



APEX SUPERSPECIALITY HOSPITALS



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1514124

PHYSICIAN CONSULTATION

Mr. Rahul Dayyappa
Age / sex - 31 yrs / male.

wt - 86.5 kg.
Height - 170 cm

PRESENT COMPLAINT :

Cl - Epigastric region pain on & off :
3-4 months

PAST MEDICAL / SURGICAL HISTORY:

- No any past medical history
- No any surgical history

GENERAL EXAMINATION:

PULSE - 88/min
BP: - 120/80
BMI - 29.9 kg/m² (Over weight).
APETITE: - Normal
THIRST: - Normal
STOOL: - Normal
URINE: - Normal
SLEEP: - Normal
SKIN: - Normal
NAILS: - Normal
HABITAT: - No.

SYSTEMIC EXAMINATION: -

RESPIRATORY EXAMINATION: - ABBE clear.

CARDIOVASCULAR EXAMINATION: - S₁S₂ (+) / CNS - conscious & oriented.

ABDOMINAL EXAMINATION: - Soft, NT.

GYNACOLOGY / OBST HISTORY (FOR FEMALE): / NO.

OPHTHAL EXAMINATION:

FAR VISION: - Normal, Cornea (N) Conjunctiva (N)
NEAR VISION: - Normal } Pupils Normal
COLOUR VISION: - Normal, Lens (N)

ENT EXAMINATION:

EAR: MASTOID TUNNIG FORK TEST: - No wax, Both ears No
NOSE: EXT NOSE/ POST NASAL SPACE: discharge - Normal
THROAT: TOUNGE/ PALATE/ TEETH: - Normal
NECK: NODES/ THYROID/TEETH: - Throat (N), Tounge white
red patched.

DENTAL EXAMINATION:

DECAY/ CARIES IF ANY: - root canal status : 15 yrs back
PLAQUE IF ANY: / Normal
GUMS: / Normal

Dr. Priyanka

PHYSICIAN NAME

PHYSICIAN SIGNATURE



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Route Oculop.

SIB Dr Jata Nazim: (MS Ophthal)

V_r { 6/6
6/6

OIE: BIE Conjunctiva @

BIE Cornea clear

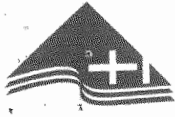
BIE Pupils normal

BIE Lens @

Fundus: BIE normal

A₁: @

- B ELD Lubimist 1-1-1 x 1 month
- Zero power glasses - ARC coating. for PC work.



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DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mr. RAHUL PAYYAPPATE	LabNo	1492	
UHID/IP No	140022809 / 226	Sample Date	15/04/2024 11:12AM	
Age/Gender	31 Yrs/Male	Receiving Date	15/04/2024 11:34AM	
Bed No/Ward	OPD	Report Date	15/04/2024 4:02PM	
Prescribed By	Dr. Apex Hospitals	Report Status	Final	

HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	15.0	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	5.30	10 ⁶ /uL	4.70 - 6.00	
PCV (Haematocrit)	42.2	%	40.0 - 50.0	
MCV	79.62	fl	78 - 100	Calculated
MCH	28.3	pg	27 - 31	Calculated
MCHC	35.55	gm/dl	30 - 36	Calculated
RDW	13.3	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	7100	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	63	%	40 - 80	
Lymphocyte %	28	%	20 - 40	
Eosinophil %	03	%	0 - 6	
Monocytes %	06	%	1 - 12	
Basophil %	00	%	0 - 2	
Absolute Neutrophil Count (ANC)	4473	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	1988	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	213	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	426	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	269	10 ³ /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	9.8	fl	7 - 12	

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY



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HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR)				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	12	mm/hr	0 * 20	Westergren

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IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUPING Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"O" RH Positive			SLIDE METHOD

--End Of Report--

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
LIPID PROFILE SERUM				
Sample: Serum				
Cholesterol-Total	147	mg/dl	< 200.00	Cholesterol Oxidase, Esterase, Peroxidase
Triglycerides	164.8 H	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	35.6 L	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	32.96	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	78.44	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	4.13		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	2.20 L		2.50 - 3.50	Calculated Value

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
BUN (BLOOD UREA NITROGEN)				
BUN - Blood Urea Nitrogen (SINGLE)	14.5	mg/dl	7 - 20	
GLUCOSE (PP)				
Sample: Fl. Plasma				
Blood Sugar(2 Hours PP)	92.11	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
Urine PP Sugar	SNR			
Urine PP Ketone	SNR			

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

GLUCOSE (FASTING)

Sample: Fl. Plasma

Glucose (Fasting Blood Sugar / FBS)	80.96	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

