MEDICOVER HOSPITALS | KLE Belagavi

Place Label Here
Pt. Name :
UMR :
Age : Sex :
IP :
If lable not available, write Pt. Name, IP No., Sex, Date, Name of Treating Physician

OPD Nursing Assessment - Adult

Name: Ravi Ranjan Date of Birth : — Age/Sex: 51/M UMR No.:

Assessment :

Height: 169 cms Weight: 95 kg. BMI: Respiration: 20 /min Pulse H/R : 76 /min

BP: 122/86 mmHG Temperature : °F/°C SpO2 97 % BSL —

Chief Complaints : Health check-up

Tick Appropriate :

Interpreter Needed	☐ Yes	☒ No	
Nutritional Status: Weight Loss/Gain in Last 3 Months	☐ Yes	☒ No	
If Weight Loss / ain-Dietary Referral	☐ Yes	☒ No	
Psychological Assessment Agitated Anxious	☐ Yes	☒ No	☐ Normal
(If Agitated, Inform Physician)	☐ Irritable		

ny Allergies Known Including Drugs : Nil

Past History: Any Surgeris Explain : Nil

Any Other illness: Explain : HTN & DM

Pain Score: Numerical Scales (1-10) — Location — Characteristics —

Need to be seen immediately by the Doctor — ☐ Yes ☒ No

Fall risk: Age 65Yrs. — Tremors — High Grade Fever — H/O Fall in last 3 months —

Cardiac Medicines — Seizure Medications — Fall Prevention Education Done Yes

Name of Nurse	ID No. of Nurse	Signature of Nurse	Date & Time
Suryakanta	027711		23/5/24

MEDICOVER HOSPITALS | KLE Pune

DEPARTMENT OF LABORATORY

Patient Name	: Mr. RAVI RANJAN	**Age /Gender**	: 51 Y(s)/Male
Bill No/ UMR No	: PUBC23244/PUU23157	**Referred By**	: Dr. GENERAL MEDICINE CONSUL
Received Dt	: 23-May-24 10:45 am	**Report Date**	: 23-May-24 11:45 am

FINAL REPORT

Parameters	Specimen	Result	Biological Reference Intervals
CUE(COMPLETE URINE EXAMINATION)			
GENERAL EXAMINATION			
VOLUME	Urine	30	10 ml to 25 ml
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY		1.010	1.010 - 1.030
PH		5.0	4.5 - 8.0
CHEMICAL EXAMINATION			
PROTEIN	Urine	ABSENT	ABSENT
GLUCOSE		ABSENT	ABSENT
BLOOD		ABSENT	ABSENT
LEUCOCYTES		NEGATIVE	NEGATIVE
UROBILINOGEN		NORMAL	NORMAL
KETONE		ABSENT	ABSENT
BILIRUBIN		NEGATIVE	NEGATIVE
NITRITE		NEGATIVE	NEGATIVE
MICROSCOPIC EXAMINATION			
PUS CELLS	Urine	0-1	0 - 5 /hpf
RBC		NIL	0 - 2 /hpf
EPITHELIAL CELLS		0-1	0 - 5 /hpf
CRYSTALS		NIL	ABSENT
CASTS		ABSENT	ABSENT
OTHERS		ABSENT	ABSENT

*** End Of Report ***

System Name : M

Sector - 1, Indrayani Nagar, Bhosari, Pune - 411026
Ph: 040 6833 4455, info@medicoverhospitals.in
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DEPARTMENT OF LABORATORY

Patient Name	: Mr. RAVI RANJAN	**Age /Gender**	: 51 Y(s)/Male
Bill No/ UMR No	: PUBC23244/PUU23157	**Referred By**	: Dr. GENERAL MEDICINE CONSUL
Received Dt	: 23-May-24 10:45 am	**Report Date**	: 23-May-24 03:09 pm

