

### CONCLUSION OF HEALTH CHECKUP

ECU Number : 1726

Age : 54

Weight : 85

Date : 11/02/2023

MR Number : 23200269

Sex : Male

Ideal Weight : 63

Patient Name: AJAY PRATAPSIKH RANA

Height : 166

BMI : 30.85

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.

ECU Number : 1726                      MR Number : 23200269                      Patient Name: AJAY PRATAPSIKH RANA  
Age : 54                                      Sex : Male                                      Height : 166  
Weight : 85                                      Ideal Weight : 63                                      BMI : 30.85  
Date : 11/02/2023

Past H/O : P/H/O THYROID - ON MEDICATION SINCE 7 YRS; H/O BRAIN TUMOR.

Present H/O : C/O THROAT PAIN ON SWALLOWING SINCE 4 DAYS.

Family H/O : MOTHER : DIABETES ; FATHER : HYPERTENSION.

Habits : NO HABITS.  
Gen.Exam. : G.C. GOOD  
B.P : 130/80 mm Hg  
Pulse : 92/MIN REG.  
Others : SPO2 : 98 %  
C.V.S : NAD  
R.S. : NAD  
Abdomen : NP  
Spleen : NP  
Skin : NAD  
C.N.S : NAD  
Advice :

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Patient Name: AJAY PRATAPSIH RANA

Height : 166

BMI : 30.85

**Ophthalmic Check Up :**

**Right**

**Left**

Ext Exam

Vision Without Glasses

6/6

6/6

Vision With Glasses

N.5

N.5

Final Correction

SAME AS PATIENT OWN

Fundus

NORMAL

Colour Vision

NORMAL

Advice

NIL

**Orthopaedic Check Up :**

Ortho Consultation

Ortho Advice

**ENT Check Up :**

Ear

Nose

Throat

Hearing Test

ENT Advice

**General Surgery Check Up :**

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice

### Dietary Assessment

ECU Number : 1726                      MR Number : 23200269                      Patient Name : AJAY PRATAPSIKH RANA  
Age : 54                                      Sex : Male                                      Height : 166  
Weight : 85                                      Ideal Weight : 63                                      BMI : 30.85  
Date : 11/02/2023

Body Type : Normal / Underweight / Overweight  
Diet History : Vegetarian / Eggetarian / Mixed

Frequency of consuming fried food : / Day / Week or occasional

Frequency of consuming Sweets : / Day / or occasional

Frequency of consuming outside food : / Day / Week or occasional

Amount of water consumed / day : Glasses / liters

Life style assessment :

Physical activity : Active / moderate / Sedentary / Nil

Alcohol intake : Yes / No

Smoking : Yes / No

Allergic to any food : Yes / No

Are you stressed out ? : Yes / No

Do you travel a lot ? : Yes / No

General diet instructions :

Have small frequent meals.

Avoid fatty products like oil, ghee, butter, cheese.

Take salt restricted diet and avoid table salt.

Consume fibrous food regularly like whole grains, Daliya, Oats, Bajra, Flex seeds, Pulses, Fruits and Salads.

Keep changing your cooking oil every three months.

Avoid Maida, Starchy foods and Bakery products.

Consume 1-2 servings of all fruits and vegetables, For Diabetic patients avoid Mango, Chikoo, Banana, Grapes and Custurd apple

Dring 3 to 4 liters (12 - 14 glass) of water daily.

Eat Beetroots, Figs, Almond, Walnut, Dates, Leafy vegetables, roasted Channa and Jeggary (Gur) for Hearnoglobin in case of diabetic patient avoid Rasins, Dates and Jeggary

Drink green Tea or black Coffee once in a day.

Do brisk walking daily.



