

NAME:	Maxendra Grade	UHID:	5700
AGE:	38yrs	DATE OF HEALTHCHECK:	25/3/23
GENDER:	Male	Bmi	27.3

HEIGHT:	178 cm	MARITAL STATUS:	Married
WEIGHT:	86.4 kg	NO OF CHILDREN:	11

C/O: Nil

K/C/O: No

PRESENT MEDICATION: Nil

P/S/H: No

P/M/H: Had Tuberculous Lymphadenitis in 2007, TOOK T/T for same.

H/A: SMOKING:

ALCOHOL:

TOBACCO/PAN:

} No.

FAMILY HISTORY FATHER:

MOTHER:

} Diabetic  
} Has Ca Breast  
- Treated for same.

O/E:

LYMPHADENOPATHY: - No

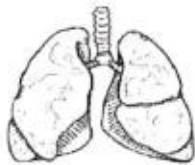
BP: 136/80 PULSE: 76 bpm

PALLOR/LCTERUS/CYNOSIS/CLUBBING: No

TEMPERATURE: N. SCARS: No

OEDEMA: - No

S/E:  
RS:



AFBG  
Moadv  
sounds.

P/A:



Soft,  
No tend.

CVS: S1S2 N,  
No Murmurs

Extremities & Spine: - N.

CNS: - N.

ENT:  
Skin: } N.

Vision:

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

Name: Mr. Narendra Grade      Age: 38y      Date of Health check-up: 25/3/23

### Findings and Recommendation:

#### Findings :-

- UA ↑
- Ep II Fatty liver

#### Recommendation:-

- Gastro opinion
- T. Febvic 40mg      ~~had~~ - 1 met
- Diet/E exc

Signature:

Consultant -



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

## OPHTHALMIC EVALUATION

UHID No.: 5700 Date: 25/3/23

Name: M. Narindhe Age: 38 Gender:  Male /  Female

Without Correction: pac

Distance: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

Near : Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

With Correction:

Distance: Right Eye E/C Left Eye G/G

Near : Right Eye N/B Left Eye N/B

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>-2.5</u>	<u>-0.25</u>	<u>90°</u>			<u>-2.25</u>	<u>-0.25</u>	<u>90°</u>		
Near										<u>Presbyopia Pac</u>

Colour Vision: Normal (BC)

Anterior Segment Examination: \_\_\_\_\_

Pupils: NO (BC)

Fundus: \_\_\_\_\_

Intraocular Pressure: 14 mmHg (BC)

Diagnosis: Presbyopia

Advice: \_\_\_\_\_

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

**DR. RUCHIRA SHARMA** Dr. [Signature]  
 M. S. (OPHTH)  
 CONSULTING OPHTHALMOLOGIST  
 & MICRO SURGEON  
 REG. No.: 3262 / 09 / 02  
 (Consultant Ophthalmologist)

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

## DENTAL CHECKUP

<b>Name:</b> Narendra Gade	<b>MR NO:</b>
<b>Age/Gender :</b> 38 M	<b>Date:</b> 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

- Scaling and polishing - 1500  
 - Filling per tooth - 1200 X (2)

*Signature*

• ANDHERI • COLABA • NASHIK • VASHI

Name : Mr. Narendra Gade                      Gender : Male                      Age : 38 Years  
UHID : FVAH 5700                                  Bill No :                                  Lab No : V-3116-23  
Ref. by : SELF    Sample Col.Dt : 25/03/2023 10:50  
Barcode No : 130    Reported On : 25/03/2023 18:40


**TEST    RESULTS    BIOLOGICAL REFERENCE INTERVAL**

**CBC (Complete Blood Count)-WB (EDTA)**

Haemoglobin(Colorimetric method)	13.9	g/dl	13 - 18
RBC Count (Impedance)	4.98	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	42.4	%	35 - 55
MCV:(Calculated parameter)	85	fl	78 - 98
MCH:(Calculated parameter)	27.9	pg	26 - 34
MCHC:(Calculated parameter)	32.8	gm/dl	30 - 36
RDW-CV:	15.7	%	11.5 - 16.5
Total Leucocyte count(Impedance)	7720	/cumm.	4000 - 10500
Neutrophils:	69	%	40 - 75
Lymphocytes:	27	%	20 - 40
Eosinophils:	01	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	3.86	Lakhs/c.mm	1.5 - 4.5
MPV	7.8	fl	6.0 - 11.0
Peripheral Smear (Microscopic examination)			
RBCs:	Normochromic, Normocytic		
WBCs:	Normal		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter.		

