



## Physical Consultation

Name- Mr Suresh Pai	Age- 66 Years
Sex- Male	Date -26- Nov-2022

### TO WHOMSOEVER IT MAY BE CONCERN

At present no history and any complains.

After physical and systemic examination, radiological and all routine blood investigation report are within normal limit.

#### Advice-

- Need further evaluation in USG abdomen pelvis after 3 months for prostatic size assessment.
- Need Regular mild exercise and regular diet.

**DR. RAJESH MAILAGIRE**  
General Physician (MBBS)  
Reg No 2018/04/1055

Doctor sign & stamp





Patient Name : **MR. SURESH PAI**  
Age/Gender : 66 years (Male)  
Mobile No. : -

Referral : SELF  
Source : **MEDIHOME**  
Sample Collected : Nov 25, 2022, 06:15 p.m.  
Sample Received : Nov 25, 2022, 06:15 p.m.  
Approved Date : Nov 26, 2022, 04:44 p.m.  
Sample ID :



Test Description	Value(s)	Reference Range
<b>Blood Group Abo &amp; Rh Typing, Blood</b>		
Blood Group (ABO typing) Method : Manual-Hemagglutination	"O"	
RhD Factor (Rh Typing) Method : Manual hemagglutination	Positive	

**\*\*END OF REPORT\*\***



**Dr. Mohole Bhupendra D.**  
MBBS, DCP  
Reg. No. S7339



Patient Name : **MR. SURESH PAI**  
Age/Gender : 66 years (Male)  
Mobile No. : -

Referral : SELF  
Source : **MEDIHOME**  
Sample Collected : Nov 25, 2022, 06:15 p.m.  
Sample Received : Nov 26, 2022, 02:05 p.m.  
Approved Date : Nov 26, 2022, 02:07 p.m.  
Sample ID :



002232922

Test Description	Value(s)	Reference Range
<b>Glucose, Fasting (FBS)</b>		
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	78	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: $\geq$ 126 (on more than one occasion) (American diabetes association guidelines 2018)

mg/dL

**\*\*END OF REPORT\*\***



**Dr. Mohole Bhupendra D.**  
MBBS, DCP  
Reg. No. 57319





# MADYOASIS CLINICS

Madyoasis Clinics-Kosmo One,  
Ambattur industrial Estate,  
Chennai, Tamil Nadu 600058

7410001783 | Time : 9 am to 6 pm  
Clinic.chennai@madyoasis.in  
www.madyoasis.in

Allergy:

**R**

Date: 25/11/22

Patient Name: Suresh Pai

Age / Sex: 66 ym

Male

### Investigation

- Hemogram
- ESR
- Urine R; C/S
- BSL F/ PP / R
- BUL
- S.Creat
- RMP
- WIDAL
- Dengue Test
- LFT
- RFT
- TFT
- ECG
- X-Ray
- USG

### Clinical Assessment (OPD)

Chief Complaints: - None

### General & Systemic Examination:

- Calculus ++.

- # 6/56

- Root Pieces of

4 |  
7 | 7

- fillings adv. in 7/4

### Clinical Diagnosis:

### Treatment

- Scaling & Polishing
- xray for 15
- Restorations or R.C ?  
for #ed teeth
- Extraction of 4/7
- Replacement of Missing teeth

