

NAME:	Mr. Anant Jha	UHID:	
AGE:	40	DATE OF HEALTHCHECK:	27-11-2024
GENDER:	M		

HEIGHT:	178	MARITAL STATUS:	M
WEIGHT:	84.3	NO OF CHILDREN:	1
BMI:	26.6		

C/O: Acidity, Constipation

K/C/O: Hypothyroid, Gilbert syndrome
PRESENT MEDICATION: Tab. Thyronorm 50mg

P/M/H: Gilbert Syndrome

P/S/H: 1-0-0

ALLERGY: Dust, Cold

PHYSICAL ACTIVITY: Active / Moderate / Sedentary

H/A: SMOKING:

ALCOHOL:

TOBACCO/PAN:

FAMILY HISTORY FATHER: -

MOTHER: - DM.

O/E:

BP: - 120/80 PULSE: - 78/min

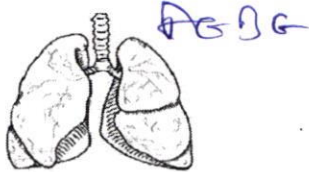
TEMPERATURE: N SCARS:

LYMPHADENOPATHY:

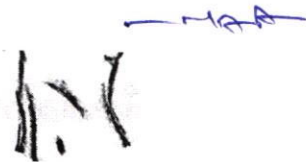
PALLOR/ICTERUS/CYNOSIS/CLUBBING:

OEDEMA:

S/E:
RS:



P/A:



CVS: Slight

Extremities & Spine: - NAD

CNS: Cordis invertebrales

ENT: NAD
Skin: NAD

Vision:

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

Name: Mr Amit Jha	Age: 40y	Date of Health check-up: 28/11/2024
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Findings and Recommendation:

Findings:-

Hb + 1

Platelet + 1

Recommendation:-

Repeat CBC - 10 days

Signature:

Consultant -



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



OPHTHALMIC EVALUATION

UHID No.: _____ Date: 27/11/23.

Name: Mr Amit Age: 40 Gender: Male/Female

Without Correction: far vision (L) & macular

Distance: Right Eye 6/6 Left Eye 6/60

Near : Right Eye _____ Left Eye _____

With Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye N6 Left Eye N36

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance		<u>Pho</u>					<u>Pho</u>			
Near	<u>to</u>					<u>to</u>				

Colour Vision : _____

Anterior Segment Examination : no (B)

Pupils : _____

Fundus : ret dull. macular hole.

Intraocular Pressure : 14 mmHg (R)

Diagnosis : see glasses

Advice : _____

Re-Check on at 3y. (This Prescription needs verification every year)
✓ 'D'.

Dr. R
(Consultant Ophthalmologist)

DR. RUCHIRA SHARMA
M. S. (OPHTH)
CONSULTING OPHTHALMOLOGIST
& MICRO SURGEON
REG. No. 32621/09/02

DENTAL CHECKUP

Name: Mr. Amit Jha.	MR NO:
Age/Gender : 40yrs/M	Date: 26/11/23

Medical history: Diabetes Hypertension NRH.

EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus& Stains	✓	✓	✓	✓
Mobility				
Caries (Cavities)				
a)Class 1 (Occlusal)				4p6
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				4p6
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: _____

Ali

• ANDHERI • COLABA • NASHIK • VASHI

Name : Mr. Amit Jha Gender : Male Age : 40 Years
 UHID : FVAH 9532. Bill No : Lab No : V-2809-23
 Ref. by : SELF Sample Col.Dt : 27/11/2023 09:00
 Barcode No : 6172 Reported On : 27/11/2023 17:41

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

CBC (Complete Blood Count)-WB (EDTA)

TEST	RESULTS	UNIT	BIOLOGICAL REFERENCE INTERVAL
Haemoglobin(Colorimetric method)	12.1	g/dl	13 - 18
RBC Count (Impedance)	5.96	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	40.7	%	35 - 55
MCV:(Calculated parameter)	68.2	fl	78 - 98
MCH:(Calculated parameter)	20.3	pg	26 - 34
MCHC:(Calculated parameter)	29.8	gm/dl	30 - 36
RDW-CV:	19.4	%	11.5 - 16.5
Total Leucocyte count(Impedance)	5550	/cumm.	4000 - 10500
Neutrophils:	55	%	40 - 75
Lymphocytes:	32	%	20 - 40
Eosinophils:	07	%	0 - 6
Monocytes:	06	%	2 - 10
Basophils:	00	%	0 - 2

Platelets Count(Impedance method) **0.98** Lakhs/c.mm **1.5-4.5**
 MPV 9.2 fl 6.0 - 11.0
 Peripheral Smear (Microscopic examination)
 RBCs: Hypochromasia(+),Microcytosis(+),Anisocytosis(+)
 WBCs: Eosinophilia
 Platelets **Reduced,Manual platelet count = 1.00 Lakhs/c.mm**
 Note: Test Run on 5 part cell counter.