FINAL REPORT

Parameter	Specimen	Result Values	Biological Reference	Method
COMPLETE BLOOD COUNT				
COMPLETE BLOOD COUNT				
HAEMOGLOBIN	EDTA Blood	14.5	13.1 - 17.2 g/dL	Spectrophotometry
WHITE BLOOD CELLS (WBC)		5,540	4000 - 11000 Cells/cumm	Impedance, optical Absorbance, DHSS
PLATELET COUNT		150000	150000 - 450000 /cumm	Impedance
RED BLOOD CELLS		4.74	4.5 - 6 milli/cumm	Impedance
HEMATOCRIT/HCT (PCV)		41.9	40 - 50 %	Analogical integration
MCV		88.2	82 - 95 fl	Calculated
MCH		30.5	27 - 32 pg	Calculated
MCHC		34.6	32 - 36 g/dL	Calculated
RDW(cv)		12.0	11.5 - 14.0 %	Calculated
MPV		11.1	6 - 9.5 fl	
DIFFERENTIAL COUNT				
NEUTROPHILS	EDTA Blood	65.3	50 - 75 %	DHSS/Microscopy
LYMPHOCYTES		23.2	20 - 40 %	DHSS/Microscopy
EOSINOPHILS		3.4	00 - 06 %	DHSS/Microscopy
MONOCYTES		7.2	00 - 10 %	DHSS/Microscopy
BASOPHILS		0.9	00 - 01 %	DHSS/Microscopy
PERIPHERAL SMEAR EXAMINATION				
RBC morphology	EDTA Blood	Normocytic Normochromic		
WBC morphology		No Atypical Cells Seen		
PLATELETS		Adequate On Smear		
BLOOD GROUPING AND RH				
BLOOD GROUP	Blood	" AB "		SLIDE AGGLUTINATION
RH TYPE		POSITIVE		
ESR		13	0 - 15 mm/1st hour	WESTERGREN`S METHOD

*** End Of Report ***

System Name : M

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DEPARTMENT OF LABORATORY

Patient Name	: Mr. RAVI RANJAN	**Age /Gender**	: 51 Y(s)/Male
Bill No/ UMR No	: PUBC23244/PUU23157	**Referred By**	: Dr. GENERAL MEDICINE CONSUL
Received Dt	: 23-May-24 10:46 am	**Report Date**	: 23-May-24 01:59 pm

Parameters	Specimen	Result	Biological Reference In	Method

System Name : M

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DEPARTMENT OF LABORATORY

Patient Name	: Mr. RAVI RANJAN	**Age /Gender**	: 51 Y(s)/Male
Bill No/ UMR No	: PUBC23244/PUU23157	**Referred By**	: Dr. GENERAL MEDICINE CONSUL
Received Dt	: 23-May-24 11:03 am	**Report Date**	: 23-May-24 01:38 pm

FINAL REPORT

Parameters	Specimen	Result	Biological Reference Intervals	Method
VITAMIN B12		430.8	197 - 771 pg/mL	Method : ECLIA
T3,T4 AND TSH				
T3		1.41	0.8 - 2.0 ng/mL	Method : ECLIA
T4		8.77	5.1 - 14.1 ug/dL	Method : ECLIA
TSH(THYROID STIMULATING HORMONE)		2.79	0.27 - 4.2 uIU/mL	Method : ECLIA
VITAMIN D(25 OH)		7.82	Insufficient : 21 - 29 ng/mL Deficient : <= 20 ng/mL Sufficient : 30 - 100 ng/mL Potential toxicity : > 100 ng/mL	Method : ECLIA
HBA1C (GLYCOSYLATED HAEMOGLOBIN)				
HBA1C		5.9	Normal < 5.7 Pre diabetic 5.7 - 6.5 Diabetic > 6.5 : 5.7 - 6.5	TINIA
SERUM CREATININE		0.84	0.8 - 1.3 mg/dL	Jaffe
LFT(LIVER FUNCTION TEST)				
TOTAL BILIRUBIN		0.83	0.1 - 1.2 mg/dL	Colorimetric diazo method
DIRECT BILIRUBIN		0.35	<= 0.20 mg/dL	Method: Diazo Method
INDIRECT BILIRUBIN		0.48	<= 1.0 mg/dL	
SGPT (ALT)		43.2	<= 41 U/L	Enzymatic
SGOT (AST)		37.0	<= 40 U/L	Enzymatic
ALKALINE PHOSPHATASE (ALP)		86	40 - 129 U/L	PNPP
TOTAL PROTEINS		7.35	6.4 - 8.3 g/dL	Method : Biuret method
SERUM ALBUMIN		4.35	3.5 - 5.2 g/dL	Method : Bromcresol Green (BCG)
GLOBULINS		3	1.8 - 3.6 g/dL	
A/G RATIO		1.45	1.1 - 2.2	
GAMMA GLUTAMYL TRANSFERASE(GGT)		21	10 - 71 U/L	Enzymatic colorimetric assay (IFCC)
LIPID PROFILE				
TOTAL CHOLESTEROL		124.2	Borderline High : 200 - 240 mg/dL High risk : > 240 mg/dL Desirable: : < 200 mg/dL	Enzymatic, Colorimetric Method