Doctor Stamp & Signature

\*Home Blood Collection Facility Available  
Please Contact : 7410001783

For OPD Appointment : 7410001783





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Test Description	Value(s)	Reference Range	
<b>Cbc With Esr</b>			
Hemoglobin (Hb)	16.2	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count	5.33	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)	45.7	42 - 52	%
Mean Cell Volume (MCV)	85.74	78 - 100	fL
Mean Cell Haemoglobin (MCH)	30.39	27 - 31	pg
Mean Corpuscular Hb Concn. (MCHC)	35.45	32 - 36	g/dL
Red Cell Distribution Width (RDW)	10.9	11.5 - 14.0	%
Total Leucocytes (WBC) Count	6500	4000-10000	cell/cu.mm
Neutrophils	65	40 - 80	%
Lymphocytes	27	20 - 40	%
Monocytes	05	2 - 10	%
Eosinophils	02	1 - 6	%
Basophils	1	1-2	%
Absolute Neutrophil Count	4225	2000 - 7000	/c.mm
Absolute Lymphocyte Count	1755	1000 - 3000	/c.mm
Absolute Monocyte Count	325	200 - 1000	/c.mm
Absolute Eosinophil Count	130	20 - 500	/c.mm
Absolute Basophils Count	65	20 - 100	/c.mm
Platelet Count	228	150 - 450	10 <sup>3</sup> /ul
WBC Morphology	Within normal limits		
Platelet Morphology	Adequate on smear		
RBC Morphology	Normocytic normochromic		
ESR - Erythrocyte Sedimentation Rate	14	0 - 22	mm/hr

Method : EDTA Whole Blood, Manual Westergren

**\*\*END OF REPORT\*\***



**Dr. Mohole Bhupendra D.**  
MBBS, DCP  
Reg No. S<sup>3</sup>339





# MADYOASIS DIAGNOSTICS

Patient Name : **MR. SURESH PAI**

Age/Gender : 66 years (Male)

Mobile No. : -

Referral : SELF

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Test Description	Value(s)	Reference Range
<b>Glucose, Urine</b>		
URINE, GLUCOSE	Nil	
Method : Automated Strip Test / Benedict's test		
<b>Note</b>		URINE POST PRANDIAL : NOT RECIEVED

**\*\*END OF REPORT\*\***



  
**Dr. Mohite Bhupendra D.**  
MBBS, DCP  
Reg. No. S7339





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002232922

Test Description	Value(s)	Reference Range
<b>Routine Examination Of Stool</b>		
Color	Brownish	Brown
Consistency	Semisolid	Solid - Semi solid
Reaction (pH)	Acidic	Acidic - Alkaline
Method : Methyl Red & Bromothymol Blue		
Mucous	-	Absent
Blood	Absent	Absent
Pus cells	3-4/hpf	Few /hpf
Epithelial cells	1-2/hpf	-- /hpf
RBC	Absent	Absent /hpf
Ova	Not found	Absent /hpf
Cyst	Not found	Absent /hpf
Starch granules	Absent	None to small amount /hpf
Vegetable cells	Absent	-- /hpf
Fat globules	Absent	Absent /hpf
Others	Nil	/hpf
Method : Microscopy (Concentration technique)		

**\*\*END OF REPORT\*\***

Cultivating a Healthier Workforce



Dr. Mohote Bhupendra D.  
MBBS, DCP  
Reg No. 87339







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Test Description	Value(s)	Reference Range	
<b>Lipid Profile</b>			
<b>Cholesterol-Total</b> Method : Spectrophotometry	150	Desirable level   < 200 Borderline High   200-239 High   >or = 240	mg/dL
<b>Triglycerides</b> Method : Serum, Enzymatic, endpoint	91	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
<b>HDL Cholesterol</b> Method : Serum, Direct measure-PEG	25	Normal: > 40 Major Risk for Heart: < 40	mg/dL
<b>LDL Cholesterol</b> Method : Enzymatic selective protection	106.80	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
<b>VLDL Cholesterol</b> Method : Serum, Enzymatic	18.20	6 - 38	mg/dL
<b>CHOL/HDL Ratio</b> Method : Serum, Enzymatic	6	3.5 - 5.0	
<b>LDL/HDL Ratio</b> Method : Serum, Enzymatic	4.27	2.5 - 3.5	

**Note:**  
8-10 hours fasting sample is required.

**\*\*END OF REPORT\*\***

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Test Description	Value(s)	Reference Range	
<b><u>Lft, Liver Function Test</u></b>			
Total Protein Method : Serum, Biuret, reagent blank end point	7.0	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromocresol green	3.9	3.2 - 4.6	g/dL
Globulin Method : Serum, EIA	3.10	1.8 - 3.6	g/dL
A/G Ratio Method : Serum, EIA	1.26	1.2 - 2.2	
Bilirubin - Total Method : Serum, Jendrassik Grof	1.0	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.3	< 0.2	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.70	0.1 - 1.0	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	19	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	18	< 50	U/L
Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic	58	30 - 120	U/L
GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide	28	< 55	U/L

