

MEDICAL SUMMARY

NAME:	Sagar Bahulikar	UHID:	5002
AGE:	42	DATE OF HEALTHCHECK:	11/2/23
GENDER:	Male		

HEIGHT:	169	MARITAL STATUS:	
WEIGHT:	73	NO OF CHILDREN:	

BMI: 25.6

C/O: NO fresh complaints

K/C/O: NO

PRESENT MEDICATION: NO

P/M/H:

P/S/H:

H/A: SMOKING:

ALCOHOL:

TOBACCO/PAN:

NO

FAMILY HISTORY FATHER: NO

MOTHER: NO

O/E:

BP: 160/100 @ 11:15 Am

PULSE: 86 bpm

TEMPERATURE: SCARS:

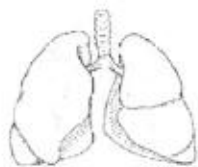
LYMPHADENOPATHY: NO

PALLOR/LCTERUS/CYNOSIS/CLUBBING: NO

OEDEMA: NO

S/E:

RS:



R&B

P/A:

Soft non-tender

CVS:

S1S2 (+)

Extremities & Spine:

(N)

ENT:

(N)

CNS: conscious

Skin:

(N)

Vision:

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

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OPHTHALMIC EVALUATION

UHID No.: _____ Date: 11/02/2023

Name: Mr. Sagar Bahulikar Age: 49 Gender: Male/Female

Without Correction :

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

Near : Right Eye _____ Left Eye _____

With Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye N-6 Left Eye N-6

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance										
Near	<u>+0.50</u>	<u>————</u>	<u>————</u>	<u>————</u>	<u>N-6</u>	<u>+0.50</u>	<u>————</u>	<u>————</u>	<u>————</u>	<u>N-6</u>

Colour Vision : (BE) WNL

Anterior Segment Examination : (BE) WNL

Pupils : (BE) WNL

Fundus : (BE) WNL

Intraocular Pressure : _____

Diagnosis : (BE) WNL

Advice : _____

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

DR. SAGORIKA DEY
MBBS DOMS
REGN NO: 2008/04/1182
(Consultant Ophthalmologist)

Sdey

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

DENTAL CHECKUP

Name: <u>Mr. Sagar</u>	MR NO:
Age/Gender : <u>42/M</u>	Date: <u>11/2</u>

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				6
Existing Denture				

TREATMENT ADVISED:

TREATMENT	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling				
Root Canal Therapy				6
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

W

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Name : Mr. Sagar Dnyaneshwar Bahulikar Gender : Male Age : 42 Years
UHID : FVAH 5002. Bill No : Lab No: V-283-23
Ref. by : SELF Sample Col.Dt : 11/02/2023 10:00
Barcode No : 4979 Reported On : 11/02/2023 22:18


TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

CBC (Complete Blood Count)-WB (EDTA)

Haemoglobin(Colorimetric method)	16.2	g/dl	13 - 18
RBC Count (Impedance)	5.21	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	47.7	%	35 - 55
MCV:(Calculated parameter)	91.6	fl	78 - 98
MCH:(Calculated parameter)	31.1	pg	26 - 34
MCHC:(Calculated parameter)	34	gm/dl	30 - 36
RDW-CV:	13	%	11.5 - 16.5
Total Leucocyte count(Impedance)	4920	/cumm.	4000 - 10500
Neutrophils:	63	%	40 - 75
Lymphocytes:	31	%	20 - 40
Eosinophils:	02	%	0 - 6
Monocytes:	04	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	1.8	Lakhs/c.mm	1.5 - 4.5
MPV	9.5	fl	6.0 - 11.0
Peripheral Smear (Microscopic examination)			
RBCs:	Normochromic, Normocytic		
WBCs:	Normal		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter.		

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Dr. Milind Patwardhan
Page 3 of 12
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Chief Pathologist

End of Report
Results are to be correlated clinically

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

ESR(Westergren Method)

Erythrocyte Sedimentation Rate:- 02 mm/1st hr 0 - 20

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TEST

RESULTS

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

ABO Group:

:B:

Rh Type:


Positive

Method :

Tube Agglutination (forward and reverse)

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.2 %
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 : 102.54 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

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Email: apolloclinicvashi@gmail.com

Apollo Clinic
VASHI

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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 : \geq 126 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)
Post Prandial Plasma Glucose :	102	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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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Lipid Profile- Serum			
S. Cholesterol(Oxidase)	167	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	158	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	31.6	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<u>35.7</u>	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	99.7	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4.7		3.5 - 5
Ratio of LDL/HDL	2.8		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.22	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.72	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.5	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.89		0.9 - 2
S.Total Bilirubin (DPD):	0.59	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.22	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.37	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	26	U/L	5 - 36
S.ALT (SGPT) (IFCC Kinetic with P5P):	33	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	70	U/L	40 - 129
S.GGT(IFCC Kinetic):	25	U/L	11 - 50

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	19.9 mg/dl	10.0 - 45.0
BUN (Calculated)	9.28 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.91 mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	10.2	9:1 - 23:1
S.Uric Acid(Uricase Method)	7.7 mg/dl	3.4 - 7.0

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Thyroid (T3,T4,TSH)- Serum			
Total T3 (Tri-iodo Thyronine) (ECLIA)	2.08	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	91.88	nmol/L	66 - 181 nmol/L
TSH (Thyroid-stimulating hormone) (ECLIA)	3.47	□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

