Apollo Health Check

Name: Sadanand Sah **UHID: 42410** **Date: 25/03/23**

Date of Birth: 10/05/68 **Age: 54 years** **Sex: Male**

Health check-up: ARCOFEMI MEDIWHEEL –FULL BODY ANNUAL PLUS ABOVE 50Y MALE

Medical Summary

GENERAL EXAMINATION:

Vital signs: Height: 162 cm. Weight: 66 kg Pulse: 88/min
BP: 142/90 mmHg BMI: 25.19

PHYSICIAN EXAMINATION:

Chief Complaints: Nil

History: **Past Medical :**Known case of IHD –S/P-PTCA 1yrs back

Family history:. Nil Significant

Allergies: Nil **Addiction:** Nil

Exercise: Regular

Systemic Review: Clinically no abnormalities detected.

Impression . Clinically normal Individual . Fit with Prostatomegaly in known case of IHD

Recommendations:

Yearly Screening

ENT Consultation:

No ENT complaints.

On Examination: Ears, Nose, Throat – NAD

Dr. Mayur Patel
MD (Physician)

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Name: Sadanand Sahu **UHID: 42410** **Date: 25/03/23**

Date of Birth: 10/05/68 **Age: 54 years** **Sex: Male**

Health check-up: ARCOFEMI MEDIWHEEL –FULL BODY ANNUAL PLUS ABOVE 50Y MALE

Medical Summary

Vision Check:

Color vision: Normal without glasses
Far vision: Normal without glasses
Near vision: Normal without glasses

Dental Consultation:

On examination:

Calculus ++ Stain ++

Murmuring irt 5 Faulty Restoration irt 6

Advice: Scaling and polishing,

Restoration irt 6 FPD irt 654

Dr Rushda Malek
Consultant Dentist

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DEPARTMENT OF LABORATORY MEDICINE

Name: Sadanand Sakl

Gender : Male

Sample Collected Date: 25/03/2023

Age : 54 Years

Test	Results	Biological Reference Intervals	Units
Hb	10.9	Male: 13-17 Female:11-15	gm/dl
RBC Count	5.56	4.5 – 5.5	mill/cumm
PCV	35.5	40 – 50	%
MCV	63.9	83 – 101	fl
MCH	19.6	27 – 32	pg
MCHC	30.7	31.5 - 34.5	%
RDW	*15.4*	*11.6 – 14*	%
Platelet Count	187000	150000 - 400000	/cumm
Total WBC count	4000	4000 – 11000	/cumm
DIFFERENTIAL COUNT			
Neutrophil	57	40-80	%
Lymphocyte	34	20-40	%
Eosinophil	05	1 - 6	%
Monocyte	04	Upto 8	%
Basophils	00	<1-2	%
ESR	10	0 - 20	mm/1hr
BLOOD GROUP	B POSITIVE		