**\*\*END OF REPORT\*\***



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Test Description	Value(s)	Reference Range	
<b><u>Kidney Function Panel</u></b>			
Urea Method : Uricase	18	17 - 43	mg/dL
Blood Urea Nitrogen-BUN Method : Serum, Urease	<b>38.52</b>	7 - 18	mg/dL
Creatinine Method : Serum, Jaffe	1.0	0.67 - 1.17	mg/dL
Uric Acid Method : Serum, Uricase	4.2	3.5 - 7.2	mg/dL
Potassium	4.8	3.8 - 5.0 Premature cord: 5-10.2 Premature , 48 hrs: 3-6 Newborn cord: 5.6-12 Newborn: 3.7-5.9	mmol/L
Sodium	145	136 - 149 Premature, cord: 116-140 Premature 48 hrs: 128-148 Newborn cord: 126-166 Newborn: 133-146	mmol/L
Chlorides	102	101.00 - 109.00	mmol/L

**Remark:**

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

**\*\*END OF REPORT\*\***

Cultivating a Healthier Workforce



**Dr. Mohote Bhupendra D.**  
MBBS, DCP  
Reg. No. 87339





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Test Description	Value(s)	Reference Range
<b>Hba1C, Glycosylated Hemoglobin</b>		
<b>HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD</b> Method : (HPLC, NGSP certified)	5.2	Normal :-4.2 to 6.2 Good control :-5.5 to 6.8 Fair control :- 6.8 to 7.6 Poor control :- >7.6
Estimated Average Glucose :	102.54	-

#### Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5

#### Note:

- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
- Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

#### Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

#### ADA criteria for correlation between HbA1c & Mean plasma glucose levels.



**Dr. Mohote Bhupendra D.**  
MBBS, DCP  
Reg No 57339







# MADYOASIS DIAGNOSTICS

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Test Description	Value(s)	Reference Range
HbA1c(%)	Mean Plasma Glucose (mg/dL)	
6	126	
7	154	
8	183	
9	212	
10	240	
11	269	
12	298	

**\*\*END OF REPORT\*\***

Cultivating a Healthier Workforce



**Dr. Mohole Bhupendra D.**  
MBBS, DCP  
Reg No. S7339





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Test Description	Value(s)	Reference Range
<b>Routine Examination Of Urine</b>		
<b>General Examination</b>		
Colour	PALE YELLOW	Pale Yellow
Transparency (Appearance)	CLEAR	Clear
Deposit	Absent	Absent
Reaction (pH)	Acidic 6.0	4.5 - 7.0
Specific gravity	1.020	1.005 - 1.030
<b>Chemical Examination</b>		
Urine Protein (Albumin)	Absent	Absent
Urine Ketones (Acetone)	Absent	Absent
Urine Glucose (Sugar)	Absent	Absent
Bile salts	Absent	Absent
Urobilinogen	Normal	Normal
Nitrite	Negative	Negative
<b>Microscopic Examination</b>		
Red blood cells	Absent	0-4 /hpf
Pus cells (WBCs)	3 - 4 /HPF	0-9 /hpf
Epithelial cells	1 - 2 /HPF	0-4 /hpf
Crystals	Absent	Absent
Cast	Absent	Absent
Amorphous deposits	Absent	Absent
Bacteria	Absent	Absent
Trichomonas Vaginalis	Absent	Absent

\*\*END OF REPORT\*\*



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Test Description	Value(s)	Reference Range
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### Thyroid Profile ( T3, T4, Tsh )

T3-Total	83.0	82 - 213	ng/dL
T4-Total	7.08	6.09 - 12.23	ug/dL
TSH-Ultrasensitive	0.48	0.34 - 5.6	uIU/mL

Method : CLIA

### Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism. Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies) Intermittent 14 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3 -often seen in elderly & associated Non-Thyroidal illness In elderly the drop in T3 level can be upto 25%.

