

MEDICAL SUMMARY

NAME:	Junal Salunke	UHID:	3634
AGE:	52 yrs	DATE OF HEALTHCHECK:	24/12/2022
GENDER:	Male		

HEIGHT:	161 cm	MARITAL STATUS:	M
WEIGHT:	67 kg	NO OF CHILDREN:	1
BMI:	25.8		

C/O:

K/C/O: Epilepsy

PRESENT MEDICATION: Tab. - on medication

P/M/H: Epilepsy

P/S/H: - No.

ALLERGY: No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

ALCOHOL:

TOBACCO/PAN:

FAMILY HISTORY FATHER:

MOTHER:

O/E:

BP: 110/80 PULSE: 72/min

TEMPERATURE: N SCARS:

LYMPHADENOPATHY:

PALLOR/ICTERUS/CYNOSIS/CLUBBING:

OEDEMA:

S/E:

RS:



P/A:

CVS: Slight

Extremities & Spine: - No

ENT:

CNS: cerebra, uncontrolled

Skin: No

Vision:

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

OPHTHALMIC EVALUATION

UHID No.: 3634

Date: 24/12/20

Name: Mr. Sunil Salunkhe Age: 52 Gender: Male / Female

Without Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

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

Near : Right Eye N3 Left Eye N3

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>plano</u>					<u>plano</u>				
Near	<u>+2.5</u>					<u>+2.5</u>				

Colour Vision: Normal Bilateral BU

Anterior Segment Examination: early cataract

Pupils: _____

Fundus: _____

Intraocular Pressure: NO all

Diagnosis: 14 mm Hg all

Advice: glasses

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

V 90P Lat NAF

DR. RUCHIRA SHARMA
M. S. (OPHTH)
CONSULTING OPHTHALMOLOGIST
& MICRO SURGEON
REG. No.: 3262 / 09 / 02

Dr. _____
(Consultant Ophthalmologist)

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

Apollo Clinic

DENTAL CHECKUP

VASHI

Name: <u>Sunil Salunke</u>	MR NO: <u>3634</u>
Age/Gender: <u>54/M</u>	Date: <u>24/12/22</u>

Medical history: Diabetes Hypertension


EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus & Stains			-2	-7
Mobility				
Caries (Cavities)				
a) Class 1 (Occlusal)				
b) Class 2 (Proximal)				
c) Class 5 (Cervical)				
Faulty Restoration				
Faulty Crown				
Fractured Tooth				
Root Pieces	6, 8	1, 4		
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: Adv. Oph. for further evaluation.


 Dr. Namrata Patil
 MDS, Pedodontics.
 Reg: A-16738

• ANDHERI • COLABA • NASHIK • VASHI

Name : Mr. Sunil Abaji Salunkhe
 UHID : FVAH 3634
 Ref. by : SELF
 Barcode No : 4436

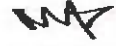
Gender : Male Age : 52 Years
 Bill No : Lab No: V-2660-19
 Sample Col.Dt : 24/12/2022 09:05
 Reported On : 24/12/2022 19:38

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
CBC (Complete Blood Count)-WB (EDTA)		
Haemoglobin(Colorimetric method)	13.7 g/dl	13 - 18
RBC Count (Impedance)	5.10 Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	41.6 %	35 - 55
MCV:(Calculated)	81.6 fl	78 - 98
MCH:(Calculated)	26.9 pg	26 - 34
MCHC:(Calculated)	32.9 gm/dl	30 - 36
RDW-CV:	13.4 %	11.5 - 16.5
Total Leucocyte/WBC count(Impedance)	7120 /cumm.	4000 - 10500
Neutrophils:	61 %	40 - 75
Lymphocytes:	34 %	20 - 40
Eosinophils:	02 %	0 - 6
Monocytes:	03 %	2 - 10
Basophils:	00 %	0 - 2
Platelets Count(Impedance method)	2.53 Lakhs/c.mm	1.5 - 4.5
MPV	8.1 fl	6.0 - 11.0
Peripheral Smear (Microscopic examination)	Normochromic, Normocytic	
RBCs:	Normal	
WBCs:	Adequate	
Platelets	Adequate	
Note:	Test Run on 5 part cell counter. Manual diff performed.	