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 Entered By

Ms Kaveri Gaonkar
 Verified By

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 Dr. Milind Patwardhan
 M.D(Path)
 Chief Pathologist

End of Report
 Results are to be correlated clinically

Name : Mr. Amit Jha Gender : Male Age : 40 Years
UHID : FVAH 9532. Bill No : Lab No : V-2809-23
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TEST

RESULTS

BIOLOGICAL REFERENCE INTERVAL

ESR(Westergren Method)

Erythrocyte Sedimentation Rate:- 03 mm/1st hr 0 - 20

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Name	: Mr. Amit Jha	Gender	: Male	Age	: 40 Years
UHID	: FVAH 9532.	Bill No	:	Lab No	: V-2809-23
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TEST

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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Chief Pathologist

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.3 % 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 : 105.41 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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NABL Accredited Laboratory

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Besides Neel Siddhi Tower, Vashi-Navi Mumbai-400703.

Tel.: (022) - 2788 1322 / 23 / 24 📞 8291490000

Email: apolloclinicvashi@gmail.com

Apollo Clinic
VASHI


Name : Mr. Amit Jha Gender : Male Age : 40 Years
UHID : FVAH 9532. Bill No : Lab No : V-2809-23
Ref. by : SELF Sample Col.Dt : 27/11/2023 09:00
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	93	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 guidelines 2016)
Post Prandial Plasma Glucose :	113	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 guidelines 2016)

Method : Hexokinase

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Name : Mr. Amit Jha Gender : Male Age : 40 Years
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
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LIPID PROFILE - Serum

S. Cholesterol(Oxidase)	159	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	137	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	27.4	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	35.3	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	96.3	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4.5		3.5 - 5
Ratio of LDL/HDL	2.7		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.40	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.57	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.83	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.61		0.9 - 2
S.Total Bilirubin (DPD):	<u>1.40</u>	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	<u>0.40</u>	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	1	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	21	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	26	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	79	U/L	40 - 129
S.GGT(IFCC Kinetic):	16	U/L	11 - 50

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Chief Pathologist

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Results are to be correlated clinically

Name : Mr. Amit Jha
UHID : FVAH 9532.
Ref. by : SELF
Barcode No : 6172

Gender : Male Age : 40 Years
Bill No : Lab No : V-2809-23
Sample Col.Dt : 27/11/2023 09:00
Reported On : 27/11/2023 17:41

TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
BIOCHEMISTRY		
S.Urea(Urease Method)	18.2 mg/dl	10.0 - 45.0
BUN (Calculated)	8.49 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	1.11 mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	<u>7.65</u>	9:1 - 23:1

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
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
BIOCHEMISTRY REPORT			

S.Uric Acid(Uricase-POD):	6.9	mg/dL	3.4 - 7.0
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Thyroid (T3,T4,TSH)- Serum			
Total T3 (Tri-iodo Thyronine) (ECLIA)	1.62	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	91.97	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	4.57	□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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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
PROSTATE SPECIFIC ANTIGEN		
Prostate Specific Antigen (ECLIA):	1.33 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 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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Chief Pathologist

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Name	: Mr. Amit Jha	Gender	: Male	Age	: 40 Years
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
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URINE REPORT

PHYSICAL EXAMINATION

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

CHEMICAL EXAMINATION(Strip Method)


REACTION(PH)	7.0		4.6 - 8.0
SPECIFIC GRAVITY	1.005		1.005 - 1.030
URINE ALBUMIN	Absent		Absent
URINE SUGAR(Qualitative)	Absent		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

