

NAME:	Mr. Dhruv Lalai	UHID:	18807
AGE:	57 YRS	DATE OF HEALTHCHECK:	8/4/2023
GENDER:	Male		

HEIGHT:	170 cm	MARITAL STATUS:	M
WEIGHT:	56.1 kg	NO OF CHILDREN:	1
BMI:	19.4		

C/O: —

K/C/O:
PRESENT MEDICATION: — No

P/M/H: Covid-19 - 2021.

P/S/H: Lt. inguinal hernia - 1998
Varicella. Sp.

ALLERGY: No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

FAMILY HISTORY FATHER: — NAD

ALCOHOL: — NAD

MOTHER: — NAD

TOBACCO/PAN: —

O/E:

LYMPHADENOPATHY: —

BP: 100/80 PULSE: — 72/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING: — NAD

TEMPERATURE: — SCARS: —

OEDEMA: —

S/E:

P/A: — NAD

RS:



CVS: —

Extremities & Spine: — NAD

CNS: —

ENT: —

Skin: — NAD

Vision:

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

Findings and Recommendation:

Findings:-

Chol - 210
Vit. D - 18.31.
Uric Acid - Rt. renal cortical cyst

Recommendation:-

- Cap - Uprise D3 - once a wk x 8 wks.
- Food rich in Omega 3 fatty acid.
- Balanced diet
- Exercise regularly

Signature:

Consultant -

Dr. Mahesh Naik

DR MAHESH NAIK
PHYSICIAN

OPHTHALMIC EVALUATION

UHID No.: 18807 Date: 8/4/23

Name: Mr. Dhiven Age: 51 Gender: Male/Female

Without Correction: reading glasses

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

Distance: Right Eye 6/6 Left Eye 6/6

Near : Right Eye 20 Left Eye 20

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance										
Near	<u>+2.0</u>					<u>+2.0</u>				

Colour Vision : NPD (BU)

Anterior Segment Examination : _____

Pupils : _____

Fundus : NPD (BU)

Intraocular Pressure : _____

Diagnosis : 14 mmHg (BU)

Advice : wear glasses

Re-Check on 6 mths (This Prescription needs verification every year)

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

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

DENTAL CHECKUP

Name: Dhiren Lalai	MR NO:
Age/Gender : 51 / M.	Date: 8/4/2023

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

- Start flossing



• ANDHERI • COLABA • NASHIK • VASHI

ENT EVALUATION

Name: MR. DHIREN LALAI	MR NO:
Age/Gender: Age - 57/M	Date: 8/4/23

EAR :

Tympanic Membrane:

Pre-auricular :-

Pina / EAC:

Mastoid Tuning Fork tests :-

Pure tone audiometry

| M

NOSE :-

External Nose :-

Anterior Rhinoscopy:-

Post - Nasal space:-

| M

THROAT :-

70% scopy :

Tongue / palate / Teeth :-

| M

NECK :-

Nodes :-

Thyroid :-

Glands :-

Sleep -Related examination:-

Tongue - Base :-

Palate:-

Uvula:

INVESTIGATIONS :

IMPRESSION:-

(Handwritten signature)

DR. MANOJ JONDHALE
M.S. (ENT) , DNB,FCPS
Reg. No. 2010/05/1791
Consultation ENT & Head- Neck Surgeon

• ANDHERI • COLABA • NASHIK • VASHI

Name : Mr. Dhiren Mahendra Lalai Gender : Male Age : 51 Years
UHID : FVAH 18807. Bill No : Lab No : V-921-23
Ref. by : SELF Sample Col.Dt : 08/04/2023 09:55
Barcode No : 1906 Reported On : 08/04/2023 14:58

TEST

RESULTS

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

ABO Group: **:B:**
Rh Type: **Positive**
Method : Tube Agglutination (forward and reverse)

Anushka Chavan
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Ms Kaveri Gaonkar
Verified By



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

End of Report
Results are to be correlated clinically

Name : Mr. Dhiren Mahendra Lalai Gender : Male Age : 51 Years
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.5 %
 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 : 111.15 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

Sushant Gaikwad
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Chief Pathologist

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	93	mg/dL	Normal < 100 mg/dL Impaired Fasting glucose : 101 to 125 mg/dL Diabetes Mellitus : >= 126 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)
Post Prandial Plasma Glucose :	122	mg/dL	Normal < 140 mg/dL Impaired Post Prandial glucose : 140 to 199 mg/dL Diabetes Mellitus : >= 200 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)

Method : Hexokinase

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
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Lipid Profile- Serum