Dr. Gopi Davara
MBBS DCP

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Patient Name	: Mr. SADANAND SAHA	**Age / Gender**	: 54Y/Male
UHID/MR No.	: FVAD.0000042410	**OP Visit No**	: FVADOPV22559
Visit Date	: 25-03-2023 09:51	**Reported on**	: 25-03-2023 15:07
Sample Collected on	: 25-03-2023 10:34	**Specimen**	: Serum
Ref Doctor	: SELF	**Pres Doctor:**	:
Emp/Auth/TPA ID	: bob166119		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
LIPID PROFILE TEST (PACKAGE)			
HDL	39	30 - 70	mg/dl
VLDL Method: Calculated	16.4	7 mg/dl -35mg/dl	mg/dl
RATIO OF CHOLESTEROL / HDL Method: Calculated	3.3	0 - 4.5	
CHOLESTEROL Method: CHOD - PAP	129	Desirable < 200 Borderline High : 200-239 High : > 240	mg/dl
LDL. Method: Calculated.	73.6	60 - 150 mg/dl	
Triglyceride Method: GPO- TOPS	82	50 - 200	mg/dl
LDL/HDL: Method: Calculated	**1.8***	2.5 - 3.5	mg/dl
KFT - RENAL PROFILE-SERUM			
CREATININE Method: Jaffe	0.79	0.5-1.5	mg/dl
Urea Method: NED-DYE	23.4	10 - 50	mg/dl
Uric Acid Method: URICASE -PAP	5.6	3.5 - 7.2	mg/dl
LIVER FUNCTION TEST (PACKAGE)			
BILIRUBIN - TOTAL Method: Daizo	0.83	0.1 - 1.2	mg/dL
BILIRUBIN - INDIRECT Method: Calculated	0.45	0.1 - 1.0	mg/dL
TOTAL-PROTIEN: Method: Photometric UV test	6.97	Adult: 6.6 - 8.8	gm/dL
ALBUMIN: Method: BCG	3.82	3.5 - 5.2	gm/dL
A/G Method: Calculated	1.28	1.0 - 2.0	
SGOT /AST. Method: IFCC	17		IU/l
ALKA-PHOS Method: IFCC	149		U/L
BILIRUBIN - DIRECT Method: Daizo	0.38	0-0.5	mg/dL
SGPT/ALT Method: Daizo	14	0 - 40	U/L
GGT.	16	10 - 50	U/L

Patient Name	: Mr. SADANAND SAHA	**Age / Gender**	: 54Y/Male
UHID/MR No.	: FVAD.0000042410	**OP Visit No**	: FVADOPV22559
Visit Date	: 25-03-2023 09:51	**Reported on**	: 25-03-2023 15:07
Sample Collected on	: 25-03-2023 10:34	**Specimen**	: Serum
Ref Doctor	: SELF	**Pres Doctor:**	:
Emp/Auth/TPA ID	: bob166119		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

Method: SZAZ			
GLOBULIN. Method: Calculated.	2.97	2.8 - 4.5	g/dl
GLUCOSE - (FASTING)			
GLUCOSE - (FASTING). Method: (GOD-POD)	94	70.0 - 110.0	mg/dL
GLUCOSE - (POST PRANDIAL)			
GLUCOSE - (POST PRANDIAL). Method: (GOD-POD)	104	80.0 - 140.0	mg/dl

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC009

Dr. Gopi Davara
MBBS DCP

Fasting Urine Sugar Nil

Post Prandial Urine Sugar Nil

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Patient Name	: Mr. SADANAND SAHA	Age / Gender	: 54Y/Male
UHID/MR No.	: FVAD.0000042410	OP Visit No	: FVADOPV22559
Visit Date	: 25-03-2023 09:51	Reported on	: 25-03-2023 11:00
Sample Collected on	: 25-03-2023 10:34	Specimen	: Urine
Ref Doctor	: SELF	Pres Doctor:	:
Emp/Auth/TPA ID	: bob166119		
Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED		

DEPARTMENT OF LABORATORY MEDICINE

URINE ROUTINE EXAMINATION

Sample Type: Urine

Test	Result
	Urine Routine And Microscopy
PHYSICAL EXAMINATION:	
Volume of urine	30 Millilitre
Colour	Straw
Specific Gravity	1.010
Deposit	Absent
Appearance	Clear
pH	6.0
Chemical Examination	
Protein	Nil
Sugar	Nil
Ketone Bodies	Nil
Bile Salts	Negative
Bile Pigments	Negative
Urobilinogen	Normal(< mg/dl)
Microscopic Examination	
Pus Cell	1-2/hpf
Red Blood Cells	Nil
Epithelial Cells	2-3/hpf
Cast	Nil
Crystals	Nil