**\*\*END OF REPORT\*\***



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Test Description	Value(s)	Reference Range	
<b>Psa(Prostate Specific Antigen)-Free</b>			
<b>PSA (Prostate - Specific Antigen)</b>	0.12	0.0-0.25	ng/mL
Method : CLIA			

#### Interpretation & Remarks:

- Normal results do not eliminate the possibility of prostate cancer.
- Values obtained with different assay methods or kits may be different and cannot be used interchangeably.
- Tumor markers are not specific for malignancy. Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.
- Specimens drawn from patients undergoing prostate manipulation, especially needle biopsy and transurethral specimens are drawn before these procedures are performed.
- The percentage of free PSA can be used to estimate how likely it is that a biopsy will show cancer.
- If the percentage of free PSA is higher than 25%, the likelihood of prostate cancer is about 8%.
- If the percentage of free PSA is less than 10%, then the likelihood of prostate cancer rises to 56%.

**\*\*END OF REPORT\*\***



**Dr. Mohote Bhupendra D.**  
MBBS, DCP  
Reg. No. 87319



**DEPARTMENT OF RADIOLOGY**

<b>Patient Name:</b>	MR.. SURESH PAI	<b>Referring Physician:</b>	<u>MEDI WHEEL</u>
<b>Age:</b>	66yrs	<b>Sex:</b>	MALE
<b>Patient ID:</b>	R-2	<b>Study Date:</b>	25 Nov -2022

**X Ray Chest PA View**

Lung & Pleural sinuses are clear.

Heart Size & Aorta appears clear.

Both costophrenic sinuses appears clear.

Bony thorax appears normal.

**IMPRESSION: NORMAL STUDY.**



DATE : 25/11/2022

Printed date : 25/11/2022

Name : MR. SURESH PAI

Sex : M Age : 66

Referred By: Dr KAILLASH RATHOD

2D ECHO

AO : 26mm      IVS : 9mm      LVID (D) : 42mm  
LA : 28mm      LVPW : 9mm      LVID (S) : 25mm  
  
LVEF      60%

IMPRESSION :

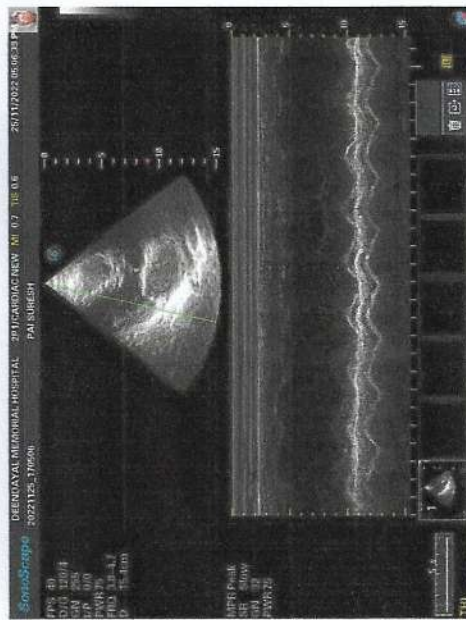
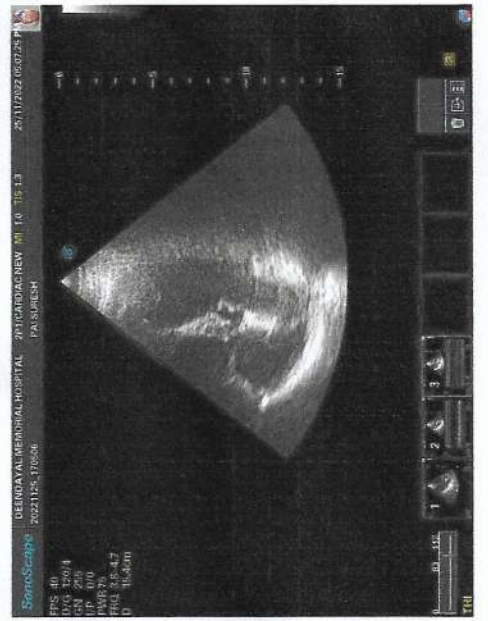
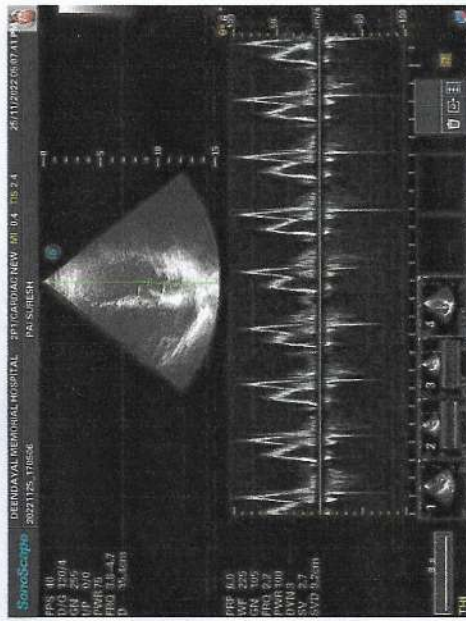
All cardiac chambers are of normal size & function  
No regional wall motion abnormality.  
Good LV systolic function. (LVEF : 60%)  
LV diastolic dysfunction.  
Sclerotic aortic valve.  
All other valves structures normal & function.  
Normal gradients & color flow patterns across all valves.  
No pericardial pathology.  
IVS, IAS intact.  
No clots or vegetation.

