CONSULTATION SUMMARY



Unit of Narayana Health Consultation Date: 29/04/2023 11:31 AM

:Dr. Anil Goyal Consultant

(OPHTHALMOLOGY)

Consultation

OP , NEW VISIT

Type

Patient MRN **Patient Name**

:15010000458571 : Mr Vasudev Prasad Gender/Age/Dob : Male, 55 Years, 22/08/67

Patient Phone No **Patient Address**

:c-801 ashadeep vedanta jagatpura,c-801 ashadeep vedanta jagatpura,c-801 ashadeep vedanta jagatpura,

Jaipur, Jaipur, Rajasthan, India,

-302012

:9829366791

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

ROUTINE CHECKUP

PAST MEDICAL HISTORY

- Diabetes mellitus type 2 (disorder)
- Benign hypertension (disorder)

SYSTEMIC EXAMINATION

Eyes

: VN WITH GL RE 6/9 LE 6/9 N6 BE S/L NAD BE

MEDICATION ORDER

DRUG NAME

CARBOXYMETHYLCELLULOSE-DROPS-0.5% 10ML-REFRESH TEARS

PATIENT INSTRUCTION

Patient Instruction: Thrice Daily (1-1-1-0) For 1 Month, Qty: 1, Start Date: Apr 29, 2023, End Date: May 28, 2023

PROCEDURE HISTORY

No known surgical history

ALLERGY

No known allergies

FAMILY HISTORY

No significant family history

SOCIAL HISTORY

No significant social history

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Tel: +91 141 7122 233 | Email: info.jpr@narayanahealth.org | www.narayanahealth.org

GST No. 08AABCN1685J1Z8



Appointments

1800-309-0309 (Toll-Free) 2

Emergencies



CONSULTANT DETAILS

Dr. Anil Goyal, VISITING CONSULTANT, OPHTHALMOLOGY

One free consultation with the same doctor within next 6 days.

Printed By: Dr. Anil Goyal | Printed On: 29.04.2023 11:38

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Page 2 of 2 Emergencies



Patient Name	Vasudev Prasad Requested By		Dr.^Sitaram^Gupta
MRN	15010000458571	Procedure DateTime	2023-04-29 09:52:39
Age/Sex	55Y 8M / Male	Hospital	NH JAIPUR

X-RAY CHEST P.A. VIEW

Both lung fields are clear. No parenchymal lesion noted.

Both CP angles are clear.

Cardiac shadow is within normal limits.

`ony thorax & soft tissue appears normal.

Domes of diaphragm are normally placed.

Correlate clinically & with other related investigations.

Dr.Sunny Maharwal Consultant (Radiology)

This is a digitally signed valid document. Reported Date/Time: 2023-04-29 11:24:28

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GST No. 08AABCN1685J1Z8



NARAYANA MULTISPECIALITY HOSPITAL RAJASTHAN **JAIPUR**

Station Telephone:

Narayana Multispeciality Hospital

Unit of Narayana Health

EXERCISE STRESS TEST REPOR

Patient Name: MR VASUDEV PRASAD,

Patient ID: 458571

Height: Weight:

Study Date: 29.04.2023 Test Type: Treadmill Stress Test

Protocol: BRUCE

Medications:

Medical History:

DOB: 22.08.1967 Age: 55yrs Gender: Male Race: Indian

Referring Physician: DR.SITA RAM GUPTA Attending Physician: DR.SITA RAM GUPTA Technician: MR.KULDEEP MEGHVANSHI

Reason for Exercise Test:

Screening for CAD Evergice Test Summa

Exercise 16	st Summary						
Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
		00:00	0.00	0.00	103	120/80	
PRETEST	SUPINE	00:15	0.00	0.00	89	120/80	
	STANDING	00:15	0.00	0.00	95		
	HYPERV.	00:15	0.00	0.00	93		
	WARM-UP	00:23	0.50	0.00	89		
EXERCISE	STAGE 1	03:00	2.70	10.00	114	130/80	
	STAGE 2	03:00	4.00	12.00	130	140/80	
	STAGE 3	00:11	5.50	14.00	133	110/00	
RECOVERY		04:00	0.00	0.00	89	130/80	

The patient exercised according to the BRUCE for 6:11 min:s, achieving a work level of Max. METS: 7.50. The resting heart rate of 103 bpm rose to a maximal heart rate of 136 bpm. This value represents 82 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Leg discomfort.