**Alsaba Shaikh**  
Entered By

**Ms Kaveri Gaonkar**  
Verified By

Page 4 of 4  
  
**Dr. Milind Patwardhan**  
M.D(Path)  
Chief Pathologist

End of Report  
Results are to be correlated clinically

Name : Mr. Narendra Gade                      Gender : Male                      Age : 38 Years  
UHID : FVAH 5700                                      Bill No :                                      Lab No : V-3116-23  
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TEST    RESULTS                      BIOLOGICAL REFERENCE INTERVAL

**ESR(Westergren Method)**

**Erythrocyte Sedimentation Rate:-**                      12                      mm/1st hr                      0 - 20

**Alsaba Shaikh**  
Entered By

**Ms Kaveri Gaonkar**  
Verified By



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

End of Report  
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Name : Mr. Narendra Gade                      Gender : Male                      Age : 38 Years  
UHID : FVAH 5700                                  Bill No :                                  Lab No : V-3116-23  
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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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Verified By



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

End of Report  
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Name : Mr. Narendra Gade                      Gender : Male                      Age : 38 Years  
UHID : FVAH 5700                                  Bill No :                                  Lab No : V-3116-23  
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b>			
Fasting Plasma Glucose :	96	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 :	92	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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Chief Pathologist

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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

**Apollo Clinic**  
VASHI

Name : Mr. Narendra Gade      Gender : Male      Age : 38 Years  
UHID : FVAH 5700      Bill No :      Lab No : V-3116-23  
Ref. by : SELF      Sample Col.Dt : 25/03/2023 10:50  
Barcode No : 130      Reported On : 25/03/2023 18:40

TEST      RESULTS      BIOLOGICAL REFERENCE INTERVAL

**HbA1c(Glycosylated Haemoglobin )WB-EDTA**

(HbA1C) Glycosylated Haemoglobin :      5.6      %      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 :      114.02      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

**Alsaba Shaikh**  
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**Ms Kaveri Gaonkar**  
Verified By

  
**Dr. Munde Patwardhan**  
Page 6 of 11  
M.D(Path)  
Chief Pathologist

End of Report  
Results are to be correlated clinically

Name : Mr. Narendra Gade                      Gender : Male                      Age : 38 Years  
UHID : FVAH 5700                                  Bill No :                                  Lab No : V-3116-23  
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Barcode No : 130                                      Reported On : 25/03/2023 18:40

TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Lipid Profile- Serum</b>			
S. Cholesterol(Oxidase)	198	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	146	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	29.2	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<u>27.2</u>	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	141.6	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	<u>7.3</u>		3.5 - 5
Ratio of LDL/HDL	<u>5.2</u>		2.5 - 3.5

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M.D(Path)  
Chief Pathologist

End of Report  
Results are to be correlated clinically

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Name : Mr. Narendra Gade      Gender : Male      Age : 38 Years  
UHID : FVAH 5700      Bill No :      Lab No : V-3116-23  
Ref. by : SELF      Sample Col.Dt : 25/03/2023 10:50  
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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

**LFT(Liver Function Tests)-Serum**

S.Total Protein (Biuret method)	7.30	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.34	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.96	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.47		0.9 - 2
S.Total Bilirubin (DPD):	0.53	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.17	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.36	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	17	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	25	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	67	U/L	40 - 129
S.GGT(IFCC Kinetic):	22	U/L	11 - 50