S. Cholesterol(Oxidase)	210	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable: >240
S. Triglyceride(GPO-POD)	79	mg/dL	Desirable < 150 Borderline: >150-<499 Undesirable: >500
S. VLDL:(Calculated)	15.8	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	64.7	mg/dL	Desirable > 60 Borderline: >40-<59 Undesirable: <40
S. LDL:(calculated)	129.5	mg/dL	Desirable < 130 Borderline: >130-<159 Undesirable: >160
Ratio Cholesterol/HDL	<u>3.2</u>		3.5 - 5
Ratio of LDL/HDL	<u>2</u>		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL


LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	6.76	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.25	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.51	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.69		0.9 - 2
S.Total Bilirubin (DPD):	0.52	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.19	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.33	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	35	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	43	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	112	U/L	40 - 129
S.GGT(IFCC Kinetic):	70	U/L	11 - 50

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

RFT - Renal Profile-serum

S.Urea(Urease-GLDH)	25.8	mg/dL	10.0 - 45.0
S. Urea Nitrogen(Calculated)	12.04	mg/dL	5 - 20
S.Creatinine(Jaffe's Kinetic)	0.80	mg/dL	0.50 - 1.3
S.Uric Acid(Uricase-POD)	4.8	mg/dL	3.4 - 7.0
S.Total Protein(Biuret)	6.76	g/dL	6.6 - 8.7
S.Albumin(BCG)	4.25	g/dL	3.5 - 5.2
S.Globulin(Calculated)	2.51	g/dL	2 - 3.5
A/G Ratio(Calculated)	1.69		0.9 - 2
S.Sodium(Na) (ISE-Direct)	135	mmol/L	135 - 145
S.Potassium(K) (ISE-Direct)	4.4	mmol/L	3.5 - 5.3
S.Chloride(Cl) (ISE-Direct)	99	mmol/L	95 - 106
S.Calcium(NM-BAPTA)	8.79	mg/dL	8.6 - 10.0
S.Phosphorus(UV Phosphomolybdate)	2.91	mg/dL	2.5 - 4.5

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Thyroid (T3,T4,TSH)- Serum			
Total T3 (Tri-iodo Thyronine) (ECLIA)	1.98	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	96.93	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.38	□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 :

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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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

Vitamin D(25-OH Cholecalciferol)-Serum

25 Hydroxy (OH) vit D by ECLIA **18.31** ng/ml Deficiency : Less than 12
insufficiency : 12 - 30
Sufficiency : 30 - 70
Toxicity : More than 70

Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver. Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase. During monitoring of oral vitamin D therapy - suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 mths of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal (especially winter) & individual variability depending on age, body fat, sun exposure, physical activity, genetic factors (especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism. Vitamin D toxicity is known but very rare. Kindly correlate clinically, repeat with fresh sample if indicated.

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

SERUM VITAMIN B12

S. VITAMIN B12 by ECLIA: 798.3 pg/mL 211 - 946 pg/ml

1. Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia and treated epilepsy.
2. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
3. HoloTranscobalamin II levels are a more accurate marker of active Vit B12 component.
4. Increased Vit B12 levels are seen in renal failure, liver disease and myeloproliferative diseases. Increased levels are also noted in patients who have taken B12 injections or oral medication.

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
PROSTATE SPECIFIC ANTIGEN		
Prostate Specific Antigen (ECLIA):	0.382ng/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.

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	60	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		Clear
SEDIMENT	Absent		Absent

CHEMICAL EXAMINATION(Strip Method)

REACTION(PH)	7.0		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	2 - 4 / hpf		0 - 3/hpf
RED BLOOD CELLS	Nil /HPF		Absent
EPITHELIAL CELLS	1 - 2 / hpf		3 - 4/hpf
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
BACTERIA	Absent		Absent

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End of Report
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Dhiren, Lalai
18807

51 Years

Male

08.04.2023 10:30:39
Apollo Clinic
1st Flr-The Emerald,Sector-12,
Vashi, Mumbai-400703.

71 bpm

--/-- mmHg

QRS : 74 ms
QT/QTcBaz : 386/419 ms
PR : 148 ms
P : 104 ms
RR/PP : 848/845 ms
P/QRS/T : 70/41/50 degrees

