



CID : 2304222616
Name : MR.HARIDAS NAIR
Age / Gender : 63 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	15.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.20	4.5-5.5 mil/cmm	Elect. Impedance
PCV	46.5	40-50 %	Measured
MCV	89	80-100 fl	Calculated
MCH	29.1	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8720	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.1	20-40 %	
Absolute Lymphocytes	2624.7	1000-3000 /cmm	Calculated
Monocytes	9.7	2-10 %	
Absolute Monocytes	845.8	200-1000 /cmm	Calculated
Neutrophils	54.1	40-80 %	
Absolute Neutrophils	4717.5	2000-7000 /cmm	Calculated
Eosinophils	4.9	1-6 %	
Absolute Eosinophils	427.3	20-500 /cmm	Calculated
Basophils	1.2	0.1-2 %	
Absolute Basophils	104.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	285000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	12.9	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 29 2-20 mm at 1 hr. Sedimentation

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



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	141.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	186.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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*** End Of Report ***



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Dr.IMRAN MUJAWAR
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	15.0	17.1-49.3 mg/dl	Kinetic
BUN, Serum	7.0	8-23 mg/dl	Calculated
CREATININE, Serum	0.77	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	108	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	9.4	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.4	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.4	8.8-10.2 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	4.8	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	95	98-107 mmol/l	ISE

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*** End Of Report ***



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	180.0	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*** End Of Report ***



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
PROSTATE SPECIFIC ANTIGEN (PSA)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.443	<4.0 ng/ml	CLIA

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 BPH 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 like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary 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 be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallel measurements 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 SDRL, Vidyavihar Lab

*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist &
Lab Director



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Vrushi Shroff

**Dr.VRUSHALI
SHROFF
M.D.(PATH)
Pathologist**



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	155.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	144.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	43.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	112.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	83.0	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	Calculated
VLDL CHOLESTEROL, Serum	29.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	24.2	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.55	0.35-5.5 microIU/ml	ECLIA

Kindly correlate clinically.



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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 upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

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.
2. 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)

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*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.98	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.37	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.61	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	31.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	27.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	20.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	80.6	40-130 U/L	Colorimetric

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*** End Of Report ***



J. Mujawar

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.0 x 4.0 cm. Left kidney measures 9.0 x 4.2 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

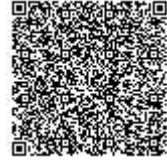
The prostate is normal in size and measures 3.8 x 3.4 x 2.7 cm volume is 19.4 cc.

IMPRESSION:

Grade I fatty infiltration of liver.

-----End of Report-----

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist



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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

-----End of Report-----

Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078



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भारत सरकार
Government of India



Issue Date : 12/01/2012



हरिदास भास्करण नायर
Haridas Bhaskaran Nair
जन्म तारीख / DOB : 09/09/1959
पुरुष / Male

2879 5355 2304

माझे आधार, माझी ओळख

Admin

AS
Dr. Alka Patnaik

M.B.B.S., C.G.O.-Nagpur Reg. No. 7330

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Shop No 22, Ground Floor, Raikar Bhavan,
Sector-17, Vashi, Navi Mumbai - 400 703
Tel 27884547 / 27864548.

PHYSICAL EXAMINATION REPORT

Patient Name	Ms Haridas Naik	Sex/Age	M/53
Date	11/02/23	CID	2304222616

History and Complaints

NO clc H/o DM, HT, Thyroid

EXAMINATION FINDINGS:

Height (cms):	168	Temp (0c):	Normal
Weight (kg):	86	Skin:	NO
Blood Pressure	126/72	Nails:	Normal
Pulse	74	Lymph Node:	NP
BMI	30.5		

Systems :

Cardiovascular:	Normal, NO Abnormal Sound
Respiratory:	Normal
Genitourinary:	Normal
GI System:	NO, Indigestion
CNS:	NO

Impression: ↑ PBS, PPBS, Hb1Ac - Uncontrolled diabetes
 ↑ T4 level
 USA Abd → Grade I Fatty Liver
 2D Echo → Grade I diastolic Dysfunction

Advice: Dietary Restrictions
 - Refer to Cardiologist, + Hb1Ac + for further management

CHIEF COMPLAINTS:

1)	Hypertension:	+
2)	IHD	NO
3)	Arrhythmia	NO
4)	Diabetes Mellitus	+
5)	Tuberculosis	NO
6)	Asthama	NO - H/O Asthama in childhood
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	+
9)	Nervous disorders	NO
10)	GI system	Normal
11)	Genital urinary disorder	Normal
12)	Rheumatic joint diseases or symptoms	NO
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	NO
16)	Surgeries	NO
17)	Musculoskeletal System	NO

PERSONAL HISTORY:

1)	Alcohol	Occasional
2)	Smoking	NO
3)	Diet	veg
4)	Medication	HT, DM, Thyroid

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M.B.B.S., C.G.O.-Nagpur Reg. No. 7
Dip. Psysextherapy-U.K. Reg. No. OP395

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Tel. 27884547 / 27864548.

Date:- 11/02/23

CID: 2304222616

Name:- Mr. Haridas Naik.