LIVER FUNCTION TEST (LFT) SERUM

Sample: Serum

Bilirubin Total (TBil)	0.85	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.30	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.55	mg/dl	1 - 1	

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SGPT (ALT)	48.6 H	U/L	5 - 40	IFCC modified
SGOT (AST)	24.18	U/L	5 - 40	IFCC modified
Protein Total	6.39	gm/dl	6.00 - 8.00	Biuret
Albumin	4.22	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.17	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.94		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	50.0	IU/L	42 - 140	
GGTP (GAMMA GT)	21.0	IU/L	15.0 - 72.0	UV Kinetic IFCC
SERUM CREATININE				
Sample: Serum				
Creatinine	1.04	mg/dl	0.80 - 1.50	Jaffes
URIC ACID (SERUM)				
Sample: Serum				
Uric Acid	8.04	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
URINE ROUTINE				
Sample: Urine				
PHYSICAL EXAMINATION				
Quantity	10	ml		
Color	Pale Yellow			
Appearance	Slightly Hazy			Clear
Specific Gravity	1.015		1.010 - 1.025	
CHEMICAL EXAMINATION				
pH	6.0		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	preent(+++)			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
MICROSCOPIC EXAMINATION				
Pus Cells	2-3			
UCs	8-10			
Epithelial Cells	4-6			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Present			
Others	absent			

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY

Patient Id : **PVD04224-25/3195** Sample ID : 24044142
 Patient : MR RAHUL PAYYAPPATE Reg. Date : 15/04/2024
 Age/sex : 31 Yrs/ Male Report Date : 15/04/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.3	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	105.41	mg/dL	
Method : HPLC-Biorad D10-USA			

INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy



Patient Id : **PVD04224-25/3195** Sample ID : 24044142
 Patient : MR RAHUL PAYYAPPATE Reg. Date : 15/04/2024
 Age/sex : 31 Yrs/ Male Report Date : 15/04/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	128.36	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.63	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	4.18	uIU/ml	0.27 - 4.20

Method : ECLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
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%.
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 T4 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 T4 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 & 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 or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

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

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NAME :RAHUL PAYYAPPATE	DATE : 15/04/2024
REF: MEDIWHEEL	AGE /SEX 31 Y/ M

2D ECHO & COLOR DOPPLER REPORT

Cardiac history :

Imaging window:

2D Findings :

Chamber dimensions: NORMAL

RWMA -.Normal

Valve Anatomy-- Normal

Interventricular & Interatrial septum:-- Normal

No intracardiac mass.

Pericardium -Normal

IVC & Hepatic veins -- Normal

Doppler Findings:

LV diastolic Dysfunction :-- No

Color flow across valves :-- Normal



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M-Mode	
AO diam : 2.8 cm	
LA diam : 3.0 cm	
ACS : 1.5 cm	
DE excursion : 1.08 cm	
EF Slope : 0.03 m/s	
EPSS : 0.74 Cm	
IVSd : 1.1 cm	IVSs : 0.9 cm
LVIDd : 4.3 cm	LVIDs : 3.0 cm
LVPWd : 1.0 cm	LVPWs : 1.1 cm
LVEF : 55-60 %	

Conclusions:

Normal cardiac dimension


No RWMA

Normal LV systolic function with EF 55-60 %

No LV diastolic Dysfunction.

NO pulmonary hypertension

Normal Pericardium .


DR. SHAH CHIRAG
D.N.B, (M.D.)
GENERAL PHYSICIAN



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DEPARTMENT OF RADIOLOGY

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SONOGRAPHY OF ABDOMEN AND PELVIS MALE

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: Grade one fatty liver , shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It is normal in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 10.2 cm normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney

Left kidney

10.2 x 4.4 cm

10 x 4.7 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

PROSTATE: It measures about 3.1 x 4.2 x 3.5 cms; volume is 24 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

Ø No significant abnormality noted.

Dr. SAUMIL PANDYA
MD, D.N.B, RADIOLOGIST



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Shanigarha Mangesh Charay Trust Medical Centre 193-A, L.T. Road,
Beside Punjab & Sind Bank, Babbai, Revivali (W), Mumbai-400091
Tel: 022-28986677/4647948 Web: apexgroupofhospitals.com
Email: medical.admin.ash@apexhospitals.in

