

Mr. Kalpesh  
Patil

23/03/2024



**MEDICOVER**  
HOSPITALS

NAVI MUMBAI

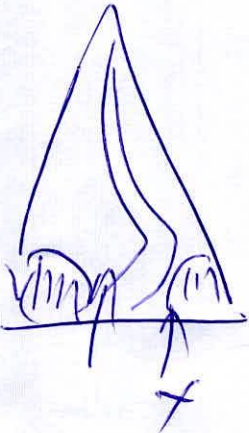
DNB to L

Resh-NAM

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- Steam Inhalation

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of PNS  
plan



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**Dr. Rajendra Waghela**  
M.B.B.S, MS ENT  
Consultant - ENT & Endoscopic Surgery  
Regd. No.: MMC 2009/09/3178



**MEDICAL HEALTH CHECK-UP ASSESMENT FORM**

NAME : Mr / Mrs Kalpeeh - Patil

DATE: 23/3/24

AGE : 34yrs

SEX: Male / Female

NMU: NMU000 48864

DOCTOR'S NAME:  
Health - Package

TEMP :	<u>98</u>	° f	BP :	<u>90/60</u>	mmHg
PULSE :	<u>64</u>	b/m	HEIGHT :	<u>174.5</u>	cm
RR :	<u>20</u>	b/m	WEIGHT :	<u>75.7</u>	kg
SPO2 :	<u>98</u> %	RA	HGT:	-	

REMARK:





**DEPARTMENT OF LABORATORY**

**NAVI MUMBAI**

<b>Patient Name</b> : Mr. KALPESH VILAS PATIL	<b>Age /Gender</b> : 34 Y(s)/Male
<b>Bill No/ UMR No</b> : NMBC63355/NMU0048862	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 23-Mar-24 09:03 am	<b>Report Date</b> : 23-Mar-24 05:29 pm

**FINAL REPORT**

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
<b>CUE(COMPLETE URINE EXAMINATION)</b>				
<b><u>PHYSICAL EXAMINATION</u></b>				
<b>VOLUME</b>	Urine	20 ML		
<b>COLOUR</b>		PALE YELLOW	PALE YELLOW	
<b>APPEARANCE</b>		SLIGHTLY HAZY	CLEAR	
<b>DEPOSIT</b>		ABSENT	ABSENT	
<b><u>CHEMICAL EXAMINATION</u></b>				
<b>SPECIFIC GRAVITY</b>	Urine	1.025	1.000 - 1.030	Dipstick
<b>PH</b>		5.0	5.0 - 8.0	Dipstick
<b>PROTEIN</b>		NEGATIVE	NEGATIVE	Dipstick/Heat coagulation test
<b>GLUCOSE</b>		ABSENT	ABSENT	Dipstick/Benedict's test
<b>UROBILINOGEN</b>		NORMAL	NORMAL	Dipstick
<b>KETONE</b>		NEGATIVE	NEGATIVE	Dipstick/Rothera's Nitroprusside test.
<b>BLOOD</b>		NEGATIVE	NEGATIVE	Dipstick/Microscopy
<b>BILIRUBIN</b>		NEGATIVE	NEGATIVE	Dipstick/Fouchet's test
<b>BILE SALT</b>		NEGATIVE	NEGATIVE	Hay's sulphur powder test
<b>BILE PIGMENT</b>		NEGATIVE	NEGATIVE	Fouchet test
<b>NITRITE</b>		NEGATIVE	NEGATIVE	Dipstick
<b>LEUCOCYTE ESTERASE</b>		NEGATIVE	NEGATIVE	
<b><u>MICROSCOPIC EXAMINATION</u></b>				
<b>PUS CELLS</b>	Urine	8-10	0 - 5 /hpf	MICROSCOPIC EXAMINATION
<b>RBC</b>		NIL	0 - 5 /hpf	MICROSCOPIC EXAMINATION
<b>EPITHELIAL CELLS</b>		2-3	0 - 5 /hpf	MICROSCOPIC EXAMINATION
<b>CRYSTALS</b>		NIL	NIL	MICROSCOPIC EXAMINATION
<b>CASTS</b>		NIL	NIL	MICROSCOPIC EXAMINATION
<b>BACTERIA</b>		ABSENT		MICROSCOPIC EXAMINATION
<b>YEAST</b>		ABSENT		MICROSCOPIC EXAMINATION
<b>AMORPHOUS DEPOSITS</b>		ABSENT		MICROSCOPIC EXAMINATION
<b>SPERMATOZOA</b>				MICROSCOPIC EXAMINATION
<b>MUCUS THREAD</b>		ABSENT		MICROSCOPIC EXAMINATION