Name : Mr. Narendra Gade                      Gender : Male                      Age : 38 Years  
UHID : FVAH 5700                                  Bill No :                                  Lab No : V-3116-23  
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	<b>BIOCHEMISTRY</b>	
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)	0.88              mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	9.65	9:1 - 23:1
S.Uric Acid(Uricase Method)	<b><u>7.1</u></b> mg/dl	3.4 - 7.0

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Chief Pathologist

End of Report  
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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

**Thyroid (T3,T4,TSH)- Serum**

Total T3 (Tri-iodo Thyronine) (ECLIA)	2.96	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	167.9	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	<b>0.079*</b>	□IU/ml	Euthyroid : 0.35 - 5.50 □IU/ml Hyperthyroid : < 0.35 □IU/ml Hypothyroid : > 5.50 □IU/ml

Remarks:

**\* Rechecked & confirmed. Kindly Correlate Clinically**

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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Dr. Milind Patwardhan  
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Chief Pathologist

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End of Report

Results are to be correlated clinically

Name : Mr. Narendra Gade                      Gender : Male                      Age : 38 Years  
 UHID : FVAH 5700                                      Bill No :                                      Lab No : V-3116-23  
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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)	5.0		4.6 - 8.0
SPECIFIC GRAVITY	1.010		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  
Entered By

Ms Kaveri Gaonkar  
Verified By



Dr. Milind Patwardhan  
M.D(Path)

Page 11 of 11 Chief Pathologist

End of Report  
Results are to be correlated clinically

Name	: Mr. Narendra Gade	Gender	: Male	Age	: 38 Years
UHID	: FVAH 5700	Bill No	:	Lab No	: V-3116-23
Ref. by	: SELF	Sample Col.Dt	: 25/03/2023 10:50		
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
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**STOOL EXAMINATION**

**PHYSICAL EXAMINATION**

COLOUR	Brown	
CONSISTENCY	Semi Solid	
MUCUS	Absent	Absent
FRANK BLOOD	Absent	Absent

**CHEMICAL EXAMINATION**

OCCULT BLOOD (Guaiac method)	Absent	Absent
PH(Litmus paper)	Acidic	Acidic/Alkaline

**MICROSCOPIC EXAMINATION**

PUS CELLS	Absent	0 - 1
EPITHELIAL CELLS	Absent	Absent
RED BLOOD CELLS	Nil /HPF	Absent
FAT GLOBULES	Absent	Absent
VEGETABLE FIBRES	Present	Present
YEASTS	Absent	Absent
CYST	Absent	Absent
VEGETATIVE FORMS	Absent	Absent
OVA	Absent	Absent

**Anushka Chavan**  
Entered By

**Ms Kaveri Gaonkar**  
Verified By



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

End of Report  
*Results are to be correlated clinically*

Narendra, Gade  
5700

38 Years

Male

25.03.2023 13:23:33  
Apollo Clinic  
1st Flr, The Emerald, Sector-12,  
Vashi, Mumbai-400703.