*Kaillash*

**DR. KAILLASH RATHOD**  
**MD MEDICINE**







CONSULTING RADIOLOGIST, SONOLOGIST  
& RADIOTHERAPIST.

1221 / B - 1, WRANGLER PARANJPE ROAD,  
HOTEL VAISHALI LANE, GROUND FLOOR,  
OFF FERGISSON COLLEGE ROAD,  
OPP. VIVEKANAND HALL, SHIVAJINAGAR, PUNE - 411 004.

25-NOV-2022.

**MR. SURESH PAI.**  
**C/O MADYOASIS SERVICES PVT. LTD.**  
**USG-ABDOMEN & PELVIS.**

Realtime USG of abdomen & pelvis has been done.

Liver shows normal size & echotexture. No focal lesion. No intra-hepatic biliary duct dilatation. CBD & PV are of normal calibre at porta hepatis.

Gall bladder is well distended shows clear contents & smooth walls. No echo reflective gall stones are seen. No evidence of cholecystitis is noted.

Spleen shows normal size & echotexture. No evidence of focal lesion. Splenic vein is of normal calibre.

Pancrease shows normal echo- appearance. No evidence of pancreatitis; pancreatic calculi or mass lesion is seen.

Both kidneys show normal size; shape; position; sinus echoes & C-M differentiation.

No evidence of renal calculus or HDN noted.

Right kidney measures 103 x 41 mm with 13 mm cortex & shows 32 x 40 mm size simple cortical cyst from the lower pole.

Left kidney measures = 97 x 52 mm with 17 mm cortex.

Ureters are undilated. U-V regions are clear.

Bladder shows normal contours. No intrinsic mass or calculus is noted. No cystitis.

Pre - void volume - 472 ml. While post void volume - 108 ml (significant).

Prostate measures 37 x 32 x 46 mm in size & weighs about 28.56 gms. Seminal vesicals are normal.

No evidence of ascites or lymphadenopathy is noted. Aorta & I.V.C look normal.

No sonographically detected bowel pathology is seen.

**IMPRESSION:-** No chole / urolithiasis.

Right kidney shows simple cortical cyst from the lower pole.

Mild prostatic enlargement ( 28.56 gms ).

