

MEDICAL SUMMARY **Apollo Clinic** VASHI

NAME:	Mr. Dadarao Athawale	UHID:	3543
AGE:	57 yrs	DATE OF HEALTHCHECK:	17/12/22
GENDER:	Male		

HEIGHT:	171 cm	MARITAL STATUS:	Married
WEIGHT:	86 kg	NO OF CHILDREN:	2
BMI:	29.4		

C/O: -

K/C/O: DM, Asthma
 PRESENT MEDICATION: Tab - Ammonia 1-1, Maxiflo-200 inhaler (20)

P/M/H: Asthma

P/S/H: - No

ALLERGY: -

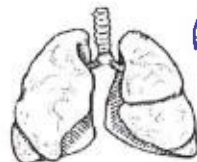
PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:) N/A
 ALCOHOL:)
 TOBACCO/PAN:)

FAMILY HISTORY FATHER: -
 MOTHER:) N/A

O/E:
 BP: 140/80 PULSE: 74/min
 TEMPERATURE: N SCARS:

LYMPHADENOPATHY:) N/A
 PALLOR/ICTERUS/CYNOSIS/CLUBBING:)
 OEDEMA:

S/E:
 RS:  AB3G

P/A:  - N/A

CVS: Subst

Extremities & Spine: - N/A

CNS: cerebellum, osteoarthritis

ENT:
 Skin: - N/A

Vision:

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

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DENTAL CHECKUP

Name: <u>Dadasaheb Athavale</u>	MR NO: <u>3543</u>
Age/Gender: <u>57/M</u>	Date: _____

Medical history: Diabetes Hypertension _____


EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus & Stains			22	22
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: _____


 Dr. Namrata Patil
 MDS, Pedodontics.
 Reg: A-16738

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OPHTHALMIC EVALUATION

UHID No.: 3543 Date: 17/12/22
 Name: Mr. Dadarao Age: 57 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 NG Left Eye NG

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance										
Near	<u>+2.5</u>					<u>+2.5</u>				

Colour Vision : Prophylaxis
NO (BC)

Anterior Segment Examination : NO (BC)
early cat

Pupils : _____

Fundus : _____

Intraocular Pressure : 14 mm of a

Diagnosis : eye glasses

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. _____
 (Consultant Ophthalmologist)

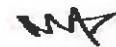
■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

Name : Mr. Dadarao T Athawale Gender : Male Age : 57 Years
 UHID : FVAH 3543 Bill No : Lab No: V-1954-19
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 Barcode No : 3730 Reported On : 17/12/2022 17:45

TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
CBC (Complete Blood Count)-WB (EDTA)		
Haemoglobin(Colorimetric method)	14.4 g/dl	13 - 18
RBC Count (Impedance)	5.23 Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	43.9 %	35 - 55
MCV:(Calculated)	83.9 fl	78 - 98
MCH:(Calculated)	27.5 pg	26 - 34
MCHC:(Calculated)	32.8 gm/dl	30 - 36
RDW-CV:	14.4 %	11.5 - 16.5
Total Leucocyte/WBC count(Impedance)	7740 /cumm.	4000 - 10500
Neutrophils:	63 %	40 - 75
Lymphocytes:	27 %	20 - 40
Eosinophils:	05 %	0 - 6
Monocytes:	05 %	2 - 10
Basophils:	00 %	0 - 2
Platelets Count(Impedance method)	2.48 Lakhs/c.mm	1.5 - 4.5
MPV	7.7 fl	6.0 - 11.0
Peripheral Smear (Microscopic examination)	Normochromic, Normocytic	
RBCs:	Normal	
WBCs:	Adequate	
Platelets	Test Run on 5 part cell counter. Manual diff performed.	
Note:		

Shweta Unavane
Entered By

Dr. Milind Patwardhan
Verified By


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

End of Report
Results are to be correlated clinically

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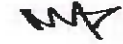
TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

ESR(Westergren Method)

Erythrocyte Sedimentation Rate:- 08 mm/1st hr 0 - 20

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TEST

RESULTS

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

ABO Group:

:O:

Rh Type:

Positive

Method :