**NORMAL ECG**

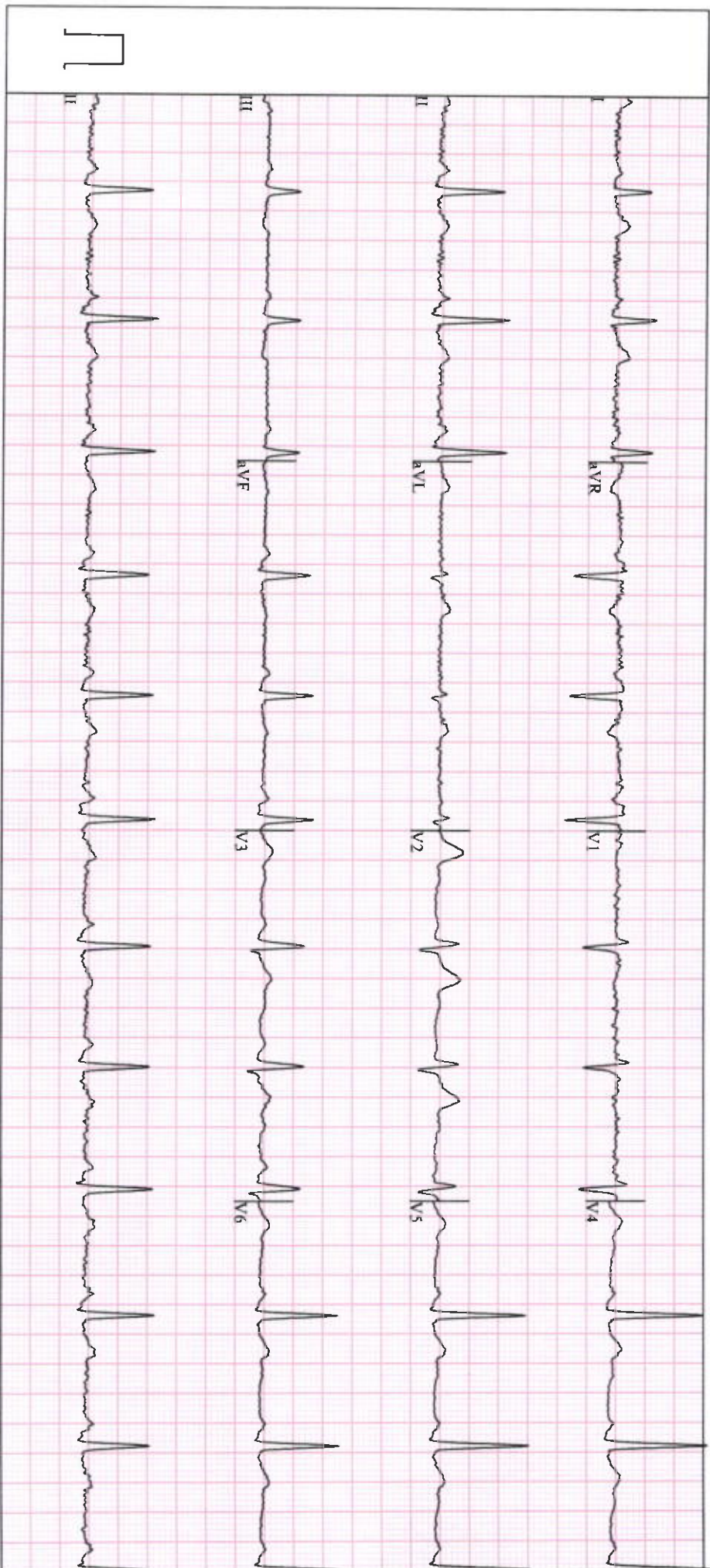
71 bpm  
--/-- mmHg

QRS : 94 ms  
QT / QTcBaz : 374 / 406 ms  
PR : 146 ms  
P : 98 ms  
RR / PP : 848 / 845 ms  
P / QRS / T : 54 / 55 / 21 degrees

Normal sinus rhythm  
Normal ECG

*wrc*

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





PATIENT'S NAME	NARENDRA GADE	AGE :- 38Y/M
UHID	5700	DATE :- 25-03-23

### 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	21 mm
Left Atrium	30 mm
LVID(Systole)	19 mm
LVID(Diastole)	40 mm
IVS(Diastole)	10 mm
PW(Diastole)	11 mm
LV ejection fraction.	55-60%

### Conclusion

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

*Dasgupta*

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

PATIENT'S NAME	NARENDRA GADE	AGE :- 38 y/M
UHID NO	5700	25 Mar 2023

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

PATIENT'S NAME	NARENDRA GADE	AGE :- 38y/M
UHID NO	5700	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 10.1 x 5.0 cm. **LEFT KIDNEY** measures 10.9 x 6.3 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 17.5 gms.

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

**IMPRESSION** -

- **Grade II 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. NITESH PATEL**  
**DMRE (RADIOLOGIST)**

• ANDHERI • COLABA • NASHIK • VASHI