PROSTATE SPECIFIC ANTIGEN

Prostate Specific Antigen (ECLIA): 0.464ng/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	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	0 - 2 / hpf	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	Occasional	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	Absent	Absent

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

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
LARVAE	Absent	Absent

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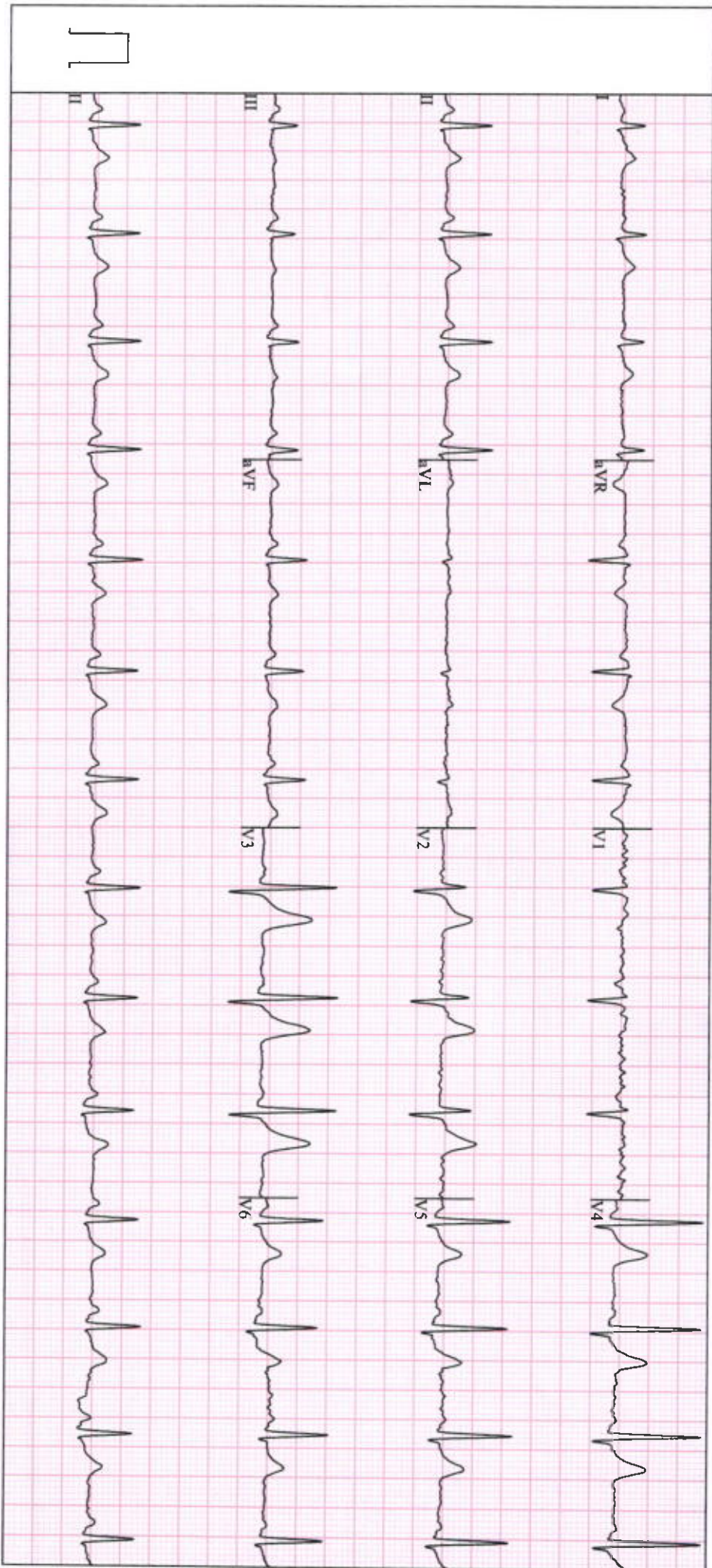
QRS : 86 ms
QT / QTcBaz : 352 / 408 ms
PR : 128 ms
P : 100 ms
RR / PP : 738 / 740 ms
P / QRS / T : 80 / 63 / 46 degrees

Normal sinus rhythm
Possible Left atrial enlargement
Borderline ECG

WNL

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

NORMAL ECG



PATIENT'S NAME	SAGAR BAHULIKAR	AGE :- 42Y/M
UHID	5002	DATE :- 11-02-23

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	17 mm
Left Atrium	29 mm
LVID(Systole)	18 mm
LVID(Diastole)	31 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



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

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PATIENT'S NAME	SAGAR BAHULIKAR	AGE :- 42 y/M
UHID NO	5002	11 Feb 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.CHHAYA S. SANGANI
CONSULTANT SONOLOGIST
Reg No. 073826

PATIENT'S NAME	SAGAR BAHULIKAR	AGE :- 42y/M
UHID NO	5002	11 Feb 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 9.0 x 4.2 cm. **LEFT KIDNEY** measures 9.9 x 4.4 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 (Vol: 17gms)

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

IMPRESSION –

- **Grade I 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.CHHAYA S. SANGANI
CONSULTANT SONOLOGIST
Reg: No. 073826

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Name: Mr. Sagar. D. Bahelkar Age: 42 y Date of Health check-up: 11/2/23

Findings and Recommendation:

Findings:-

- U A ↑↑

Recommendation:-

T. Fcbure long ~~one~~ * 1 meal

Signature:

Consultant -



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