Vasanti Gondal
 Entered By

Ms Kaveri Gaonkar
 Verified By


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

End of Report
 Results are to be correlated clinically

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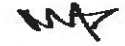
TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

ESR(Westergren Method)

Erythrocyte Sedimentation Rate:- **32** mm/1st hr 0 - 20

Anushka Chavan
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TEST

RESULTS

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

ABO Group:

:A:

Rh Type:

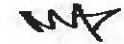
Positive

Method :

Tube Agglutination (forward and reverse)

Shweta Unavane
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.9 %
 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 : 122.63 mg/dL

Correlation 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

High Performance Liquid Chromatography (HPLC).

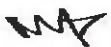
Method

INTERPRETATION

- * The HbA1c levels correlate 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 than the routine chromatographic methods & also for the diabetic pts. having HEMOGLBINOPATHIES OR UREMIA as Hb variants 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 diabetics .
- * 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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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	95	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 :	94	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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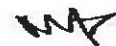
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Lipid Profile- Serum			
S. Cholesterol(Oxidase)	212	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	186	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	37.2	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	33.6	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	141.2	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	6.3		3.5 - 5
Ratio of LDL/HDL	4.2		2.5 - 3.5

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
LFT(Liver Function Tests)-Serum			
S.Total Protein (Biuret method)	7.43	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.45	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.98	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.49		0.9 - 2
S.Total Bilirubin (DPD):	0.35	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.12	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.23	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	22	U/L	5 - 36
S.ALT (SGPT) (IFCC Kinetic with P5P):	27	U/L	5 - 41
S.AIk Phosphatase(pNPP-AMP Kinetic):	83	U/L	40 - 129
S.GGT(IFCC Kinetic):	61	U/L	11 - 50

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	20.1 mg/dl	10.0 - 45.0
BUN (Calculated)	9.38 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.91 mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	10.31	9:1 - 23:1
S.Uric Acid(Uricase Method)	3.6 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)	1.63	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	69.17	nmol/L	66 - 181 nmol/L
TSH (Thyroid-stimulating hormone) (ECLIA)	2.84	□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 :

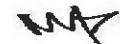
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TSH :

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):	0.292ng/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)	5.0	4.6 - 8.0
SPECIFIC GRAVITY	1.010	1.005 - 1.030
URINE PROTEIN	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	1 - 2 / 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

Anushka Chavan
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End of Report

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Sunil, Satukhe
3634

52 Years

Male

24.12.2022 13:13:22
Apollo Clinic
1st Flr, The Emerald, Sector-12,
Vashi, Mumbai-400703.

QRS : 78 ms
QT / QTcBaz : 374 / 385 ms
PR : 192 ms
P : 116 ms
RR / PP : 934 / 937 ms
P / QRS / T : 63 / 66 / 61 degrees