End of the report

Results are to be correlated clinically

Lab Technician / Technologist
VAC017

Dr. Gopi Davara
MBBS DCP

MC-4074

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TEST REPORT

Reg. No.	: 30301014437	**Reg. Date**	: 25-Mar-2023 11:55	**Collected On**	: 25-Mar-2023 11:55
Name	: Mr. SADANAND SAHA			**Approved On**	: 25-Mar-2023 13:28
Age	: 54 Years	**Gender**	: Male **Ref. No. :**	**Dispatch At**	:
Ref. By	:			**Tele No.**	:
Location	: SCIENTIFIC REMEDIES AND HEALTHCARE PVT. LTD. @ SAMA				

Test Name	Results	Units	Bio. Ref. Interval
	HEMOGLOBIN A1 C		
HbA1c *HPLC*	4.90	%	Normal: <= 5.6 Prediabetes: 5.7-6.4 Diabetes: >= 6.5 Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
Mean Blood Glucose *Method:Calculated*	94	mg/dL	

Sample Type:EDTA Whole Blood

Criteria for the diagnosis of diabetes

1. HbA1c >/= 6.5 *Or

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or

3. Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

Limitation of HbA1c

1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.

2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.

3) Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%)may result in lower HbA1c values than expected.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus

- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemic control).
- HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
- Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP) .

This is an electronically authenticated report. Test done from collected sample.

Dr Mitesh Rathwa
MD PATHOLOGY
Reg No : G-24196

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TEST REPORT

Name	: Mr. SADANAND SAHA	**Reg. No**	: 3032001060
Age/Sex	: 54 Years / Male	**Reg. Date**	: 25-Mar-2023 12:34 PM
Ref. By	:	**Collected On**	: 25-Mar-2023
Client Name	: Apollo Clinic		

Parameter	Result	Unit	Biological Ref. Interval
	IMMUNOLOGY		
TSH * *CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY*	4.172	µIU/ml	0.55 - 4.78

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-relasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :
First Trimester :0.1 to 2.5 µIU/mL
Second Trimester : 0.2 to 3.0 µIU/mL
Third trimester : 0.3 to 3.0 µIU/mL
Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders,2012:2170

T3 (Triiodothyronine) * *CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY*	1.12	ng/mL	0.58 - 1.59

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins,especially TBG.

This is an Electronically Authenticated Report.

Report Status : **Final**

Verified by : Auto

Print ON : **25-Mar-2023 05:09 PM**

Dr. Varun Gohil
Consultant Pathologist

Apollo Clinic, Vadodara

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TEST REPORT

Name	: Mr. SADANAND SAHA	**Reg. No**	: 3032001060
Age/Sex	: 54 Years / Male	**Reg. Date**	: 25-Mar-2023 12:34 PM
Ref. By	:	**Collected On**	: 25-Mar-2023
Client Name	: Apollo Clinic		

T4 (Thyroxine) *	11.40	µg/dL	4.50 - 12.60

CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY
Sample Type:Serum

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.
Limitations:
1.The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites
2.F T4 values may be decreased in patients taking carbamazepine.
3.Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

---------- End Of Report ----------

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Dr. Varun Gohil
Consultant Pathologist

Apollo Clinic, Vadodara

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TEST REPORT

Name	: Mr. SADANAND [illegible] Saifa	**Reg. No**	: 3032001060
Age/Sex	: 54 Years / Male	**Reg. Date**	: 25-Mar-2023 12:34 PM
Ref. By	:	**Collected On**	: 25-Mar-2023
Client Name	: Apollo Clinic		

Parameter	Result	Unit	Biological Ref. Interval
	IMMUNOLOGY		
TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) *	1.57	ng/mL	0 - 4
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY			
Sample Type:Serum			

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

---------- End Of Report ----------

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Print ON : **25-Mar-2023 05:09 PM**

Dr. Varun Gohil
Consultant Pathologist

Apollo Clinic, Vadodara

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Patient Name:	Mr. SADANAND SAHA	MR No:	FVAD.0000042410
Visit No:	FVADOPV22559	Age/Gender:	54 Y/M
Cond Doctor:	Dr. Mayur Patel	Conducted Date:	25-03-2023 15:28
Referred By:	SELF	Prescribing Doctor:	

ECG

RESULTS

1. The rhythm is sinus
2. Heart rate is 62 beats per minute
3. Normal P,QRS,T wave axis
4. Normal PR,QRS,QT duration
5. No pathological Q wave or ST - T changes seen
6. No evidence of chamber hypertrophy or enlargement seen

IMPRESSION : Within Normal Limits.