Sex / Age: M / 63

EYE CHECK UP

Chief complaints: - NO

Systemic Diseases: - NO

Past history: - NO

Unaided Vision: - NO

Aided Vision: Yes -

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/9	—————			6/9
Near	—————			N/A	—————			N/A

Colour Vision: Normal / Abnormal

Remark:

ASD
Dr. Alka Patnaik
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SUBURBAN DIAGNOSTICS - VASHI

Patient Name: HARIDAS NAIR
Patient ID: 2304222616

Date and Time: 11th Feb 23 12:03 PM



Age **63** years **5** months **2** days

Gender **Male**

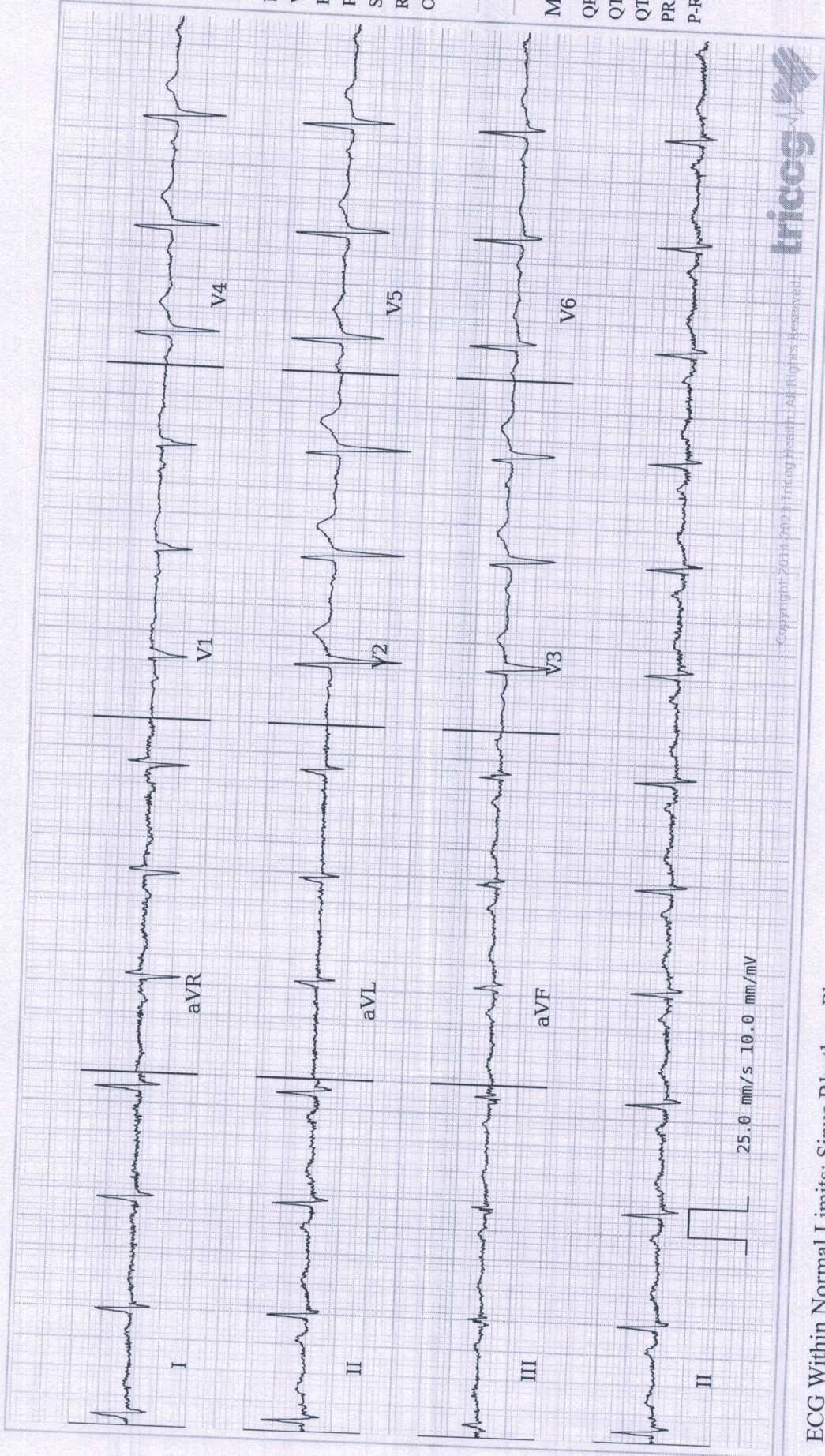
Heart Rate **81bpm**

Patient Vitals

BP: 126/80 mmHg
Weight: 68 kg
Height: 168 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 82ms
QT: 350ms
QTc: 406ms
PR: 176ms
P-R-T: 70° 48° 70°



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ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dr. Anand N. Motwani
M.D. (General Medicine)
Reg No. 39529 M.M.C.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

NAME :- MR.HARIDAS NAIR	AGE :- 63 YRS
SEX :- MALE	DATE :- 11/02/2023
CID NO :- 2304222616	

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.
 Grade I diastolic dysfunction.

Measurements

Aorta annulus	19 mm
Left Atrium	30 mm
LVID(Systole)	18 mm
LVID(Diastole)	40 mm
IVS(Diastole)	10 mm
PW(Diastole)	10 mm
LV ejection fraction.	55-60%

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Conclusion

Good biventricular function

No RWMA

Valves – Structurally normal

Grade I diastolic dysfunction

No PAH

Dasgupta

Dr. Anirban Dasgupta
MBBS DNB
Reg. No. 2005/02/0920
Suburban Diagnostics (Vashi)

Performed by: Dr. Anirban Dasgupta
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DENTAL CHECK - UP

Name:- Mr. Haridas Nair

CID : 2304222616 Sex / Age : M / 63

Occupation:-

Date: 11 / 2 / 2023

Chief complaints:-

Medical / dental history:-

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ:
- b) Facial Symmetry:

2) Intra Oral Examination:

- a) Soft Tissue Examination:
- b) Hard Tissue Examination:
- c) Calculus:

Stains:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
												M		M	
													M		
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised:

implants on 25, 36, 27.
③ implants

Provisional Diagnosis:-

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