Interpretation

Summary: Resting ECG: normal. Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none. Arrhythmias: none. ST Changes:

Overall impression:

Conclusions

THR NOT ACHIEVED

TEST STOPED DUE TO LEG DISCOMFORT AND KNEE PAIN

PLEASE CORRELATE CLINICALLY.

Physician

Technician

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Appointments

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Emergencies

MR VASJDEY PRASAD,

Male 55yrs Indian

Meds:

Test Reason: Screening for CAD

Medical History:

Ref. MD: DR.SITA RAM GUPTA Ordering MD:

Technician: MR.KULDEEP MEGHVANSHI Test Type: Treadmill Stress

Comment:

BRUCE: Total Exercise Time 06:11

Max HR: 136 bpm 82% of max predicted 165 bpm HR at rest: 103

Max BP: 140/80 mmHg BP at rest: 120/80 Max RPP: 17500 mmHg*bpm

Maximum Workload: 7.50 METS

Max. ST: -0.50 mm, 0.00 mV/s in III; EXERCISE STAGE 3 06:11

Arrhythmia: A:6

ST/HR index: 1.13 µV/bpm

Reasons for Termination: Leg discomfort

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: Overall

impression:

Conclusion: THR NOT ACHIEVED

TEST STOPED DUE TO LEG DISCOMFORT AND KNEE PAIN

PLEASE CORRELATE CLINICALLY.

Phase Name	Stage Name	Time in Stage	Speed (km/h)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm	VE (/min)	ST Level (III mm)	Comment
alul 30											
203 203		00:00	0.00	0.00		103	120/80	12360	8	0.20	
PRETEST	SUPINE	00:15	0.00	0.00	1.0	89	120/80	10680	7	0.25	
gal	STANDING	00:15	0.00	0.00	1.0	95		AND DESCRIPTION OF THE PARTY OF	3	0.30	Name of the Control o
ore	HYPERV.	00:15	0.00	0.00	1.0	93			0	0.35	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
att 56	WARM-UP	00:23	0.50	0.00	1.0	89			0	0.33	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	114	130/80	14820	0		
10 99	STAGE 2	03:00	4.00	12.00	7.0	130	140/80		100	0.05	
	STAGE 3	00:11	5.50	14.00	7.5	133	140/00	18200	0	0.10	
RECOVERY		04:00	0.00	0.00	1.0	89	130/80	11570	0	-0.50 -0.10	

1800-309-0309

Appointments (2)

Appointments (4)

Free (6)

GE Cardio Soft V 6.73 (2)

Multispeciality Hospital



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name: Mr Vasudev Prasad MRN: 15010000458571 Gender/Age: MALE, 55y (22/08/1967)

Collected On: 29/04/2023 08:59 AM Received On: 29/04/2023 09:01 AM Reported On: 29/04/2023 11:01 AM

Barcode: 412304290060 Specimen: Whole Blood Consultant: Dr. Sitaram Gupta(NON INVASIVE DIAGNOSTIC SERVICES)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9829366791

	HAEMATOLOGY							
Test	Result	Unit	Biological Reference Interval					
COMPLETE BLOOD COUNT (CBC)								
Haemoglobin (Hb%) (Photometric Measurement)	13.7	g/dL	13.0-17.0					
Red Blood Cell Count (Electrical Impedance)	5.04	millions/ μL	4.2-6.0					
PCV (Packed Cell Volume) / Hematocrit (Calculated)	40.0	%	40.0-54.0					
MCV (Mean Corpuscular Volume) (Derived)	79 L	fL	80.0-100.0					
MCH (Mean Corpuscular Haemoglobin) (Calculated)	27.1 L	pg	32.0-35.0					
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	34.2 H	g/L	27.0-34.0					
Red Cell Distribution Width (RDW)	17.1	%	12.0-18.0					
Platelet Count (Electrical Impedance Plus Microscopy)	313	Thousand / μL	150.0-400.0					
Total Leucocyte Count(WBC) (Electrical Impedance / Flow Cytometric)	7.4	Thous/cumm	4.0-10.0					
DIFFERENTIAL COUNT (DC)								
Neutrophils	73.7	%	40.0-75.0					
Lymphocytes	21.6	%	15.0-45.0					
Monocytes	1.3 L	%	4.0-13.0					
Eosinophils	1.6	%	0.5-7.0					
Basophils	1.8	%	0.0-2.0					