Anushka Chavan
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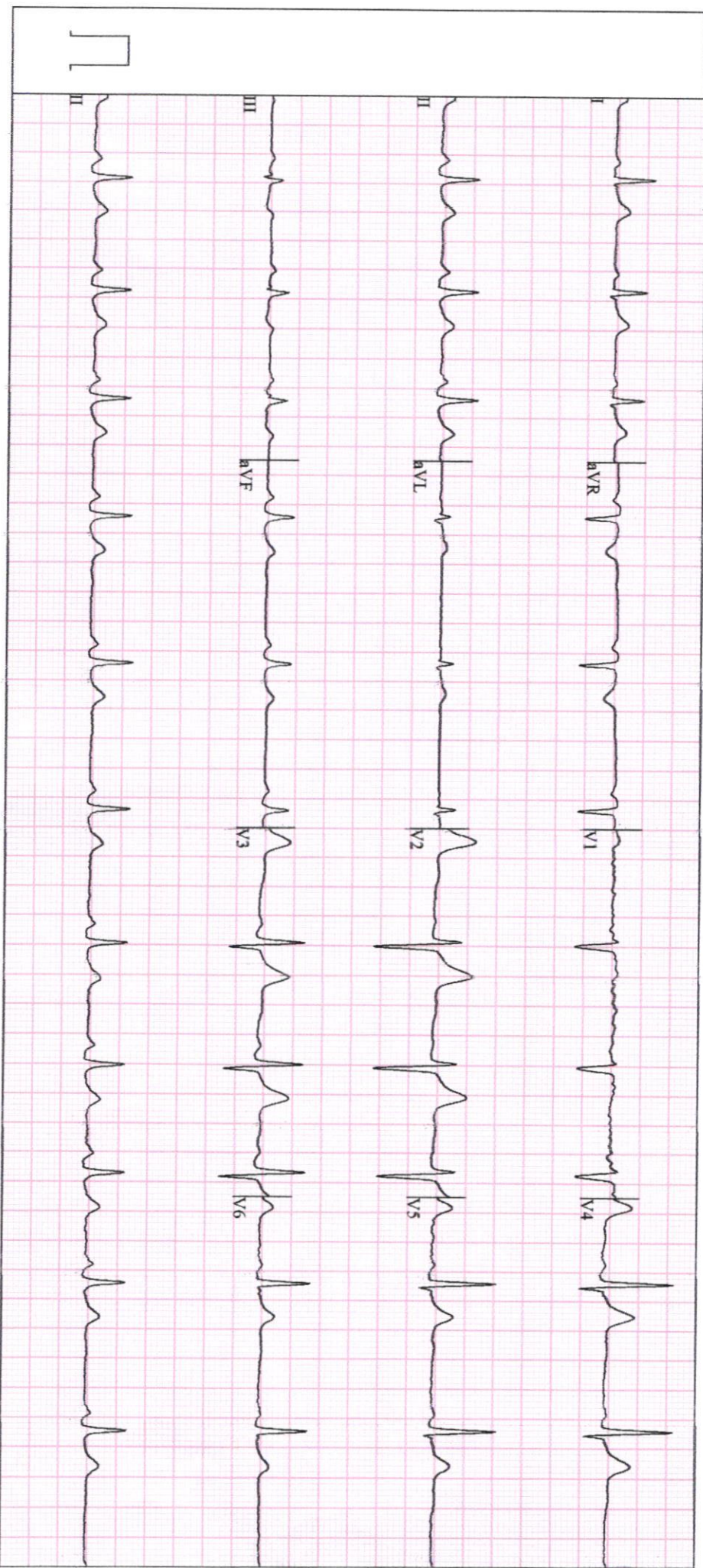
End of Report
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QRS : 76 ms
QT / QTcBaz : 356 / 384 ms
PR : 146 ms
P : 108 ms
RR / PP : 852 / 857 ms
P / QRS / T : 66 / 52 / 41 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

Sin Arrhythmia

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



PATIENT'S NAME	AMIT JHA	AGE :- 40Y/M
UHID	9532	DATE :- 27-11-23

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.

No diastolic dysfunction.

Measurements

Aorta annulus	19 mm
Left Atrium	27 mm
LVID(Systole)	22 mm
LVID(Diastole)	41 mm
IVS(Diastole)	10 mm
PW(Diastole)	10 mm
LV ejection fraction.	55-60%

Conclusion

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

Anirban Dasgupta

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

PATIENT'S NAME	AMIT JHA	AGE :- 40 Y/M
UHID	9532	27 Nov 2023

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.

Clinico-haematological correlation is recommended.

Thanking you for the referral,
With regards,



DR. SIDDHI PATIL
Cons. Radiologist

• ANDHERI • COLABA • NASHIK • VASHI

PATIENT'S NAME	AMIT JHA	AGE :- 40y/M
UHID NO	9532	27 Nov 2023

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 10.6 x 4.5 cm. **LEFT KIDNEY** measures 10.9 x 4.1 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 25 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 REQUIRE CLINICAL CO-RELATION BEFORE ANY APPLICATION.



DR. DISHA MINOCHA
DMRE (RADIOLOGIST)