Tube Agglutination (forward and reverse)

Vasanti Gondal
Entered By

Ms Kaveri Gaonkar
Verified By


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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : **7.3** % 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 : 162.81 mg/dL

Correlation 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 correlate 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 than the routine chromatographic methods & also for the diabetic pts. having HEMOGLBINOPATHIES OR UREMIA as Hb variants 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 diabetics .
- * 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

Shweta Unavane
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Ms Kaveri Gaonkar
Verified By

End of Report



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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	134	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 :	227	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

Alsaba Shaikh
Entered By

Dr. Milind Patwardhan
Verified By


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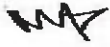
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Lipid Profile- Serum			
S. Cholesterol(Oxidase)	168	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	76	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	15.2	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	41.8	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	111	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4		3.5 - 5
Ratio of LDL/HDL	2.7		2.5 - 3.5

Sushant Gaiwad
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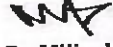
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
LFT(Liver Function Tests)-Serum			
S.Total Protein (Biuret method)	7.39	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.47	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.92	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.53		0.9 - 2
S.Total Bilirubin (DPD):	0.48	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.20	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):	22	U/L	5 - 36
S.ALT (SGPT) (IFCC Kinetic with P5P):	32	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	79	U/L	40 - 129
S.GGT(IFCC Kinetic):	26	U/L	11 - 50

Sushant Gaikwad
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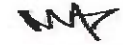
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	22.3 mg/dl	10.0 - 45.0
BUN (Calculated)	10.4 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.88 mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	11.82	9:1 - 23:1
S.Uric Acid(Uricase Method)	5.3 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)	1.48	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	145.1	nmol/L	66 - 181 nmol/L
TSH (Thyroid-stimulating hormone) (ECLIA)	1.45	□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 :

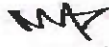
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TSH :

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):	0.698ng/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.

Sushant Gaikwad
Entered By

Dr. Milind Patwardhan
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	40	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		Clear
SEDIMENT	Absent		Absent

CHEMICAL EXAMINATION(Strip Method)

REACTION(PH)	6.0		4.6 - 8.0
SPECIFIC GRAVITY	1.005		1.005 - 1.030
URINE PROTEIN	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
Entered By

Ms Kaveri Gaonkar
Verified By



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

End of Report

Results are to be correlated clinically

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Dadarao, Athawale
3543

57 Years

Male

17.12.2022 9:01:35
Apollo Clinic
1st Flr, The Emerald, Sector-12,
Vashi, Mumbai-400703.