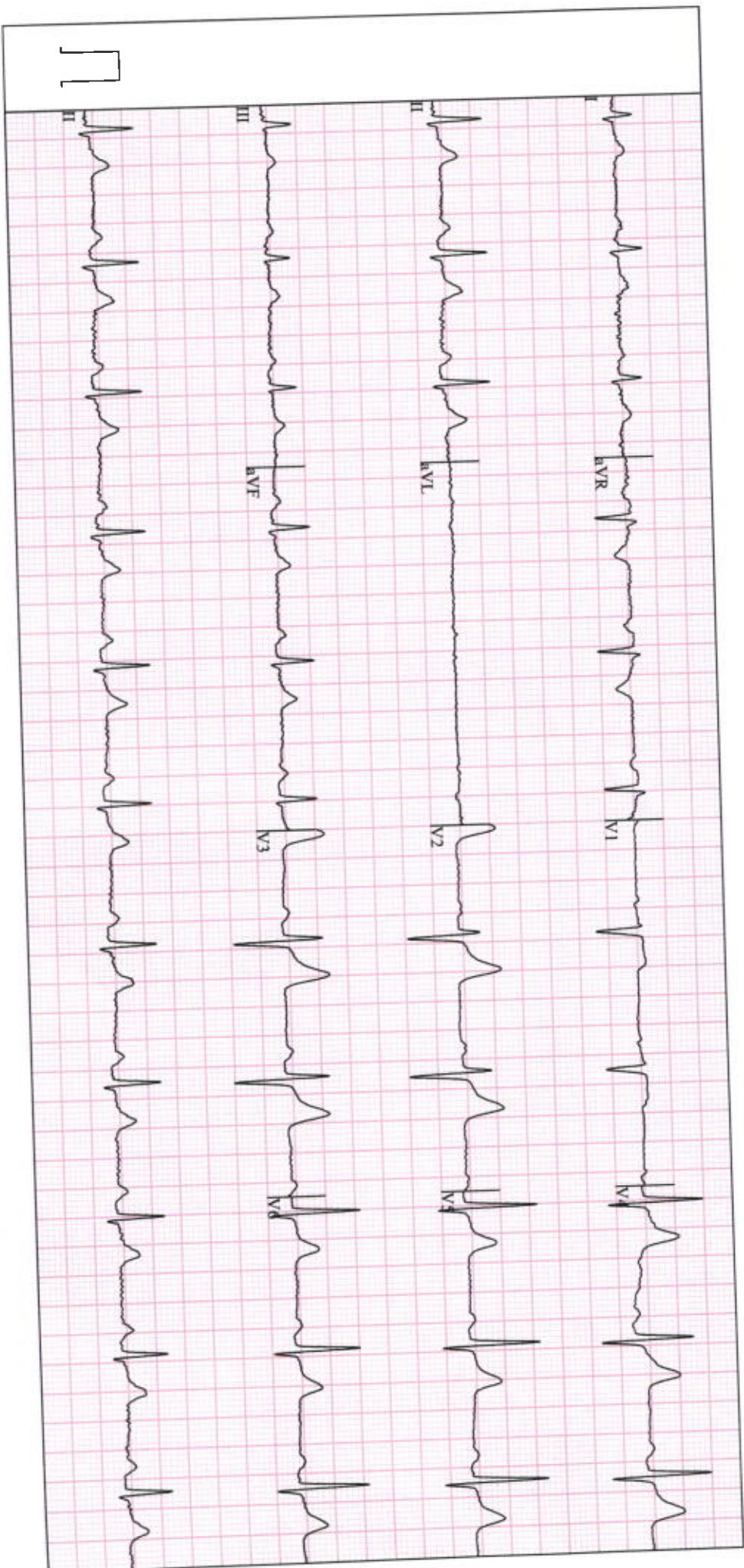
Normal sinus rhythm
Normal ECG

Normal sinus rhythm.
No significant ST-T changes.

RA

Dr. RISHI A. BHARGAVA
MD, DM (Cardiology)
CONSULTANT CARDIOLOGIST
Reg. No.: 2019/02/0494

64 bpm
--/-- mmHg



□

PATIENT'S NAME	SUNIL A SALUNKHE	AGE :- 52Y/M
UHID	3634	DATE :- 24-12-22

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.

Grade I diastolic dysfunction.

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Measurements

Aorta annulus	18 mm
Left Atrium	28 mm
LVID(Systole)	16 mm
LVID(Diastole)	39 mm
IVS(Diastole)	10 mm
PW(Diastole)	10 mm
LV ejection fraction.	55-60%

Conclusion

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

Dasgupta

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

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PATIENT'S NAME	SUNIL A SALUNKHE	AGE : 52Y/ M
UHID NO	3634	DATE : 24/12/2022

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. Ashwin Y.
M.D. (Radio-Diagnosis)

PATIENT'S NAME	SUNIL A SALUNKHE	AGE :- 52 y/M
UHID	3634	DATE :- 24-12-22

USG WHOLE ABDOMEN

LIVER is normal in size, (14.5cm)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 (8.5 cm)and echotexture. No focal lesion seen. SV is normal.

Right kidney measures approximately 12.0 x 5.6 cm. normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

Left kidney is not well visualized –Suggest: CECT A+P if clinically indicated for better assessment.

Urinary Bladder is adequately distended; no e/o any obvious wall thickening or mass or calculi seen. Post-void residue is not significant.

PROSTATE is normal in size, shape & echotexture. It measures approximately 14 gms.

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

IMPRESSION –

- **No 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. Ashwin Y.
M.D. (Radio-Diagnosis)

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