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NAVI MUMBAI

<b>Patient Name</b> : Mr. KALPESH VILAS PATIL	<b>Age /Gender</b> : 34 Y(s)/Male
<b>Bill No/ UMR No</b> : NMBC63355/NMU0048862	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 23-Mar-24 09:03 am	<b>Report Date</b> : 23-Mar-24 05:29 pm

**Parameters**  
NOTE

**Specimen**

**Result**

**Biological Reference In Method**

Microscopic examination of urine is carried out on centrifuged urinary sediment.

\*\*\* End Of Report \*\*\*





**DEPARTMENT OF LABORATORY**

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<b>Bill No/ UMR No</b> : NMBC63355/NMU0048862	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 23-Mar-24 09:03 am	<b>Report Date</b> : 23-Mar-24 10:52 am

**FINAL REPORT**

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
<b>COMPLETE BLOOD COUNT</b>				
<b><u>RBC</u></b>				
R B C COUNT	Blood	4.96	4.5 - 5.5 $10^6/\mu\text{L}$	
HEMOGLOBIN		14.5	13.0 - 17.0 g/dl	
PCV/HCT		42.6	40 - 50 % 36 - 46 %	
MCV		86	83 - 101 fl 83 - 101 fl	
MCH		29.2	27 - 32 pg	
MCHC		34.0	31.5 - 34.5 g/dL	
RDW(cv)		12.9	11.6 - 14.0 %	
<b><u>PLATELETS</u></b>				
PLATELET COUNT	Blood	199	150 - 400 $10^3/\mu\text{L}$	
MPV		8.6	7.5 - 11.5 fl	
<b><u>WBC</u></b>				
TC (TOTAL LEUCOCYTE COUNT)	Blood	5.5	4.0 - 11.0 $10^3/\mu\text{l}$	
<b><u>DIFFERENTIAL COUNT</u></b>				
NEUTROPHILS	Blood	53	40 - 80 %	
LYMPHOCYTES		36	20 - 40 %	
MONOCYTES		07	02 - 10 %	
EOSINOPHILS		04	00 - 06 %	
BASOPHILS		00	00 - 01 %	
ESR	CITRATED BLOOD	10	0 - 10 mm/1st hour	WESTERGREN'S METHOD

\*\*\* End Of Report \*\*\*





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<b>Received Dt</b> : 23-Mar-24 09:03 am	<b>Report Date</b> : 23-Mar-24 01:53 pm

**FINAL REPORT**

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
<b>FBS (FASTING BLOOD GLUCOSE WITH URINE GLUCOSE)</b>				
FASTING BLOOD GLUCOSE		101	Normal Range : 70 - 99 mg/dL	Hexokinase
FASTING URINE SUGAR		NIL		
<b>T3,T4 AND TSH</b>				
T3		143.7	70 - 204 ng/dL	Method : ECLIA
T4		6.64	5.1 - 14.1 ug/dL	Method : ECLIA
TSH(THYROID STIMULATING HORMONE)		2.60	0.270 - 4.20 uIU/mL	Method : ECLIA
<b>SERUM CREATININE</b>				
CREATININE		1.10	0.8 - 1.3 mg/dl	Method : jaffe
<b>BUN / CREATININE RATIO</b>				
BUN (Blood Urea Nitrogen.)		15	7.0 - 21.0 mg/dL	Calculated
SERUM CREATININE		1.10	0.8 - 1.3 mg/dL	
BUN / CREATININE RATIO		13.6	10 - 20	
<b>LFT(LIVER FUNCTION TEST)</b>				
TOTAL BILIRUBIN		0.3	< 1.2 mg/dL	Method : Diazo Method
DIRECT BILIRUBIN		0.1	<= 0.20 mg/dL	Method: Diazo Method
INDIRECT BILIRUBIN		0.2	<= 1.0 mg/dL	
SGPT (ALT)		39	<= 41 U/L	Method : UV without P5P
SGOT (AST)		30	<= 40 U/L	Method : UV without P5P
ALKALINE PHOSPHATASE (ALP)		77	40 - 129 U/L 35 - 105 U/L	Method : PNPP, AMP Buffer - IFCC Ref.
TOTAL PROTEINS		7.6	6.0 - 8.0 g/dL	Method : Biuret method
SERUM ALBUMIN		4.9	3.5 - 5.2 g/dL	Method : Bromcresol Green (BCG)
GLOBULINS		2.7	2.5 - 3.5 g/dL	
A/G RATIO		1.81	1.2 - 2.5	
GAMMA GLUTAMYL TRANSFERASE(GGT)		143	10 - 71 U/L	Method : G-glutamyl-carboxy-nitr oanilide - IFCC Ref.
<b>BUN(BLOOD UREA NITROGEN)</b>				
BUN (Blood Urea Nitrogen.)		15	7.0 - 21.0 mg/dL	Calculated
<b>TOTAL PROTEIN</b>				





