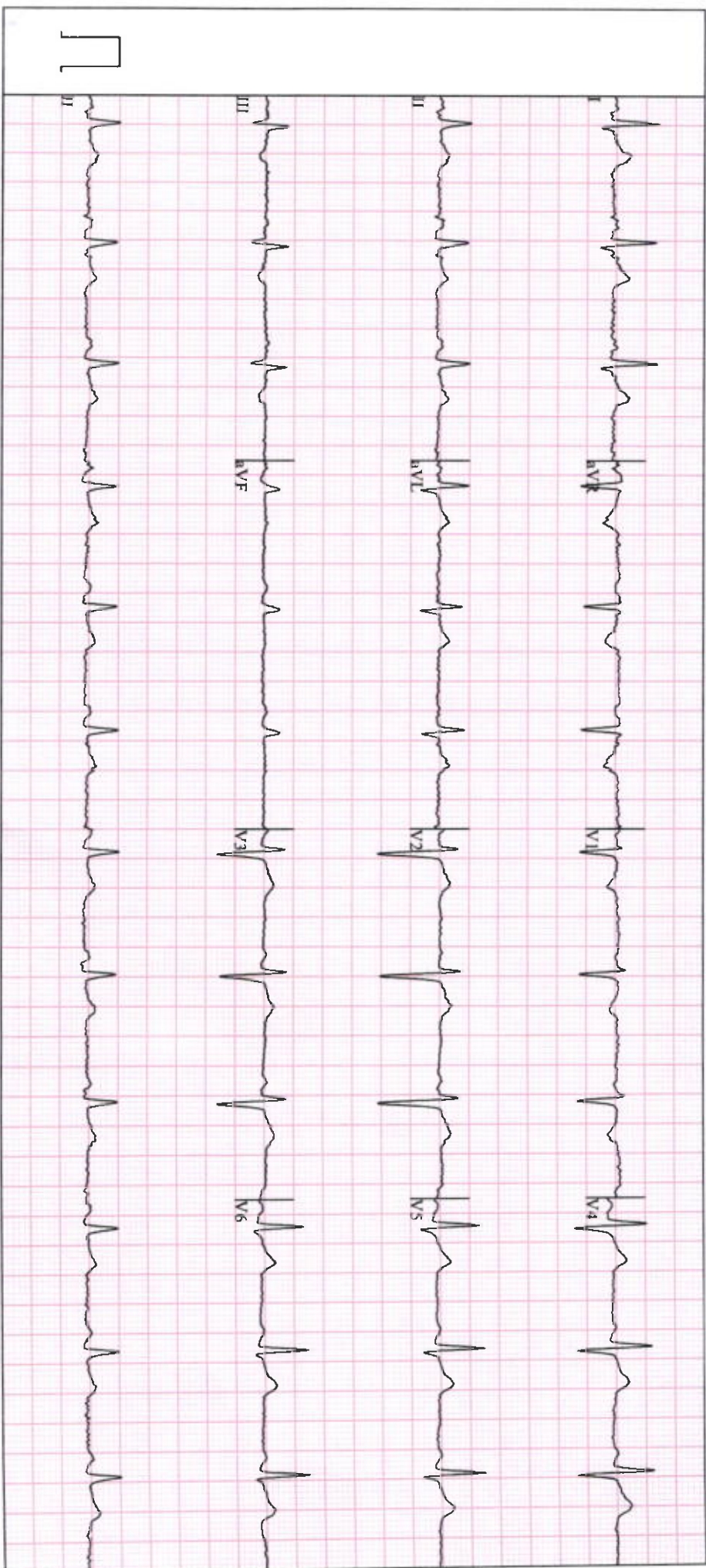
QRS : 86 ms
QT / QTcBaz : 372 / 407 ms
PR : 138 ms
P : 102 ms
RR / PP : 834 / 833 ms
P / QRS / T : 30 / 43 / 18 degrees

*** Poor data quality, interpretation may be adversely affected
Normal sinus rhythm
Normal ECG

NORMAL ECG

WAL


Dr. ANIRBAN DASGUPTA
M.B., B.S., D.N.B. Medicine
Diploma Cardiology
MMC-2005/02/10920



PATIENT'S NAME	MR. NISHANT BANSODE	AGE :-46 Y/M
UHID	18643	DATE :-25 Mar. 23

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.
- 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.
- PASP – 14 mmHg.
- No diastolic dysfunction.
- Peak systolic gradients across LVOT/AV – 06mmHg.

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Measurements

Aorta annulus	18 mm
Left Atrium	31 mm
LVID(Systole)	29 mm
LVID(Diastole)	41 mm
IVS(Diastole)	11 mm
PW(Diastole)	11 mm
LV ejection fraction.	60%

Conclusion

- Good biventricular function
- No RWMA
- Valves – Structurally normal
- No diastolic dysfunction
- No PAH.



DR. RISHI BHARGAVA

MD DM

CONSULTANT INTERVENTIONAL CARDIOLOGIST

• ANDHERI • COLABA • NASHIK • VASHI

PATIENT'S NAME	NISHANT D BANSODE	AGE :- 46 y/M
UHID NO	18643	25 Mar 2023

X-RAY CHEST PA VIEW

OBSERVATION:

Bilateral lung fields are clear.
Both hila are normal.
Bilateral cardiophrenic and costophrenic angles are normal.
The trachea is central.
Aorta appears normal.
The mediastinal and cardiac silhouette are normal.
Soft tissues of the chest wall are normal.
Bony thorax is normal.

IMPRESSION:

- No significant abnormality seen.



DR. CHHAYA S. SANGANI
CONSULTANT SONOLOGIST
Reg No. 073826

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PATIENT'S NAME	NISHANT BANSODE	AGE :- 46y/M
UHID NO	18643	25 Mar 2023

USG WHOLE ABDOMEN

LIVER is normal in size, shape and shows bright 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 13.2 x 5.6 cm. **LEFT KIDNEY** measures 12.2 x 5.4 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.

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

IMPRESSION –

- Grade I fatty liver.
- No other significant abnormality detected.

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



DR.CHHAYA S. SANGANI
CONSULTANT SONOLOGIST
Reg: No. 073826

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Tea Tea w/o sugar
malharra / sukha BHEL

4 almonds 2 walnuts



Dinner. 1 cup salad
1 large bowl Dahi + palak + methi
1 Bhakri / 1:3 } w/ chole / Thalipeetha
Rice + Dal
1 cup veg.

post Dinner 1 TSP saunf + jeera
powder + 1 glass water

water 3-4 ltr

Bhaskar
25/3/23
surya
9870951516