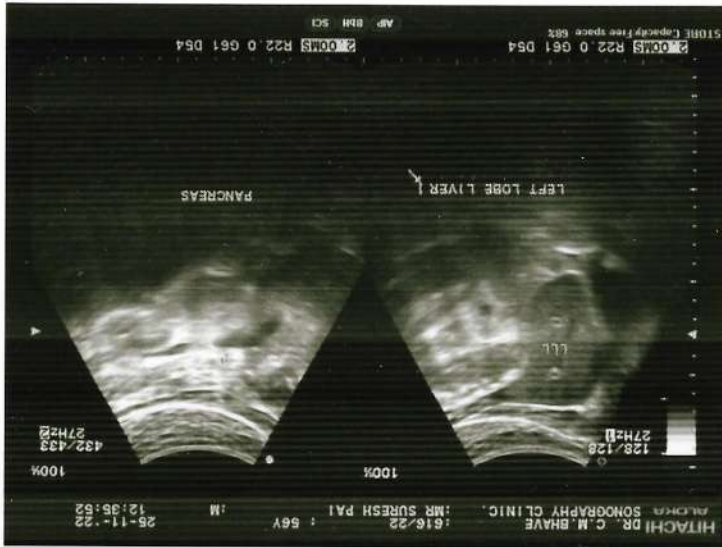
Post void residue = 108 ml ( significant ).

(DR. CHANDRASHEKHAR. M. BHAVE)

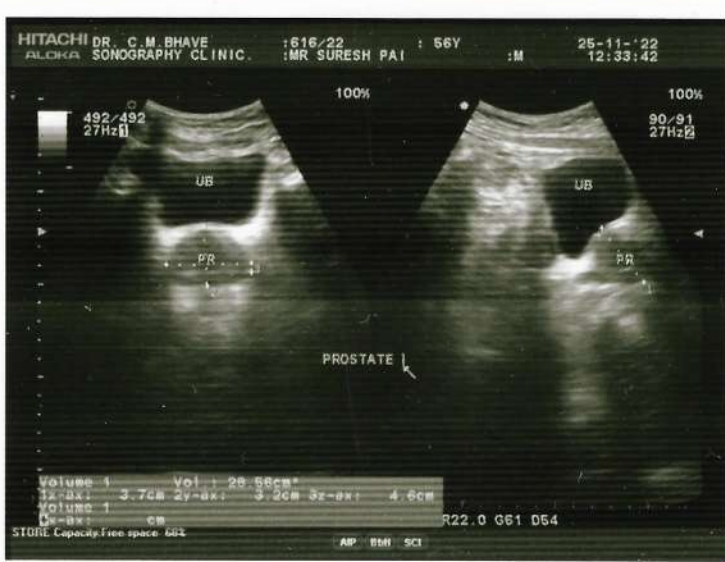
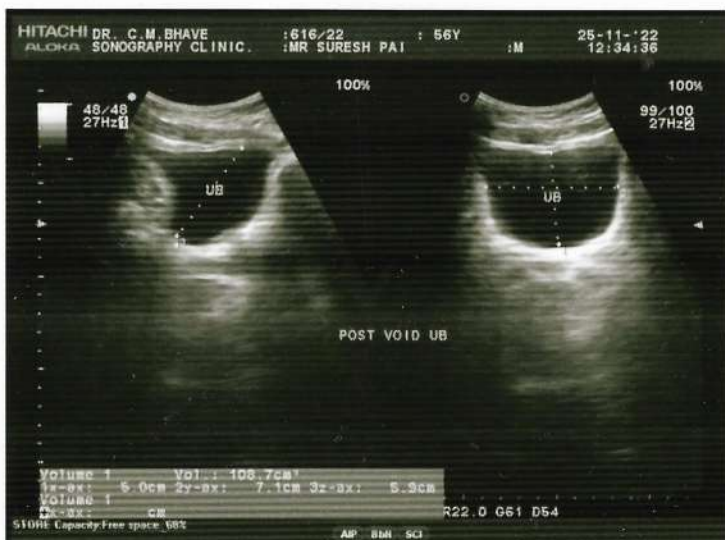
MD (RAD),DMRD,DMRT(BOM)

- Panel Radiotherapist : Deenanath Mangeshkar Hospital, Pune - 411 004.
- Consultant Radiologist : Deendayal Hospital, Pune - 411 005.











# MADYOASIS DIAGNOSTICS

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## Test Description

Value(s)

Reference Range

### Glucose, Post Prandial (PP)

Blood Glucose-Post Prandial

120

70 - 140

mg/dL

Method : Hexokinase

**\*\*END OF REPORT\*\***

Cultivating a Healthier Workforce



**Dr. Mohole Bhupendra D.**  
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Reg. No. 87339

