

NAME:	Mr. Jadhav Navin	UHID:	
AGE:	49	DATE OF HEALTHCHECK:	19/12/2024
GENDER:	M		

HEIGHT:	171	MARITAL STATUS:	M
WEIGHT:	88.1	NO OF CHILDREN:	1
BMI:	30.1		

C/O: 1. Blood pressure on occasion
 2. Dyslipidemia

K/C/O: DM 2, Hypo.

P/M/H: - No

PRESENT MEDICATION: - Tab. Satva M
 0-1-1
 Tab. Fenofibrate
 0-1-1
 Tab. Atorvastatin
 1-0-1

ALLERGY: - No

PHYSICAL ACTIVITY: Active / Moderate / Sedentary

H/A: SMOKING: - Yes

FAMILY HISTORY FATHER: -

ALCOHOL: - Occ.

MOTHER: - DM, Thyroid disorder

TOBACCO/PAN: -

O/E:

LYMPHADENOPATHY:

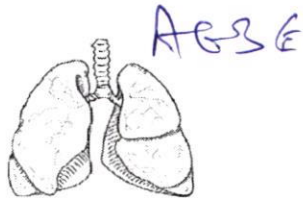
BP: 110/80 PULSE: - 68/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING: - No

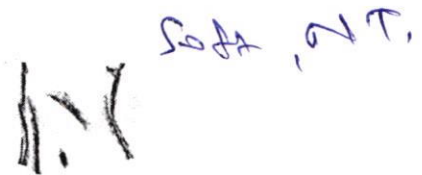
TEMPERATURE: - SCARS: -

OEDEMA: -

S/E:
RS:



P/A:



CVS:



Extremities & Spine: - lower pain bil.

CNS:

Cerebellum, 2-ventricles

ENT: - No

Skin: - No

Vision:

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

Name: Sodhi Nair

Age: 49

Date of Health check-up: 19/02/24

Findings and Recommendation:

Findings:-

Hb A1c +
Sugar +
C&P - : Normal
Cudraque

Recommendation:-

- Diet/E-acc
- T: Venofoca m.
- H RCT cent/cent physical eye

Signature:

Consultant -



DR. ANIRBAN DASGUPTA
MBBS, D.N.B MEDICINE
DIPLOMA CARDIOLOGY
MMC- 2005/02/0920

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 19/2/24

Name: Mr. Sudhir Age: 49 Gender: Male/Female

Without Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

Distance: Right Eye 6/5 Left Eye 6/6

Near : Right Eye 20 Left Eye 20

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	+0.50					+0.50				
Near	+2.00					+2.00				

Progression

Colour Vision : N 20

Anterior Segment Examination : N 20 / (BC)

Pupils : _____

Fundus : _____

Intraocular Pressure : 14 mm Hg (BC)

Diagnosis : _____

Advice : (BC) glasses 3 times x 10

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

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

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

DENTAL CHECKUP

Name: Mr. Suchir Nair	MR NO:
Age/Gender : 49 yrs / m.	Date: 19/2/24.


Medical history: Diabetes Hypertension on medical

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: _____

 **DR. NILAM PATIL**
B. D. S
Reg. No: A 23226

• ANDHERI • COLABA • NASHIK • VASHI

Name : Mr. Sudhir Gopalan Nair Gender : Male Age : 49 Years
 UHID : FVAH 10681. Bill No : Lab No : V-2332-23
 Ref. by : SELF Sample Col.Dt : 19/02/2024 08:50
 Barcode No : 9010 Reported On : 19/02/2024 16:01

TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)		
Haemoglobin(Colorimetric method)	14.4 g/dl	13 - 18
RBC Count (Impedance)	4.74 Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	43.7 %	35 - 55
MCV:(Calculated)	92.2 fl	78 - 98
MCH:(Calculated)	30.3 pg	26 - 34
MCHC:(Calculated)	32.9 gm/dl	30 - 36
RDW-CV:	14.8 %	11.5 - 16.5
Total Leucocyte count(Impedance)	7560 /cumm.	4000 - 10500
Neutrophils:	46 %	40 - 75
Lymphocytes:	44 %	20 - 40
Eosinophils:	06 %	0 - 6
Monocytes:	04 %	2 - 10
Basophils:	00 %	0 - 2
Platelets Count(Impedance method)	1.92 Lakhs/c. mm	1.5 - 4.5
MPV	8.3 fl	6.0 - 11.0
ESR(Westergren Method)	06 mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)	Normochromic, Normocytic	
RBCs:	Lymphocytosis	
WBCs:	Adequate	
Platelets		
Note:	Test Run on 5 part cell counter. Manual diff performed.	