Normal sinus rhythm
Possible Left atrial enlargement
Borderline ECG

NORMAL ECG

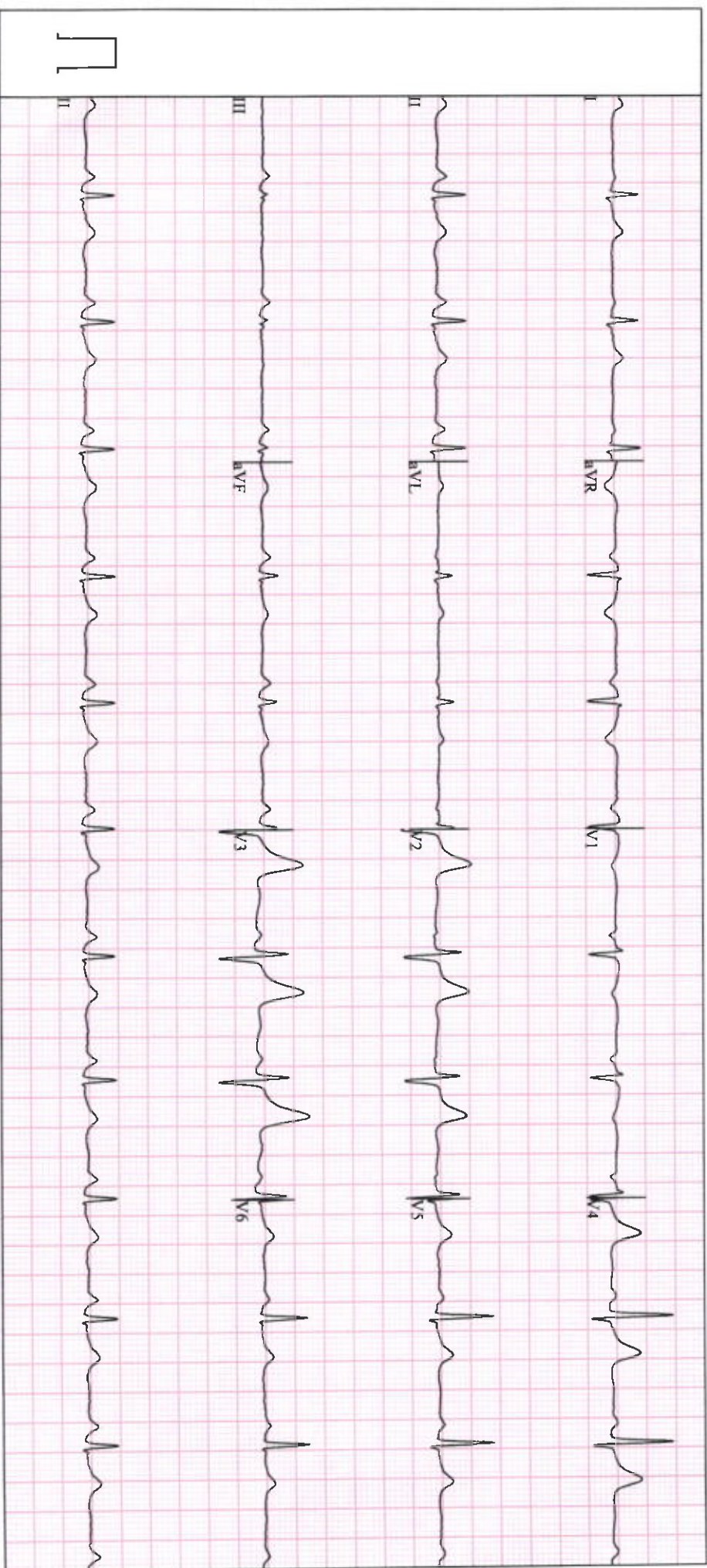
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Dr. ANIRBAN DASGUPTA

M.B.B.S., D.N.B. Medicine

Diploma Cardiology

MMC - 2005/02/0920



PATIENT'S NAME	DHIREN M LALAI	AGE :- 51 Y/M
UHID	18807	DATE :- 08-04-23

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.
- PASP – 18 mmHg.
- No diastolic dysfunction.
- Peak systolic gradients across LVOT/AV – 06mmHg.

Measurements

Aorta annulus	19 mm
Left Atrium	27 mm
LVID(Systole)	24 mm
LVID(Diastole)	36 mm
IVS(Diastole)	11 mm
PW(Diastole)	11 mm
LV ejection fraction.	55-60%

Conclusion

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



DR. RISHI BHARGAVA

MD DM

CONSULTANT INTERVENTIONAL CARDIOLOGIST

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PATIENT'S NAME	DHIREN MAHENDRA LALAI	AGE :- 51 y/M
UHID NO	18807	8 Apr 2023

X-RAY CHEST PA VIEW

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)

PATIENT'S NAME	DHIREN M LALAI	AGE :- 51y/M
UHID NO	18807	8 Apr 2023

USG WHOLE ABDOMEN

LIVER is normal in size, shape and 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.

RIGHT KIDNEY measures 9.2 x 3.1 cm. shows a 17 x 10 mm lower pole cortical cyst.

LEFT KIDNEY measures 9.2 x 4.8 cm. No hydronephrosis or calculi or mass seen.

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 16 gms.

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

IMPRESSION –

- **Right renal cortical cyst.**
- **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.CHHAYA S. SANGANI
CONSULTANT SONOLOGIST
Reg: No. 073826

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