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<b>Bill No/ UMR No</b> : NMBC63355/NMU0048862	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 23-Mar-24 09:03 am	<b>Report Date</b> : 23-Mar-24 12:52 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
TOTAL PROTEINS		7.6	6.0 - 8.0 g/dL	Method : Biuret method
<b>LIPID PROFILE</b>				
TOTAL CHOLESTEROL		211	Desirable : : < 200 mg/dL Borderline High : : 200 - 239 mg/dL High risk : > 240 mg/dL	METHOD : Enzymatic colorimetric
HDL CHOLESTEROL		36	Low : : < 40 mg/dL High : : > 60 mg/dL	Homogeneous enzymatic colorimetric
LDL CHOLESTEROL		154	Optimal : - < 100 mg/dL Near Optimal : 100 - 129 mg/dL Borderline High : 130 - 159 mg/dL High : 160 - 189 mg/dL Very High : - > 190 mg/dL	Direct-Enzymatic colorimetric
VLDL		33		
SERUM TRYGLYCERIDES		163	< 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL	METHOD: Enzymatic colorimetric
CHO/HDL RATIO		5.86	Normal : - < 3.5 High Risk : - > 5.0	
LDL/HDL RATIO		4.28		
SERUM URIC ACID		5.7	3.4 - 7.0 mg/dL	uricase
<b>HBA1C (GLYCOSYLATED HAEMOGLOBIN)</b>				
HBA1C		5.7	< 5.7 Normal Prediabetic 5.7 - 6.4 & >=6.5 Diabetic %	TINIA
MPG(Mean Plasma Glucose)		116	Excellent Control : 90 - 120 mg/dL Good Control : 121 - 150 mg/dL	
<b>PLBS (POST LUNCH BLOOD SUGAR WITH URINE SUGAR)</b>				
PLBS (POST LUNCH BLOOD GLUCOSE)		83	110 - 180 mg/dL	Hexokinase

\*\*\* End Of Report \*\*\*







# MEDICOVER HOSPITALS

## DEPARTMENT OF LABORATORY

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<b>Patient Name</b> : Mr. KALPESH VILAS PATIL	<b>Age / Gender</b> : 34 Y(s)/Male
<b>Bill No/ UMR No</b> : NMBC63355/NMU0048862	<b>Referred By</b> : Dr. DMO
<b>Received Dt</b> : 23-Mar-24 12:03 pm	<b>Report Date</b> : 25-Mar-24 10:16 am

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
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**Lab Incharge**

  
**Dr. VISHAL MEHROTRA, MD Pathology**  
Consultant Hematology Services

Verified By : : 026560

Test results related only to the item tested.

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HOSPITALS

NAVI MUMBAI

## 2D ECHO CARDIOGRAPHY WITH COLOUR DOPPLER

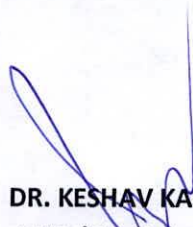
<i>Name</i>	: Mr Kalpesh Patil	Date:- 23/03/2024
<i>Age / Sex</i>	: 35Yrs / Male	UMR No. 0048864
<i>Referred By</i>	: Health Checkup	

### FINDINGS:

- No left ventricle regional wall motion abnormality.
- Normal left ventricle systolic function. LVEF = 60%.
- No left ventricle diastolic dysfunction. No e/o raised LVEDP.
- Trivial mitral regurgitation.
- No aortic regurgitation. No aortic stenosis.
- Trivial tricuspid regurgitation. No pulmonary hypertension.  
PASP-25mmHg
- No left ventricle clot / vegetation.
- Intact IAS and IVS.
- Normal right atrium and right ventricle dimensions.
- Normal left atrium and left ventricle dimensions.
- Normal right ventricle systolic function. No hepatic congestion.