System Name : M

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DEPARTMENT OF LABORATORY

Patient Name	: Mr. RAVI RANJAN	**Age /Gender**	: 51 Y(s)/Male
Bill No/ UMR No	: PUBC23244/PUU23157	**Referred By**	: Dr. GENERAL MEDICINE CONSUL
Received Dt	: 23-May-24 11:03 am	**Report Date**	: 23-May-24 01:38 pm

Parameters	Specimen	Result	Biological Reference In	Method
HDL CHOLESTEROL		30.9	Major risk factor for heart disease : : < 40 mg/dL Negative risk factor for heart disease : : > 60 mg/dL	Homogeneous enzymatic colorimetric assay
LDL CHOLESTEROL		65.7	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	
VLDL		27.6	6 - 38 mg/dl	
SERUM TRYGLYCERIDES		138.0	Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL Normal : < 150 mg/dL	Enzymatic colorimetric test
CHO/HDL RATIO		4.02	Normal : - < 3.5 High Risk : - > 5.0	
LDL/HDL RATIO		2.13	2.5 - 3.5	
COMMENT		10-12 hours fasting is mandatory for Lipid profile parameters. If not ,Values may not be accurate.		
SERUM URIC ACID		6.7	3.4 - 7.0 mg/dL	Enzymatic colorimetric test
FBS (FASTING BLOOD SUGAR)				
FASTING BLOOD GLUCOSE		106.0	Normal Range : 70 - 99 mg/dL Impaired Glucose tolerance : 100 - 125 mg/dL Diabetes Mellitus : - > 126 mg/dL	Hexokinase
BUN(BLOOD UREA NITROGEN)				
BUN (Blood Urea Nitrogen.)		10.6	7.0 - 21.0 mg/dL	Calculatead
PSA (PROSTATE SPECIFIC ANTIGEN).				
PROSTATE SPECIFIC ANTIGEN (PSA)		0.331	0 - 4.0 ng/mL	Method : ECLIA
PPBS (POST PRANDIAL BLOOD SUGAR)				
PPBS (POST PRANDIAL BLOOD SUGAR)		123.0	Normal range : < 140 mg/dL Impaired glucose tolerance : <= 199 mg/dL Diabetes Milletus : >= 200 mg/dL	Hexokinase

System Name : M

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DEPARTMENT OF LABORATORY

Patient Name	: Mr. RAVI RANJAN	**Age /Gender**	: 51 Y(s)/Male
Bill No/ UMR No	: PUBC23244/PUU23157	**Referred By**	: Dr. GENERAL MEDICINE CONSUL
Received Dt	: 23-May-24 01:33 pm	**Report Date**	: 23-May-24 03:09 pm

Parameters	Specimen	Result	Biological Reference In	Method

*** End Of Report ***

Lab Incharge

Dr. PAWAR PRIYA VASANTRAO, MBBS, DNB
CONSULTANT PATHOLOGIST
Pathology

Test results related only to the item tested.

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System Name : M

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MEDICOVER HOSPITALS | KLE Pune

DEPARTMENT OF RADIOLOGY

Patient Name : Mr. Ravi Ranjan	**Age : 51 yrs / M**
Ref. By : Health check up	**OPD/IPD No: PUU: 23157**
Date of USG: 23/05/2024	**Date of Reporting: 23/05/2024**

USG ABDOMEN AND PELVIS

Liver : is normal in size (measures 13 cm in craniocaudal axis) and shape. **It shows increased in echotexture.** No focal lesion is seen. No IHBRD.

CBD : Visualized part is normal in caliber at the porta.

Portal Vein: is normal in caliber at the porta. No evidence of thrombosis of the visualized part at the porta.