Diet Chart

NAME :- RAHUL

Age /Gender :- 30 yrs / M

DIET :- FULL DIET , HIGH PROTEIN , LOW FAT

- Early morning:** 1 cup tea/ coffee (**preferable avoid**) + 4 almonds, 2 walnut halves (**Soaked**)
- Breakfast:** 1 Bowl upma/ poha/ daliya upma **OR** 2 small idli/ 1 dosa with vegetable sambar
OR 1 roti with bhaji **OR** 1 bowl cornfalkes/ oats in water
- Mid-morning:** 1 Fruit - **Include Whole fruits - Papaya , Pear, Banana ,Orange, Muskmelon & Watermelon** (No Fruit juices)
Supplement :- Truhand HP - 1 scoop with 100ml water
- Lunch:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)
2 medium whole wheat roti/ 1 bowl rice
1 bowl bhaji
1 bowl dal (**yellow moong dal, masoor dal, matki, green moong dal**)
1 bowl curd/ 1 glass buttermilk
- Evening snack:** 1 cup tea/ coffee /Green Tea / Black Coffee / **Truhand HP - 1 scoop in 100ml water**
1 handful of roasted yellow chana **OR** 1 besan chilla **OR** 1 bowl sprouts chat
- Mid-evening:** 1 bowl dal and vegetable soup + ½ teaspoon dry roasted flax seed powder
- Dinner:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)
2 medium whole wheat roti/1 bowl rice
1 bowl bhaji
1 bowl dal
OR 1 bowl dal khichadi/ daliya
1 bowl curd/ 1 glass buttermilk
- Bedtime :-** 1 tsp Sesame seed

Remarks: Drink ample of fluids, upto 3 litres of water daily. Can add sabja seeds to it.

Include more of whole pulses, green leafy vegetables and fruits in the diet

Restrict consumption of non-vegetarian foods and alcohol for about a month.

Avoid all sources of extra salt, spices and oils like sauces, pickles, papads, chutneys, chips, etc.

Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.

Avoid processed foods and fried food.

Avoid all spicy, oily and refined flour products. Restrict bakery products.

For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.

ASH/QA/FORM/NUR/04/MAR22/V1



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ई. सी. जी.

Name Rahul Date 15/4/24

Age 31 Gender: M F UHID NO _____ B.P _____

ELECTROCARDIOGRAPHIC OBSERVATIONS

Rate _____ Axis _____ Q.R.S. Complex _____

Rhythm _____ P. Wave _____ S.T. Segment _____

Standardisation : _____ P.R. Interval _____ T. Wave _____

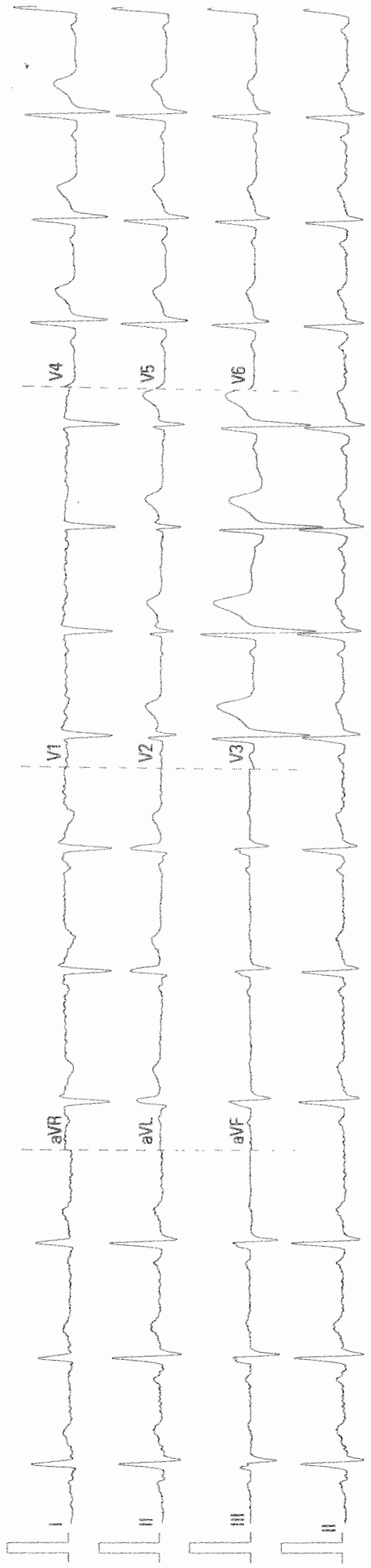
Voltage : _____ Q. Wave : _____ Q. T. Interval _____

Impression : _____

ID:2024041510433400

Name:

15-04-2024 10:45:05 AM



25 mm/s 10 mm/mV 50 Hz

8DR 20 Hz

QTc: Bazett

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02.07.00/004.00.00

SN:FK-8301-4034

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Name:

15-04-2024 1

Sinus Rhyth
Sinus Tachy

Unconfirmed

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