Neha More
Entered By

Ms Kaveri Gaonkar
Verified By

MA

Page 9 of 02 Dr. Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically



Indira Health And Lifestyle Private Limited.
NABL Accredited Laboratory
 The Emerald, 1st Floor, Plot No. 195, Sector-12,
 Besides Neel Siddhi Tower, Vashi-Navi Mumbai-400703.
 Tel.: (022) - 2788 1322 / 23 / 24 ☎ 8291490000
 Email: apolloclinicvashi@gmail.com



Name	: Mr. Sudhir Gopalan Nair	Gender	: Male	Age	: 49 Years
UHID	: FVAH 10681.	Bill No	:	Lab No	: V-2332-23
Ref. by	: SELF	Sample Col.Dt	: 19/02/2024 08:50		
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TEST


RESULTS

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

ABO Group:	:O:
Rh Type:	Positive
Method :	Matrix gel card method (forward and reverse)
-----	-----

Sheetal Nakate
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	217	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 :	282	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
LIPID PROFILE - Serum			
S. Cholesterol(Oxidase)	141	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable: >240
S. Triglyceride(GPO-POD)	190	mg/dL	Desirable < 150 Borderline: >150-<499 Undesirable: >500
S. VLDL:(Calculated)	38	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<u>24.2</u>	mg/dL	Desirable > 60 Borderline: >40-<59 Undesirable: <40
S. LDL:(calculated)	78.8	mg/dL	Desirable < 130 Borderline: >130-<159 Undesirable: >160
Ratio Cholesterol/HDL	<u>5.8</u>		3.5 - 5
Ratio of LDL/HDL	3.3		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	6.97	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.19	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.78	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.51		0.9 - 2
S.Total Bilirubin (DPD):	0.46	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.16	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.3	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	36	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	47	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	55	U/L	40 - 129
S.GGT(IFCC Kinetic):	30	U/L	11 - 50

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	21.6 mg/dl	10.0 - 45.0
BUN (Calculated)	10.08 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.83 mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	12.14	9:1 - 23:1
S.Uric Acid(Uricase Method)	5.0 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)	2.07	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	79.79	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.93	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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Page 10 of 12 Chief Pathologist

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
PROSTATE SPECIFIC ANTIGEN		
Prostate Specific Antigen (ECLIA):	0.345ng/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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M.D(Path)
Chief Pathologist

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	30	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		Clear
SEDIMENT	Absent		Absent

CHEMICAL EXAMINATION(Strip Method)


REACTION(PH)	5.0		4.6 - 8.0
SPECIFIC GRAVITY	1.015		1.005 - 1.030
URINE ALBUMIN	Absent		Absent
URINE SUGAR(Qualitative)	Present (++)		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	1 - 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

Anushka Chavan
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Ms Kaveri Gaonkar
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 Dr. Milind Patwardhan
 M.D(Path)
 Page 2 of Chief Pathologist

End of Report
 Results are to be correlated clinically

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

STOOL EXAMINATION

PHYSICAL EXAMINATION

COLOUR	Brown	
CONSISTENCY	Semi Solid	
MUCUS	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

Vasanti Gondal
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Ms Kaveri Gaonkar
Verified By



Dr. Milind Patwardhan
M.D(Path)
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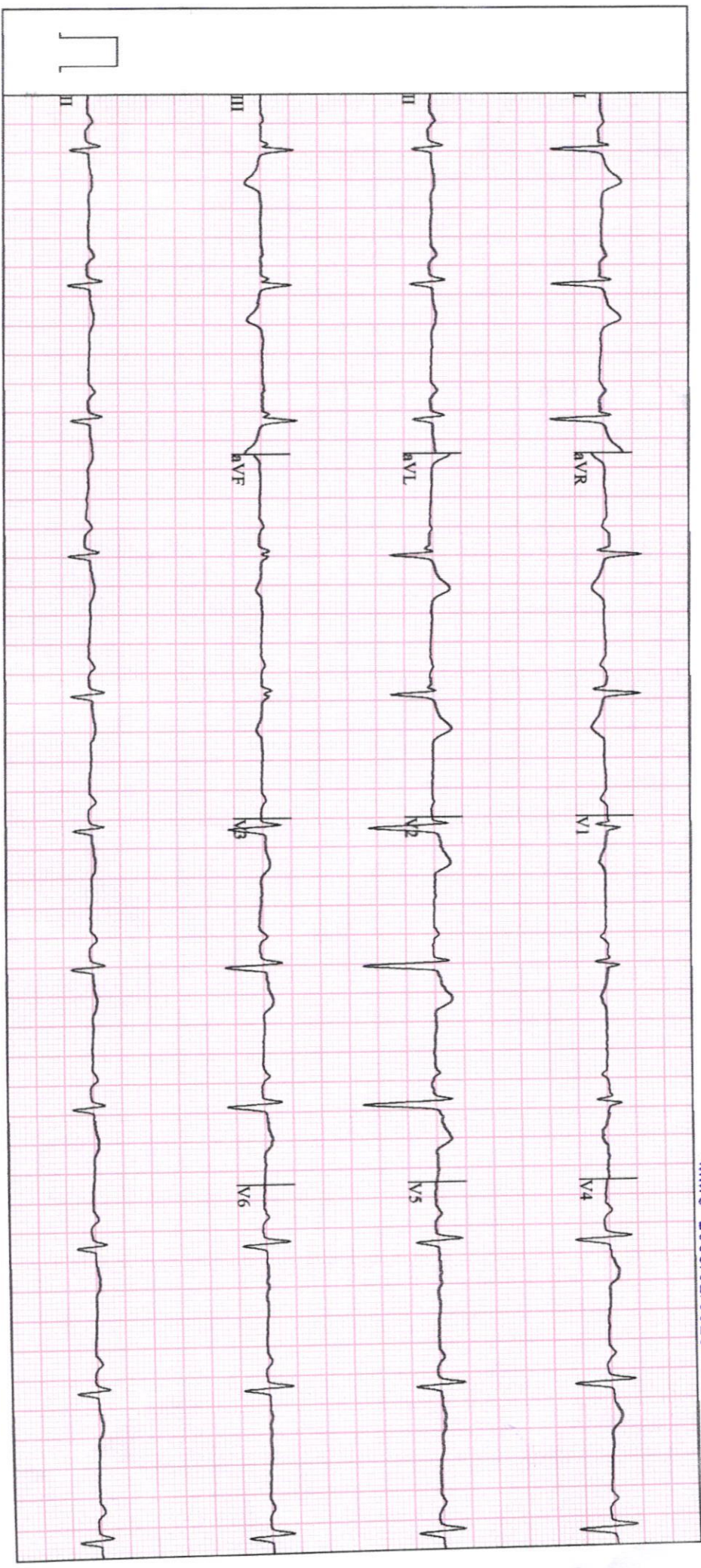
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QRS : 94 ms
QT / QTc Baz : 400 / 409 ms
PR : 194 ms
P : 104 ms
RR / PP : 950 / 952 ms
P / QRS / T : 46 / 157 / -8 degrees