Patient Name : Mr. AJAY PRATAPSIKH RANA  
 Gender / Age : Male / 54 Years 8 Months 19 Days  
 MR No / Bill No. : 23200269 / 231065809  
 Consultant : Dr. Manish Mittal  
 Location : OPD

Type : OPD  
 Request No. : 106017  
 Request Date : 11/02/2023 08:42 AM  
 Collection Date : 11/02/2023 09:52 AM  
 Approval Date : 11/02/2023 01:27 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	15.2	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	5.47	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	47.2	%	40 - 50
Mean Corpuscular Volume (MCV)	86.3	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	27.8	pg	27 - 32
MCH Concentration (MCHC)	32.2	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	14.0	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	44.8	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	7.79	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	57	%	40 - 80
Lymphocytes	38	%	20 - 40
Eosinophils	0	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.46	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.92	thou/cmm	1 - 3
Eosinophils (Abs. Value)	0.00	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.40	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.01	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.4	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	285	thou/cmm	150 - 410
Smear evaluation	Adequate		
ESR	2	mm/1 hr	0 - 12

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Repeat / retest may be requested.



Patient Name	: Mr. AJAY PRATAPSIKH RANA	Type	: OPD
Gender / Age	: Male / 54 Years 8 Months 19 Days	Request No.	: 106017
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**CBC + ESR**

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.

Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification. ESR on Westergrens method, comparable to Westergrens method and in accordance to ICSH reference method.

---- End of Report ----

**Dr. Rakesh Vaidya**  
MD (Path). DCP.



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 Gender / Age : Male / 54 Years 8 Months 19 Days  
 MR No / Bill No. : 23200269 / 231065809  
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**Haematology**

Test	Result	Units	Biological Ref-Range
<b>Blood Group</b>			
ABO system	B		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check`s group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

Dr. Rakesh Vaidya  
MD (Path). DCP.

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(Mon To Sat 8:00 am to 5:00 pm)



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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. AJAY PRATAPSIKH RANA  
Gender / Age : Male / 54 Years 8 Months 19 Days  
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**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	91	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	<b>151</b>	mg/dL	70 - 140

By Hexokinase method on RXL Dade Dimension

---- End of Report ----

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Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.





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**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Heamoglobin (HbA1c)	5.9	%	
estimated Average Glucose (e AG) *	122.63	mg/dL	

*(Method:**By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.**\* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.**Guidelines for Interpretation:**Indicated Glycemic control of previous 2-3 months*

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides	145	mg/dL	1 - 150
<i>(By Lipase / Glycerol dehydrogenase on RXL Dade Dimension)</i>			
<i>&lt; 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>&gt; 499 Very High)</i>			
Total Cholesterol	<b>209</b>	mg/dL	1 - 200
<i>(By enzymatic colorimetric method on RXL Dade Dimension)</i>			
<i>&lt;200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>&gt; 239 mg/dL - High)</i>			
HDL Cholesterol	<b>37</b>	mg/dL	40 - 60
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 40 Low</i>			
<i>&gt; 60 High)</i>			
Non HDL Cholesterol (calculated)	172	mg/dL	1 - 130
<i>(Non- HDL Cholesterol)</i>			
<i>&lt; 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 191 Very High)</i>			
LDL Cholesterol	<b>142</b>	mg/dL	1 - 100
<i>(By Direct homogenous technique, modified enzymatic non-immunological method on RXL Dade Dimension)</i>			
<i>&lt; 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>&gt; 189 Very High)</i>			
VLDL Cholesterol (calculated)	29	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.84		2.1 - 3.5
T. Ch./HDL Ch. Ratio	5.65		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.26	mg/dL	0 - 1
Bilirubin - Direct	0.06	mg/dL	0 - 0.3
Bilirubin - Indirect	0.2	mg/dL	0 - 0.7
<i>(By Diazotized sulfanilic acid on RXL Dade Dimension.)</i>			
Aspartate Aminotransferase (SGOT/AST)	21	U/L	15 - 40
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alanine Aminotransferase (SGPT/ALT)	40	U/L	16 - 63
<i>(By IFCC UV kinetic method on RXL Dade Dimension.)</i>			
Alkaline Phosphatase	<b>164</b>	U/L	56 - 119
<i>(BY PNPP AMP method on RXL Dade Dimension.)</i>			
Gamma Glutamyl Transferase (GGT)	<b>108</b>	U/L	15 - 85
<i>(By IFCC method on RXL Dade Dimension.)</i>			
<b>Total Protein</b>			
Total Proteins	7.35	gm/dL	6.4 - 8.2
Albumin	3.69	gm/dL	3.4 - 5
Globulin	3.66	gm/dL	3 - 3.2
A : G Ratio	1.01		1.1 - 1.6
<i>(By Biuret endpoint and Bromocresol purple method on RXL Dade Dimension.)</i>			

