



Patient Name: FRANKLYN PETER CASTELLINO

Age/Sex : 64 Yrs. / M LCID No : 10641247

UID No : LCL58180064 270424 Reference : mediwheel

**MEDIWHEEL** Organization:

Collected At: Sample collected

inside the lab

Registered On: 27/04/2024 17:54:20

Collected On : 27/04/2024 18:00:45 Reported On : 27/04/2024 18:40:59

DOB : 21/05/1959

### **Lipid Profile**

	Result	Unit	Biological Reference Interval
:	71.0	mg/dl	Less than 150
:	122.0	mg/dl	UPTO 200
:	54.0	mg/dl	40 - 60
:	14.2	mg/dl	6 - 38
:	53.8	mg/dl	Upto 100
:	2.26		Upto 5.0
:	1.00		Upto 4.0
	:	: 71.0 : 122.0 : 54.0 : 14.2 : 53.8 : 2.26	: 71.0 mg/dl : 122.0 mg/dl : 54.0 mg/dl : 14.2 mg/dl : 53.8 mg/dl : 2.26

Total Cholesterol :	HDL-Cholesterol:
Desirable : Less than 200 mg%	Desirable : More than 40 mg%
Borderline High: 200 - 239 mg% High: More than 239 mg%	Low : Less than 40 mg%
LDL-Cholesterol (Non-protective cholesterol) :	Triglycerides :
Optimal : Less than 100 mg%	Name of the second sections
NearOptimal : 100 - 129 mg%	Normal : Less than 150 mg%
Borderline High: 130 - 159 mg%	Borderline : 150 - 199 mg%
High: 160 - 189 mg%	High: 200 - 499 mg%
Very High : More than 189 mg%	Very High : More than 499 mg%

Tests done on Siemens Fully Automated Analyser.

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

Dr. Vijay Varde M.D. D.P.B

Consultant Pathologist



BIORAD







Patient Name: FRANKLYN PETER CASTELLINO

Age/Sex : 64 Yrs. / M LCID No : 10641251

UID No : LCL58180064 270424

Reference :

mediwheel

Organization: MEDIWHEEL

Collected At: Sample collected

inside the lab

Registered On: 27/04/2024 17:54:20

Collected On : 27/04/2024 18:00:45 Reported On : 27/04/2024 18:33:10

DOB : 21/05/1959

### Glycosylated HbA1c

Test Result Unit Biological Reference Interval

Glycosylated HbA1C : 5.9 %

By HPLC method

Average Blood Glucose Level : 122.6 mg/dl

Comment : -

Reference Values: Glyco HbA1c Non Diabetic: 4.0 - 6.0 Good Diabetic Control: 6.0 - 7.0 Fair Diabetic Control: 7.0 - 8.0 Poor Diabetic Control: > 8.0

Maintaining HbA1c levels to less than 7% will reduce risk of long term complications of Diabetes.

**INFORMATION**: Glycosylated Haemoglobin accumulates within the red blood cells & exists in this form throughout the lifespan of red cells. Thus a single HbA1c value taken every 2 - 3 months serves over those months. The measurement of HbA1c has been used as an index of metabolic control of diabetes during the preceding 2 - 3 months providing physician with an objective look at patient's diabetes control. HbA1c is not affected by factors like intake of carbohydrates, timing of antidiabetes drugs, daily activities.

Test done on BIORAD D10.

This test has been performed at Lifecare Diagnostics & Research Centre Pvt. Ltd.

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose: >= 126 mg/dl

OR

2 Hr Post Glucose : >= 200 mg/dl

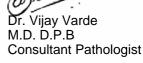
OR

HbA1c >= 6.5 %

OR

Random Blood Glucose : >= 200 mg/dl

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















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DOB : 21/05/1959

#### X-RAY CHEST PA

Sternal sutures and vascular clips are noted.

A rounded heterogeneous radio-opaque mass is noted in right lower zone. There is evidence of a thin incomplete lucency noted around the above-mentioned radio-opaque mass. It approximately measures 4.8 x 4.1 cm. No evidence of any air-fluid level or calcifications are noted within this mass.

Right apical pleural thickening is noted.

Blunting of right costo-phrenic angle noted with partial obscuration of right dome of diaphragm, likely due to pleural effusion and thickening (confirmed on USG).

III-defined areas of haziness noted in right lower zone.

Rest of the visualised lung fields appears clear.

Left costo-phrenic angle appear clear.

Both hila appear normal.

Cardiac shadow appears normal.

Mild flattening of left dome of diaphragm are normal.

**Degenerative changes are noted in dorsal spine.** Rest of the visualised bones appear normal.

Clinical correlation & further evaluation with CECT chest is suggested.

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

Dr. Smita Dudhal DNB DMRD MBBS Consultant Radiologist















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DOB : 21/05/1959

#### **T3 T4 TSH**

		10	17 1011	
Test		Result	Unit	Biological Reference Interval
Т3	:	135.68	ng/dl	60-181
By CLIA Method T4	:	10.50	ug/dl	3.2-12.6
By CLIA Method T.S.H (Ultrasensitive)	:	4.93	uIU/mI	0.55 - 4.78 1 Trimester : 0.10 - 2.50
				2 Trimester : 0.2 - 3.00 3 Trimester : 0.3 - 3.00

By CLIA Method

#### NOTE:

- 1. Decreased value 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 change in serum proteins or binding sites e.g. pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases free T3 and free T4 give corrected values.
- 3.TSH is secreted from the pituitary gland and this is controlled by Hypothalamic TRH and a negative feedback effect from the free circulating t hyroid hormones. so there is an inverse correlation between free thyroid hormones and TSH levels in serum.