Dr.Mayur Patel
MD(Physician)

Contrast 226 166 05

0459 LOT D 942 #

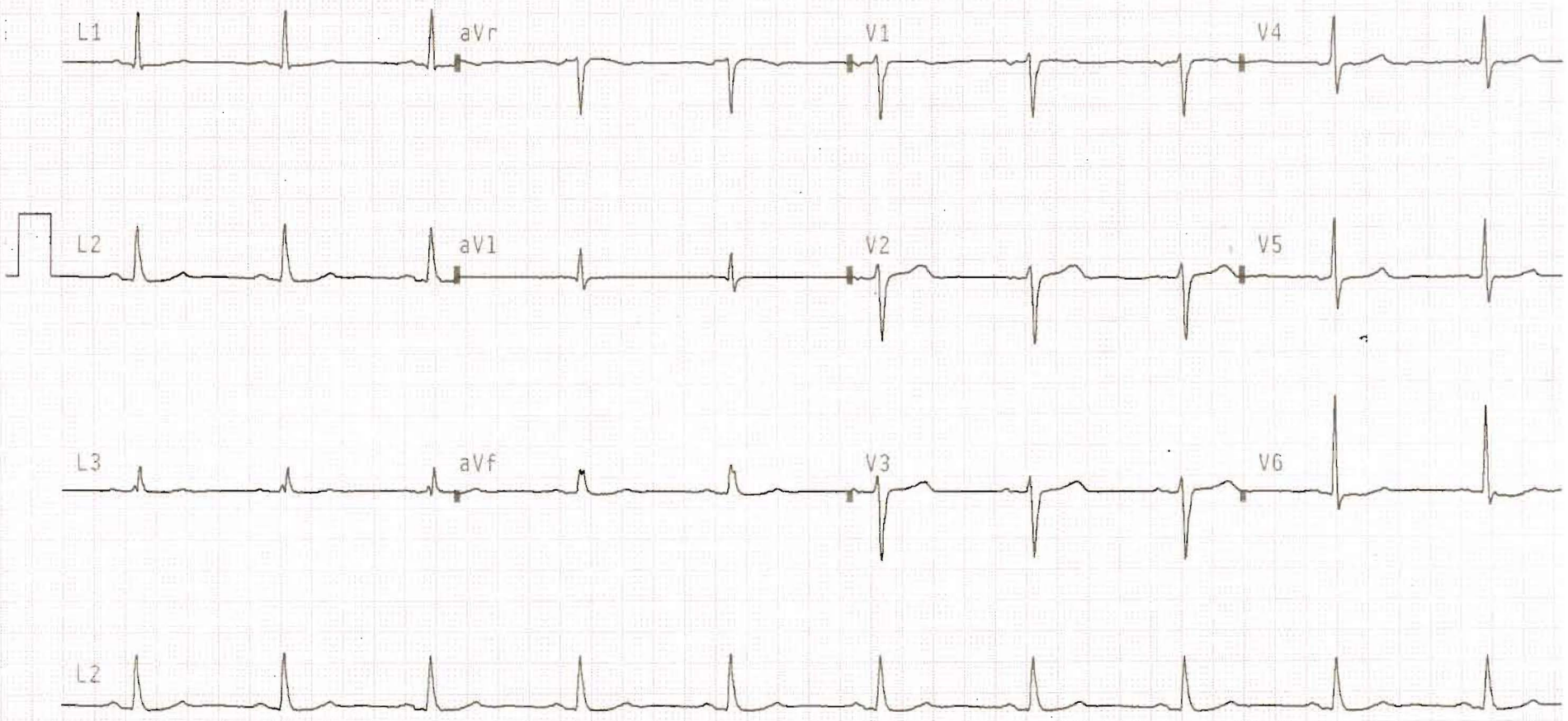
309 25/03/23 11:01 HR : 62 bpm

APOLLO CLINIC .VADODARA

Room :2 Dep:OPD
ID :0
Name :SADANAD SAHA
Gender :M Age :054 (Yrs)
Height :000 (cm) Weight:000(Kg)