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**Renal Function Test (RFT)**

Test	Result	Units	Biological Ref. Range
Urea <i>(By Urease Kinetic method on RXL Dade Dimension)</i>	22	mg/dL	10 - 45
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.85	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate <i>(Ref. range : &gt; 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(By Uricase / Catalase method on RXL Siemens)</i>	4.9	mg/dL	3.4 - 7.2

--- End of Report ---

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**Thyroid Hormone Study**

Test	Result	Units	Biological Ref. Range
------	--------	-------	-----------------------

Triiodothyronine (T3)	1.34	ng/ml	
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(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (ng/ml)

1 - 3 days : 0.1 - 7.4  
 1-11 months : 0.1 - 2.45  
 1-5 years : 0.1 - 2.7  
 6-10 years : 0.9 - 2.4  
 11-15 years : 0.8 - 2.1  
 16-20 years : 0.8 - 2.1  
 Adults (20 - 50 years) : 0.7 - 2.0  
 Adults (> 50 years) : 0.4 - 1.8  
 Pregnancy (in last 5 months) : 1.2 - 2.5

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

Thyroxine (T4)	7.72	mcg/dL	
----------------	------	--------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (mcg/dL)

1 - 3 days : 11.8 - 22.6  
 1 - 2 weeks : 9.8 - 16.6  
 1 - 4 months : 7.2 - 14.4  
 4 - 12 months : 7.8 - 16.5  
 1-5 years : 7.3 - 15.0  
 5 - 10 years : 6.4 - 13.3  
 10 - 20 years : 5.6 - 11.7  
 Adults / male : 4.6 - 10.5  
 Adults / female : 5.5 - 11.0  
 Adults (> 60 years) : 5.0 - 10.7

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

Thyroid Stimulating Hormone (US-TSH)	5.74	microIU/ml	
--------------------------------------	------	------------	--

(Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Reference interval (microIU/ml)

Infants (1-4 days) : 1.0 - 39  
 2-20 weeks : 1.7 - 9.1  
 5 months - 20 years : 0.7 - 6.4  
 Adults (21 - 54 years) : 0.4 - 4.2  
 Adults (> 55 years) : 0.5 - 8.9  
 Pregnancy :

1st trimester : 0.3 - 4.5  
 2nd trimester : 0.5 - 4.6  
 3rd trimester : 0.8 - 5.2

(Reference : Tietz - Clinical guide to laboratory test, 4th edition ))

--- End of Report ---

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DEPARTMENT OF LABORATORY MEDICINE

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Location : OPD

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**Prostate Sp. (Antigen)**

Test	Result	Units	Biological Ref. Range
Total PSA	0.724	ng/ml	0 - 4

(Method : Done by 4th generation electrochemiluminescence based method on automated immunoassay / Cobas e 411.)

Remark :

Age related reference range for interpretation :

< 40 yrs : 0.21 - 1.72

40 - 49 yrs : 0.27 - 2.19

50 - 59 yrs : 0.27 - 3.42

60 - 69 yrs : 0.27 - 6.16

>69 yrs : 0.21 - 6.77

TPSA may be raised usually mildly in benign prostatic conditions like hyperplasia. Typically 30 % of BPH may show values between 4-10 and 7 % between 10-40.

In Prostatic Malignancy 43 % show values below 4

21 % between 4 to 10

20 % between 10 to 40 &

16 % above 40)

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

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**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	6.0		
Specific Gravity	1.015		
Protein	Negative	gm/dL	0 - 5
Glucose	Negative	mg/dL	0 - 5
Ketones	Negative		0 - 5
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Present	/hpf	Absent
Organism	Absent		

---- End of Report ----

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**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23200269      Report Date : 11/02/2023  
Request No. : 190052673      11/02/2023 8.42 AM  
Patient Name : Mr. AJAY PRATAPSIKH RANA  
Gender / Age : Male / 54 Years 8 Months 19 Days

**ADVANCED DIGITAL SOLUTIONS**

- Computer Radiography
- Ultra Sensitive Colour Doppler
- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