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1800-309-0309 (Toll Free)

Emergencies



Patient Name: Mr Vasudev Prasad MRN: 15010	0000458571	Gender/Age : MALE , 55y (22/	08/1967)
Absolute Neutrophil Count	5.46	Thousand / μL	1.5-7.0
Absolute Lympocyte Count	1.6	Thousand / μL	1.0-4.0
Absolute Monocyte Count	0.1 L	Thousand / μL	0.2-0.8
Absolute Eosinophil Count	0.12	Thousand / μL	0.0-0.2
Absolute Basophil Count	0.14	Thousand / μL	0.0-0.2
As per the recommendation of International Counci reported as absolute numbers.	l for Standard	dization in Hematology, the diff	ferential counts are additionally being
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	14 H	mm/hr	0.0-12.0

Dr. Manisha Agarwal MBBS, DNB Pathology and DCP Consultant

BIOCHEMISTRY								
Test	Result	Unit	Biological Reference Interval					
SERUM CREATININE								
Serum Creatinine	0.83	mg/dL	0.66-1.25					
eGFR	96.2	mL/min/1.73m ²	Both: <60 indicative of renal impairment Both: Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18					
Blood Urea Nitrogen (BUN) (Colorimetric (Urease UV))	13.33	mg/dL	9.0-20.0					
Serum Uric Acid (Colorimetric - Uricase, Peroxidase) LIPID PROFILE (CHOL, TRIG, HDL, LDL, VLDL)	5.15	mg/dL	3.5-8.5					

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Appointments



Patient Name: Mr Vasudev Prasad MRN: 150100	00458571	Gender/Age : MALE , 55y (2	22/08/1967)
Cholesterol Total (Enzymatic Method (cholesterol Oxidase, Esterase, Peroxidase))	122.3	mg/dL	Both: Desirable: < 200 Both: Borderline High: 200-239 Both: High: > 240
Triglycerides (Enzymatic Method (lipase, Kinase, Oxidase And Peroxidase))	101.5	mg/dL	Both: Normal: < 150 Both: Borderline High: 150-199 Both: High : 200-499 Both: Very High: => 500
HDL Cholesterol (HDLC) (Direct Measure, PTA /MgCl2)	34.8 L	mg/dL	Low: < 40 High: => 60
Non-HDL Cholesterol	87.5		
LDL Cholesterol (Friedewald Formula)	67.2	mg/dL	Both: Desirable: < 100 Both: Optimal: 100-129 Both: Borderline High: 130-159 Both: High: 160-189 Both: Very High: > 190
VLDL Cholesterol (Friedewald Formula)	20.3	mg/dL	10.0-50.0
Cholesterol /HDL Ratio	3.6		0.0-5.0
Total Protein (Biuret (alkaline Cupric Sulfate))	7.86	gm/dL	6.3-8.2
SGOT (AST) (Enzymatic Colorimetric)	20	U/L	17.0-59.0
SGPT (ALT) (UV With P5P -IFCC)	23	U/L	<50.0
Alkaline Phosphatase (ALP)	67	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (L-gamma-glutamyl-4-nitroanalide/glycylglycine Kinetic Method)	62	U/L	15.0-73.0
THYROID PROFILE (T3, T4, TSH)			
Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.28	ng/ml	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	9.40	ug/dl	4.3-12.5
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	1.75	uIU/mI	0.35-5.5

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Appointments

1800-309-0309 (Toll Free)

Emergencies



Patient Name: Mr Vasudev Prasad MRN: 15010000458571 Gender/Age: MALE, 55y (22/08/1967)