Normal sinus rhythm
Right axis deviation
Incomplete right bundle branch block
T wave abnormality, consider inferior ischemia
Abnormal ECG

- I R B B .
- R A D
- ST change seen lead -

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



Apollo Clinic
The Emerald, Plot No-195/B, Sector-12,
Neel Siddhi Towers, Vashi-400703

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: SUDHIR, NAIR
Patient ID: 10681
Height:
Weight:

DOB: 16.02.1975
Age: 49yrs
Gender: Male
Race: Asian

Study Date: 19.02.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR.ANIRBAN DASGUPTA
Technician: Anita Gaikwad

Medications:
OHA

Medical History:
DM

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:53	0.00	0.00	69	110/80	
	STANDING	00:15	0.00	0.00	67		
	HYPERV.	00:15	0.00	0.00	68	110/80	
EXERCISE	WARM-UP	00:10	0.60	0.00	73		
	STAGE 1	03:00	1.70	10.00	118	120/80	
	STAGE 2	03:00	2.50	12.00	150	140/90	
	STAGE 3	00:31	3.40	14.00	155	150/90	
RECOVERY		01:04	0.00	0.00	110	180/90	

The patient exercised according to the BRUCE for 6:31 min:s, achieving a work level of Max. METS: 8.50. The resting heart rate of 57 bpm rose to a maximal heart rate of 155 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 180/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

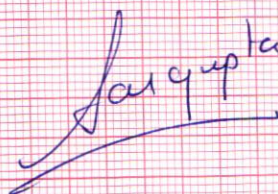
Interpretation

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: none.
Overall impression: Normal stress test.

Conclusions

TMT IS NEGATIVE FOR INDUCIBLE MYOCARDIAL ISCHAEMIA AT THE WORKLOAD ACHIEVED.

Physician-DR.ANIRBAN DASGUPTA



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

PATIENT'S NAME	SUDHIR G NAIR	AGE :-49 Y/M
UHID NO	10681	19 Feb 2024

DIGITAL RADIOGRAPH OF CHEST (PA VIEW)

Mild haziness is seen at right basilar region.

The rest of the lung fields are clear.

Mild cardiomegaly. Aorta appears normal.

Both hila appear normal.

Both costo-phrenic angles are clear.

Visualized bony thorax appears normal.

IMPRESSION: THE RADIOGRAPH REVEALS MILD HAZINESS AT RIGHT BASILAR REGION, MAY REPRESENT CONGESTION. MILD CARDIOMEGALY. NO OTHER SIGNIFICANT ABNORMALITY IS DETECTED IN CURRENT RADIOGRAPH.

Clinico-haematological correlation is recommended.

Thanking you for the referral,
With regards,



DR. SIDDHI PATIL
Cons. Radiologist

• ANDHERI • COLABA • NASHIK • VASHI

PATIENT'S NAME	SUDHIR G NAIR	AGE :- 49y/M
UHID NO	10681	19 Feb 2024

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 11.4 x 4.0 cm. **LEFT KIDNEY** measures 12.0 x 5.7 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 approximately 18 gms.

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. DISHA MINOCHA
DMRE (RADIOLOGIST)