**X-Ray Chest AP**

Both lung fields are clear.  
Both costophrenic sinuses appear clear.  
Heart size is normal.  
Hilar shadows show no obvious abnormality.  
Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
• NOT VALID FOR MEDICO-LEGAL PURPOSES  
• CLINICAL CORRELATION RECOMMENDED

**Dr. Priyanka Patel, MD**  
Consultant Radiologist



H-2015-0297



MC-3004



E-2021-0007



SCAN QR CODE



Patient No. : 23200269      Report Date : 11/02/2023  
Request No. : 190052682      11/02/2023 8.42 AM  
Patient Name : Mr. AJAY PRATAPSIKH RANA  
Gender / Age : Male / 54 Years 8 Months 19 Days

**Echo Color Doppler**

MITRAL VALVE : NORMAL, NO MS, TRIVIAL MR  
AORTIC VALVE : TRILEAFLET, NO AS, NO AR  
TRICUSPID VALVE : NORMAL, TRIVIAL TR, NO PAH  
PULMONARY VALVE : NORMAL, NO PR, NO PS  
LEFT ATRIUM : NORMAL SIZE  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL, GRADE I LV DIASTOLIC DYSFUNCTION, LVEF - 60%,  
NO RWMA AT REST  
RIGHT ATRIUM : NORMAL SIZE  
RIGHT VENTRICLE : NORMAL SIZE  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NO EFFUSION  
COLOUR/DOPPLER FLOW MAPPING : TRIVIAL MR, TR NO PAH

**FINAL CONCLUSION:**

1. NORMAL SIZED ALL CARDIAC CHAMBERS
2. NORMAL LV SYSTOLIC FUNCTION LVEF - 60%
3. GRADE I LV DIASTOLIC DYSFUNCTION
4. NO RESTING RWMA
5. NORMAL VALVES, NO MITRAL / AORTIC STENOSIS
6. NORMAL RIGHT HEART SIZE AND RV PRESSURE
7. NO PERICARDIAL EFFUSION, CLOT OR VEGETATION SEEN, SR+.

  
DR. K. L. KANERIA MD, DM  
INTERVENTIONAL CARDIOLOGIST.

Name: **Aljay P. Rana**  
Patient ID: **2300269**

11.02.2023 09:12:45  
Standard 12-lead

Date of birth: Undefined  
Gender: Undefined  
Height: Undefined  
Weight: Undefined  
Ethnicity: Unknown  
Facemaker: Unknown

Visit ID:  
Room:  
Medication:  
Order ID:  
Ord. prov.:  
Ord. prot.:

HR: **77 bpm**  
P axis: **27°**  
QRS axis: **53°**  
T axis: **22°**

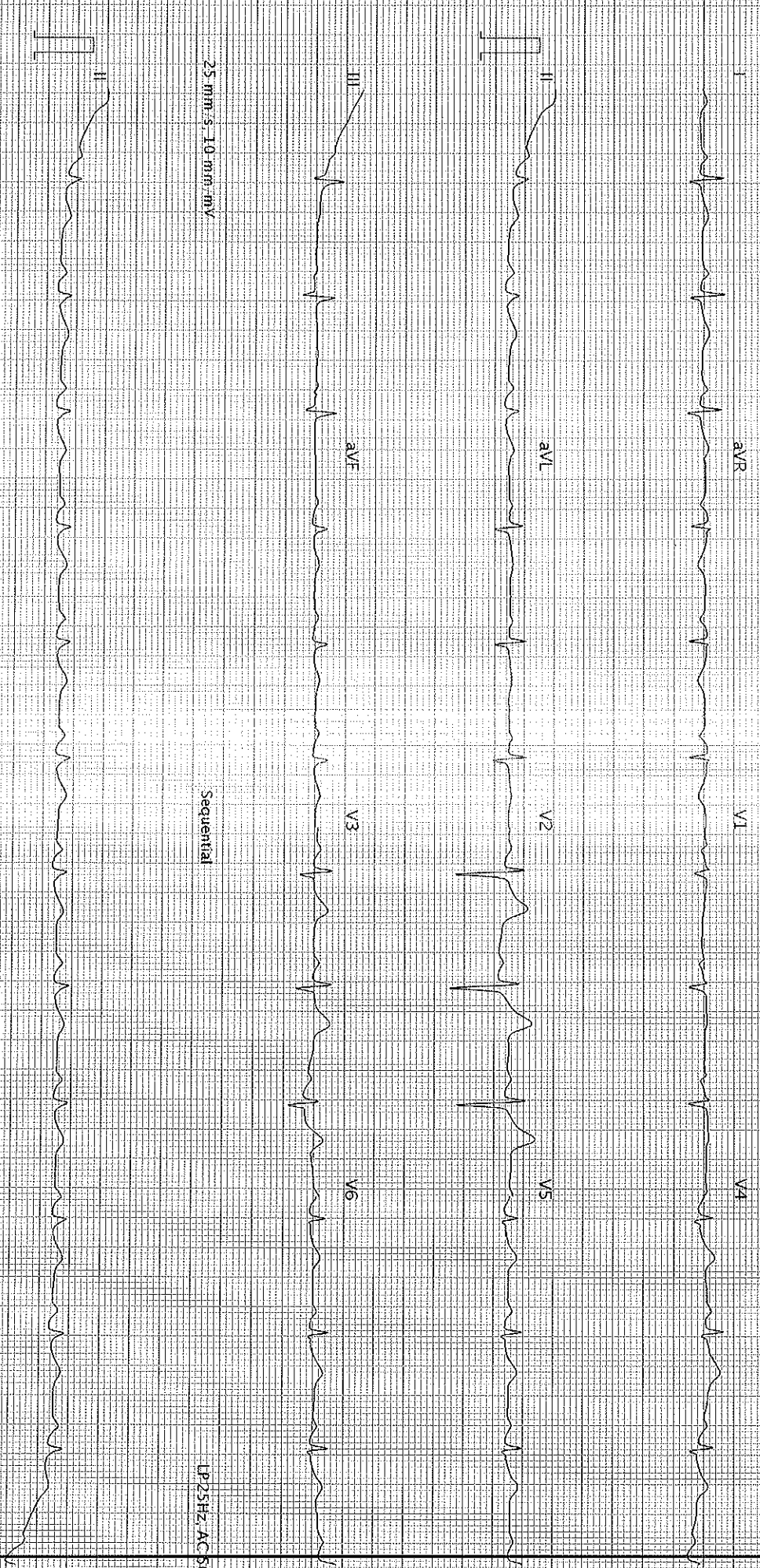
RR: **783 ms**  
P: **121 ms**  
PR: **167 ms**  
QRS: **74 ms**  
QT: **372 ms**  
QTcB: **420 ms**

Sinus rhythm  
Normal electrical axis  
Normal ECG  
Unconfirmed report

Indication:  
Remark:

Normal

*ppm*



25 mm/s, 10 mm/mV

Sequential

LP25Hz, AC50Hz

25 mm/s, 10 mm/mV

Printed on 11.02.2023 09:12:57

LP25Hz, AC50Hz

Page 1 of 1

SCHILLER

Part No. 2.157048M

0123

Q36

# Dr. Sonica Peshin

Cosmetic Dentist & Implantologist

Reg. No. : 6966-A

M. : 9586867301



BHAILAL AMIN  
GENERAL HOSPITAL

## Dental assessment form

11/02/2023

Name: Ajay Pratapsinh Raj

Age/ Sex: 54 years/Male

Patient has come for an oral hygiene check up

### On Examination:

- Stains++ Calculus++
- History of horizontal brushing
- Generalised attrition, recession
- Interdental food lodgement in between crowned 36, 37 causing distal decay and pain with respect to 36

### Provisional diagnosis:

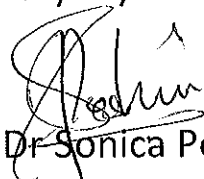
- Chronic generalised gingivitis

### Treatment plan:

- Scaling and polishing
- Removal of crown with respect to 36 and restoration of decay followed by a new crown with respect to the same

### Advised:


- Brush your teeth twice daily
- Salt water rinses atleast once a day.
- Clean your tongue and floss in between everyday.
- Follow vertical brushing technique.

  
Dr. Sonica Peshin

ITEM CODE:SMD066

HEART CARE | BRAIN & SPINE | BONE & JOINT | MINIMAL ACCESS SURGERY  
24X7 EMERGENCY | DIAGNOSTICS | PHARMACY | BLOOD BANK

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