Gall Bladder : is minimally distended. No evidence of calculus seen. Sonographic Murphy's sign is negative. No evidence of pericholecystic collection.

Pancreas : Visualized part of head and body appears normal in caliber and echogenicity.

Spleen : is mildly enlarged in size (measures 13.9 cm). No focal lesion is noted.

Kidneys : Right Kidney: 10.4 x 4.7 cm. Left Kidney: 11.3 x 4.1 cm.
Both kidneys appear normal in size, shape, echogenicity and corticomedullary differentiation. No evidence of hydronephrosis. No focal lesion or calculus is noted.

Urinary Bladder :is well distended and show normal wall thickness.
No calculus/focal lesion is seen.

Prostate : Measures 4.0 x 3.5 x 3.5 cm (volume is 23 cc). Normal in size and shape.

Retro-peritoneum is obscured by bowel gases.
No pleural effusion. No ascites is noted.
Visualized bowel loops are gaseous.

IMPRESSION :

- **Grade I fatty infiltration of liver.**
- **Mild splenomegaly.**

Dr. Madhuri Avhad (MBBS DMRD)
Consultant Radiologist

MEDICOVER HOSPITALS | KLE Pune

Date:- 22/05/24.

Name:- Mr. Rami Ranjan.

Age/Sex:- 51/M

S/B: Ophthalmologist: Dr Kirti Mane.

Eye	UCVA	PGVA	Pinhole	NEAR	COLOR VISION
Right	6/12	6/6 (-0.75Dcyl x 180°)	6/6	N6 (+1.75D)	WNL
Left	6/12	6/6 (-0.75Dcyl x 180°)	6/6	N6 (+1.75D)	(16/16)

Other findings:-

Squint

Nystagmus } no.

Night blindness:-

Impression:-

Eye exam is within normal limits

for desired fitness for work.

Dr. Kirti Mane
MBBS, DOMS, MMC
Reg. No.: 2005/05/2708

MEDICOVER HOSPITALS | KLE Pune

22/05/2024

Mr. Ravi Ranjan.
51/Male
NADL

- OE:

Missing 7/6/.

℞ Adv Replacement for same 7/6/.

Metrogyl - DG
Topical Application
3 times (wks.

Dr. Roshani J. Kotian
B.D.S (NHDC)
Consultant General Dentist
Reg. : A-28340

NAME OF PATIENT: MR. RAVI RANJAN	AGE/SEX: 51YRS/M
REF BY: Dr. PRASHANT SHINDE	DATE: 23/05/2024
PRN NO: PUU23157	WARD : HC

2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

Mild concentric LV hypertrophy
No regional wall motion anomaly at rest.
Good LV systolic function.
IAS/IVS intact.
All valves normal.
Great artery origins normal.
No clot/vegetation/effusion.
No coarctation of aorta.
IVC collapsible.

MEASUREMENTS: -

Aortic annulus	LA	IVS	PW(D)	LVIDd	LVIDs	LVEF
19	28	11	11	40	21	60%

COLOR DOPPLER STUDY: -
Grade I diastolic dysfunction.
All valves morphologically normal
No pulmonary hypertension.

CONCLUSION:-
Mild concentric LV hypertrophy [Hypertensive heart disease]
Grade I diastolic dysfunction.
Good LV systolic function. (LVEF = 60%).
No pulmonary hypertension.
IVC collapsible.

Dr. PRASHANT SHINDE
MD.DM. (Cardiology)
Consultant and interventional Cardiologist