Axes (deg)	
P	38
QRS	28
T	44

Intervals (msec)	
PR	189
QRS	99
QT	414
QTc	424
ST	66



WAVE

(v:2.19) 25 mm/s 10 mm/mV

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ECHOCARDIOGRAPHY AND COLOR DOPPLER SCREENING REPORT

NAME : SADANAND SAHA AGE/SEX:54YRS/MALE

DATE: 25/03/2023

OBSERVATIONS:

- MILD CONCENTRIC LVH WITH GOOD SYSTOLIC FUNCTION.
- LVEF 60% (VISUAL).
- NO E/O DIASTOLIC DYSFUNCTION.
- NO RWMA AT REST.
- NORMAL MITRAL VALVE: TRIVIAL MR, NO MS
- NO AR: NO AS
- NO TR, NO PAH
- NORMAL RA, RV WITH GOOD REV FUNCTION
- INTACT IAS/IVS.
- NO E/O CLOT OR VEGETATION
- PERICARDIUM NORMAL

AO-32MM ; LA-35MM ; IVS-15/18MM ; LV-26/17MM ; LVPW-17/19MM

FINAL IMPRESSION: MILD CONCENTRIC LVH WITH GOOD LV SYSTOLIC FUNCTION
NO E/O DIASTOLIC DYSFUNCTION PRESENT.
TRIVIAL MR.
LVEF 60% (VISUAL)
S/P PTCA

DR MAYUR PATEL
MD (PHYSICIAN), PGCCC
Fellow in Echocardiography
(Dr. Randhawa's Institute, Delhi)

NOT VALID FOR MEDICOLEGAL PURPOSE

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Name : SADANAND SAHA Date: 25/03/23

Age: 54YRS Sex: MALE

USG WHOLE ABDOMEN

Liver is normal (13.4atic veins appear normal. Porta hepatis reveals no abnormality.

Gall bladder appears normal in size (7.3x1.4cm). No evidence of calculus, mass or sludge is seen. Wall thickness appears normal. Common duct is not dilated.

Pancreas is normal in size (Head cm and Body cm) and echotexture. No evidence of mass or change in echogenecity is seen. Pancreatic duct is not dilated.

Spleen is normal and size (11.7cm). Portal and splenic veins are normal in calibre.

Both kidneys are normal in size (RK 10.1cm and LK 10.3cm), shape, position and movements. Both kidneys show good corticomedullary differentiation and cortical thickness. No calculus, hydronephrosis, mass, cyst or scarring is seen on both sides.

Urinary bladder is normal. No calculus, filling defect, mass or diverticular noted. Residual urine 22cc.

Prostate enlarged (4.7x3.5x 4.3cm Vol. 39cc) and shape normal.

No fluid seen in pelvis.

IMPRESSION: Enlarged prostate. Residual urine 22cc.
Remaining abdomen normal.

Dr. H. M. PATEL
Consultant Radiologist

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RADIOLOGY AND IMAGING

Name: SADANAD SAHA **Date: 27.03.2023**

Age: 59Yrs **Sex:MALE**

CHEST X- RAY (PA VIEW)

Both lung fields show normal markings.
No evidence of collapse or consolidation is seen.
Both costophrenic recesses appear normal.
Heart shows minimal enlargement.
Aorta shows unfolding.
Central pulmonary vessels appear normal.
Domes of diaphragm appear normal.Calcified granloma noted in left infraclavicular region..

IMPRESSION:Nosigniificant abnormality noted on chest X-ray.

Dr. H. M. PATEL
Consultant Radiologist