### IMP:

- No RWMA.
- Trivial MR and TR. No PH.
- Normal LV and RV systolic function.

  
DR. KESHAV KALE  
DNB (Cardiology), MD (Medicine), MBBS  
PhD (Cardiology), MNAMS, LL.B (Law)  
FSCAI (USA), AFACC (USA), FESC (EU)  
Consultant & Interventional Cardiologist





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NAVI MUMBAI

**M-MODE MEASUREMENTS:**

LA	35	mm
AO root	28	mm
AO CUSP SEP	19	mm
LVID( s)	32	mm
LVID(d)	43	mm
IVS(d)	11	mm
LVPW(d)	11	mm
RVID(d)	29	mm
RA	32	mm
LVEF	60	%

	PEAK	MEAN	Vmax	Gradient of Regurgitation
MITRAL	N			Trivial
AORTIC	7			Nil
TRICUSPID	25			Trivial
PULMONERY	5.3			Nil



Patient ID:	NMU0048862	Patient Name:	KALPESH VILAS PATIL
Age:	34 Years	Sex:	M
Accession Number:	NMBC63355	Modality:	DX
Referring Physician:	DR.DMO	Study:	CHEST
Study Date:	23-Mar-2024		

**X RAY CHEST PA VIEW**

Both lungs are clear.

The frontal cardiac dimensions are normal.

The pleural spaces are clear.

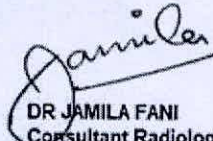
Both hilar shadows are normal in position and density.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.

**Impression:**

- **No significant abnormality is seen.**



DR JAMILA FANI  
Consultant Radiologist  
MBBS, MD

Date: 25-Mar-2024 17:17:58

<b>Patient ID:</b>	NMU0048862	<b>Patient Name:</b>	KALPESH VILAS PATIL
<b>Age:</b>	34 Years	<b>Sex:</b>	M
<b>Accession Number:</b>	NMBC63355	<b>Modality:</b>	US
<b>Referring Physician:</b>	DR.DMO	<b>Study:</b>	USG ABDOMEN WHOLE
<b>Study Date:</b>	23-Mar-2024		

### ULTRASOUND EXAMINATION OF ABDOMEN & PELVIS

The Liver is normal in size and shows a normal parenchymal reflectivity. No focal lesion is seen. The Hepatic veins appear normal. There is no IHBR dilatation. The portal vein appears normal.

The gall bladder is physiologically distended with normal wall thickness. There is no evidence of gallstones. C.B.D. is of normal caliber.

The Pancreas is normal in size and shows homogeneous reflectivity.

The spleen is normal size. It measures 9.5 cm in long axis. No focal lesion is seen.

Both kidneys are normal in position and size. They show normal cortical reflectivity and cortico-medullary distinction.

The Right Kidney measures 9.3 x 4.4 cm.

The Left Kidney measures 10.5 x 5.0 cm.

There is no evidence of renal calculi, hydronephrosis, or mass noted.

There is no evidence of ascites or para aortic lymphadenopathy.

The Urinary bladder is adequately distended and shows normal wall thickness. No evidence of any intraluminal mass or calculi.

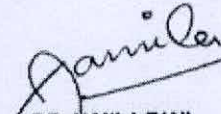
The Prostate gland is normal in size.

It has smooth outlines and normal reflectivity.

It measures 3.1 x 2.7 x 2.0 cm corresponding to an estimated weight of 9.0 gms.

### IMPRESSION:

- **No significant abnormality is seen.**

  
DR JAMILA FANI  
Consultant Radiologist  
MBBS, MD

Date: 23-Mar-2024 10:45:55



**MEDICOVER**  
HOSPITALS

NAVI MUMBAI

Kalpesh Patil

S/B:- Dr. Mandira Kamble

O/C:- Stain<sup>d</sup> Calculus<sup>→</sup>

Re treated  $\bar{c}$   $\frac{6}{6}$

Advice  $\angle$  Oral prophylaxis.

Prosthesis  $\bar{c}$   $\frac{6}{6}$

M Kamble

**Dr. Mandira Sushil Kamble**  
MDS in Conservative Dentistry And Endodontics  
Reg. No. A-43282