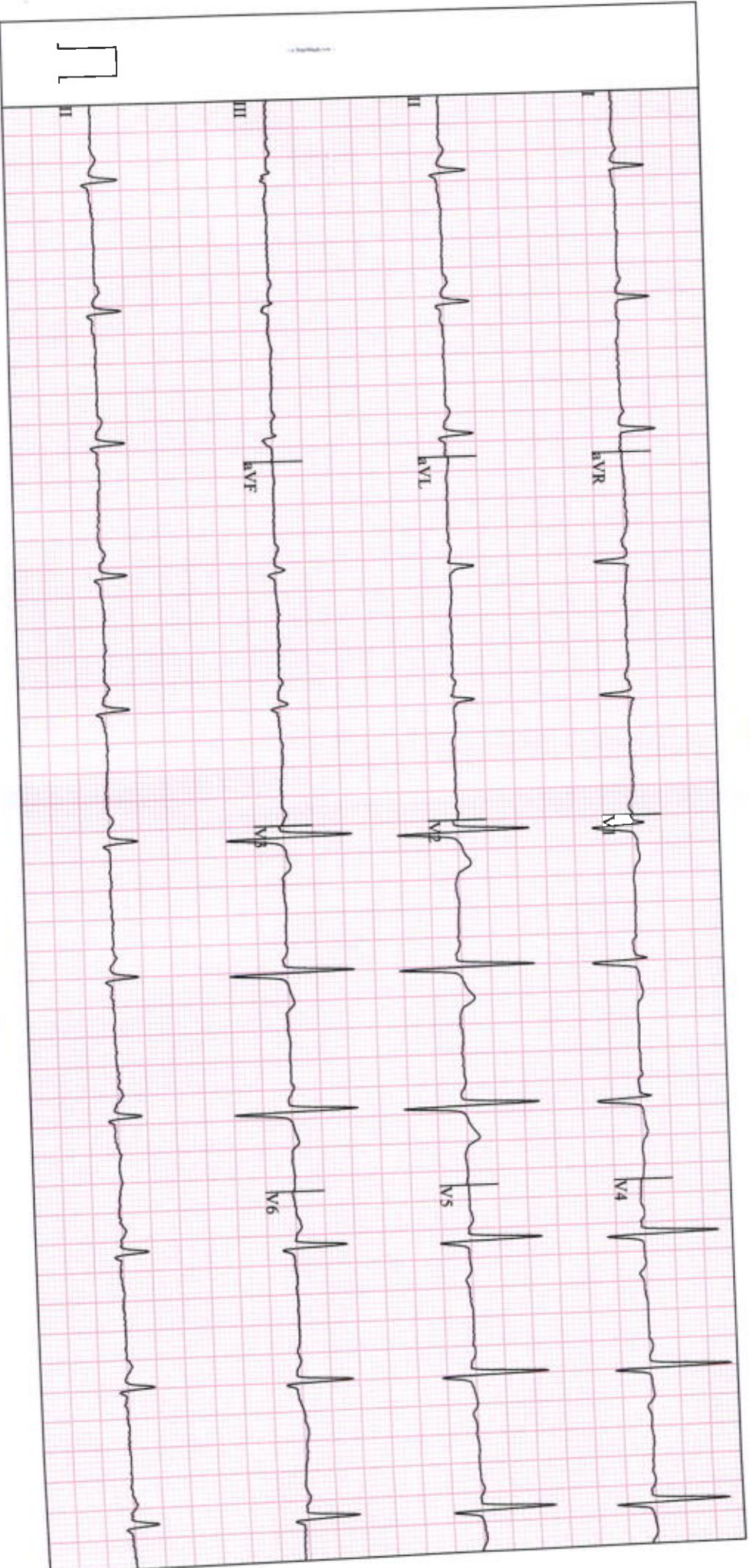
65 bpm
--/-- mmHg

QRS : 86 ms
QT / QTcBaz : 344 / 357 ms
PR : 156 ms
P : 108 ms
RR / PP : 918 / 923 ms
P / QRS / T : 58 / 19 / 17 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

*705 x 14 - V6
- Coarctation aortic*

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



PATIENT'S NAME	DADARAO T ATHAWALE	AGE :- 57y/M
UHID NO	3543	17 Dec 2022

X-RAY CHEST PA VEIW

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. DISHA MINOCHA
DMRE (RADIOLOGIST)

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PATIENT'S NAME	DADARAO T ATHAWALE	AGE :- 57Y/M
UHID	3543	DATE :- 17-12-22

2D Echo and Colour doppler report

Mild concentric LVH

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.

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Measurements

Aorta annulus	21 mm
Left Atrium	32 mm
LVID(Systole)	17 mm
LVID(Diastole)	31 mm
IVS(Diastole)	12 mm
PW(Diastole)	12 mm
LV ejection fraction.	55-60%

Conclusion

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

Dasgupta

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

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PATIENT'S NAME	DADARAO T ATHAWALE	AGE :- 57 y/M
UHID NO	3543	17 Dec 2022

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 10.3 x 4.3 cm. **LEFT KIDNEY** measures 11.6 x 5.6 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 (Vol: 23 ml)

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. DISHA MINOCHA
DMRE (RADIOLOGIST)

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Findings and Recommendation:

Findings:-

- HbA1c - 7.3
- Dis Sug $\left\{ \begin{array}{l} F - 134 \\ PP - 227 \end{array} \right.$
- USG ABD - Class. I fatty liver
- ECG - Tcos I in V4-V6.

Recommendation:-

- Diabetologist's opinion
- weight loss.
- Low fat & fiber diet.

Signature: 
Consultant -

Dr. Mahesh Naik

**DR MAHESH NAIK
PHYSICIAN**