ID: 2024052309345841
Name: ranjan, ravi
Age: 51 Years
Gender: Male

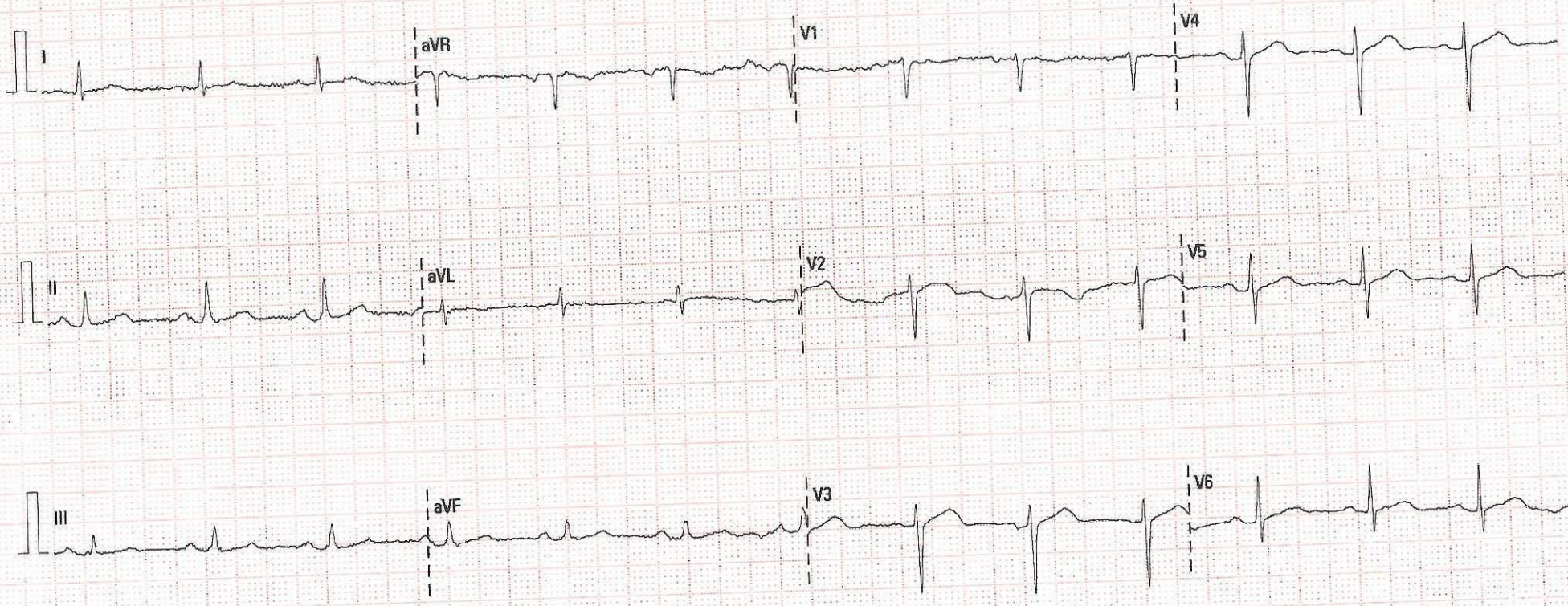
2024-05-23 09:34:48 AM

Ventricular Rate	78 bpm
PR Interval	166 ms
QRS Duration	74 ms
QT/QTc Interval	362/394 ms
P/QRS/T Axes	69/60/59 deg
QTc:Hodges	

Sinus rhythm

Normal ECG

Unconfirmed Diagnosis



02.10.00/V28.4.1 SN FN-26035810

25 mm/s 10 mm/mV 50 Hz~ BDR 35 Hz

MEDICOVER HOSPITALS | KLE Pune

23/5/2024

Mr. Ravi Rayan Age 51/M

pt for ENT checkup

OE Bilat

A/R

Thro

wall

Rinne :	Rt	Lt
	+	+

Weber ←→

AB = =

Normal ENT Study

DR. SURAJ GIRI
M.B.B.S., MS-ENT
Reg. No. 08/2010/2603

Patient ID:	PUU23157	Patient Name:	RAVI RANJAN
Age:	51 Years	Sex:	M
Accession Number:	PUBC23244	Modality:	DX
Referring Physician:	HC	Study:	CHEST
Study Date:	23-May-2024		

X RAY CHEST PA VIEW

FINDINGS : Chest PA view with no comparison study shows.

- **Prominent bronchovascular markings noted in bilateral lung fields.**
- Rest of the visualized lung fields are clear.
- No obvious consolidation is seen.
- There is no pleural effusion or pneumothorax seen.
- No pneumoperitoneum is seen.
- The cardiac silhouette appears within normal limits.
- The diaphragmatic shadow and mediastinal structures are within normal limits.
- Visualized osseous structures demonstrate no obvious abnormality.

IMPRESSION :

- **Prominent bronchovascular markings in bilateral lung fields.**

Needs clinical correlation.

Dr. Madhuri Avhad (MBBS DMRD)
Consultant Radiologist