Dr. Anil Sharma MBBS , MD (Microbiology) Senior Consultant

	CLINICAL PA	THOLOGY			
Test	Result	Unit	Biological Reference Interval		
URINE ROUTINE & MICROSCOPY					
PHYSICAL EXAMINATION					
Volume	30 H	ml	0.0-0.0		
Colour	Pale Yellow		0-0		
Appearance	Slight Turbid		0-36500		
CHEMICAL EXAMINATION		Kanalan Kanala			
pH(Reaction)	6.0		4.5-9.0		
Sp. Gravity	1.010		1.002-1.03		
Protein	Trace		0-0		
Urine Glucose	Present +++		0-0		
MICROSCOPIC EXAMINATION					
Pus Cells	0-2	/hpf			
RBC	Nil	/hpf			
Epithelial Cells	0-2	/hpf			
Crystals	Nil				
Casts	Nil				

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Appointments

1800-309-0309 (Toll Free)

Emergencies



Patient Name: Mr Vasudev Prasad MRN: 15010000458571 Gender/Age: MALE, 55y (22/08/1967)

-- End of Report-

hand

Dr. Manisha Agarwal MBBS, DNB Pathology and DCP Consultant

Note

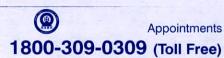
- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





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GST No. 08AABCN1685J1Z8





DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name: Mr Vasudev Prasad MRN: 15010000458571 Gender/Age: MALE, 55y (22/08/1967)

Collected On: 29/04/2023 08:59 AM Received On: 29/04/2023 09:01 AM Reported On: 29/04/2023 10:50 AM

Barcode: 442304290006 Specimen: Serum Consultant: Dr. Sitaram Gupta(NON INVASIVE DIAGNOSTIC SERVICES)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9829366791

SEROLOGY

Test	Result	Unit	Biological Reference Interval
Prostate Specific Antigen (PSA) (Enhanced	0.900	ng/ml	0.0-4.0
Chemiluminescence)			

Dr. Anil Sharma MBBS, MD (Microbiology) Senior Consultant

BIOCHEMISTRY

	5.0 STIE	WILL THE STATE OF	
Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric (Glucose Oxidase Hydrogen Peroxidase))	171 H	mg/dL	65.0-110.0
HBA1C			
HbÁ1c	9.9 H	%	<= 5.7%-NORMAL 5.7-6.4% - PREDIABETES >=6.5% - DIABETES
Estimated Average Glucose	237.43 Н	mg/dL	<140.0

Interpretation:

Bilirubin Total (Dyphylline, Diazonium Salt) 0.72 mg/dL 0.2 - 1.3

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^{1.} HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat

^{2.} HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease. 3. Any sample with >15% should be suspected of having a haemoglobin variant.



Patient Name: Mr Vasudev Prasad MRN: 15010000458571 Gender/Age: MALE, 55y (22/08/1967)

Albumin To Globulin (A/G)Ratio

1.32

1.0-2.1

-- End of Report-

Dr. Anil Sharma

MBBS , MD (Microbiology)

Senior Consultant

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



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Appointments



MRN NO:

15010000458571

DATE

29/04/2023

PATIENT'S NAME:

MR. VASUDEV PRASAD

AGE/SEX:

55 YRS./M

DR. NAME:

DR. SITA RAM GUPTA

ULTRASOUND STUDY OF ABDOMEN & PELVIS (PHC)

<u>Liver</u>: - Normal in size, shape & echotexture. No evidence of any mass lesion is seen. Bilobar Intrahepatic biliary radicals are not dilated.

Gall Bladder: - Is distended. Lumen is clear. Wall thickness is normal.

CBD: - Normal in calibre. No calculus is seen in visualized part of CBD.

Portal Vein: - Normal in calibre.

Pancreas: - Normal in size & echotexture. No focal lesion is seen. MPD is not dilated.

Spleen: - Normal in size & echotexture. No focal lesion is seen.

Right Kidney: - Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. There is no evidence of calculus or hydronephrosis.

<u>Left Kidney</u>: - Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. There is no evidence of calculus or hydronephrosis.

Urinary Bladder: - is distended. No calculus or mass lesion is seen. Wall thickness is normal.

Prostate: - is normal in size, shape and echotexture.

Others: - No free fluid is seen in abdomen.

Impression: USG findings are suggestive of: -

· No sonographic abnormality is seen.

Correlate clinically & with other related investigations.

Dr. Swati Jain Consultant Radiologist Dr. Vijay Kumar Sharma Consultant Radiologist Dr. Sunny Maharwal
Consultant Radiologist

This is a preventive health checkup sonography report with no available clinical details and previous records.

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Appointments