TSH is very sensitive indicator of thyroid reserve and is used for Diagnosis of Hypo and Hyperthyroidism.

TSH is increased in Primary Hypothyroidism, iodide deficiency goitre, Hashimotos thyroiditis.

TSH is decreased in toxic goitre, Grave's disease, overreplacement of thyroid harmone.

TSH values may be transiently altered because of non thyrodial illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc

Drugs that decrease TSH values e.g.L-dopa, Glucocorticoids. Drugs that increase TSH values e.g. Iodine, Lithium, Amiodaron

Tests done on Fully Automated Siemens Analyser.

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

Dr. Rohini Gedam

D.P.B













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DOB : 21/05/1959

#### Vitamin B12

Test Unit Result Biological Reference Interval

**IMMUNOASSAY** 

VITAMIN B12 622 211 - 911 pg/mL

By CMIA

1. Vitamin B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy. 2.Increased Vit B12 levels are seen in renal fallure, liver disease and myeloproliferative disease. 3.An associated increase in homocystine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.

4. Holo Transcobalamin II levels are a more accurate marker of active VitB12 component.

Test done on Abbott Architect i1000.

This test has been performed at Lifecare Diagnostics & Research Centre Pvt. Ltd

--- End Of Report ----

Dr. Rohini Gedam D.P.B















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UID No : LCL58180064 270424 Reference : mediwheel MEDIWHEEL

Organization:

Collected At: Sample collected

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Registered On: 27/04/2024 17:54:20

Collected On : 27/04/2024 18:00:45 Reported On : 28/04/2024 10:15:35

DOB : 21/05/1959

#### **ECG**

### **AP SPINE BONE DENSITY**

The Mean L1-L4 T score value is 3.6 & the Z score value is 3.5. These values fall in **Normal** range of bone density as per WHO guidelines.

### **DUAL FEMUR BONE DENSITY**

The Mean dual femur T score value is 0.7 & the Z score value is 1.0. These values suggest Normal range of bone density as per WHO guidelines.

REGION	T SCORE	CATEGORY	FRACTURE RISK
WARD'S MEAN	-0.4	Normal	
THROCHANTER MEAN	0.2	Normal	
NECK MEAN	0.2	Normal	

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













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Organization:

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Registered On: 27/04/2024 17:54:20 Collected On: 27/04/2024 17:54:20

Collected On : 27/04/2024 17:54:20 Reported On : 29/04/2024 13:09:36

DOB : 21/05/1959

#### SONOGRAPHY OF FULL ABDOMEN & PELVIS

<u>LIVER:</u> Liver appears normal in size (14.5 cm), shape and echotexture. No abnormal focal lesion is seen. Intra-hepatic biliary radicals and portal venous system appears normal.

**COMMON BILE DUCT & PORTAL VEIN:** CBD and Portal vein appear normal in caliber. Aorta and IVC are normal.

**GALL BLADDER:** Gall bladder is physiologically distended with no evidence of abnormal intra-luminal contents. The wall thickness is normal. No pericholecystic fluid collection is noted.

**SPLEEN:** Spleen (9.9 cm) appears normal in size, position and echotexture

**PANCREAS**: Pancreas appears diffusely thinned out. It is normal in position and echotexture.

**KIDNEYS:** Right and Left kidneys measure 11.5 x 3.7 cm and 9.8 x 4.8 cm respectively. Both kidneys appear normal in size, shape, position and echotexture. Pelvicalyceal system appears normal. Normal cortico-medullary differentiation is seen. No intra-renal calculus or abnormal focal lesion is seen.

<u>URINARY BLADDER:</u> Urinary Bladder is well distended and shows no abnormal intraluminal contents. Bladder wall thickness appears normal. Pre void bladder volume is 402 cc and postvoid residue 21 cc.

**PROSTATE:** Prostate is enlarged in size with normal shape and echotexture. It measures 4.8 x 4.1 x 3.4 cm, volume 36 cc. No focal lesion is seen.

No evidence of lymphadenopathy or ascites is noted. Visualized bowel loops are normal in caliber and show normal peristalsis.

P.T.O.













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DOB : 21/05/1959

A small anterior wall defect in the region of umbilicus with herniation of omental fat through it. The defect measures 9 mm & sac measures 15 x 10 mm.

On screening of right costo-phrenic angle, there is minimal right pleural effusion with underlying pleural thickening.

#### **IMPRESSION:**

- · Diffusely thinned out pancreas.
- · Prostatomegaly with insignificant post void residue.
- · Small umbilical hernia.
- Minimal right sided pleural effusion with underlying pleural thickening.

**BUN/CREATININE RATIO** 

Test Result Unit Biological Reference Interval

BUN / Creatinine Ratio : 10.87 10.0 - 20.0

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

Dr. Vijay Varde M.D. D.P.B Consultant Pathologist













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: 21/05/1959

### Vitamin D (25- Hydroxy cholecalciferol)

Test Unit Result Biological Reference Interval

**IMMUNOASSAY** 

Deficiency < 20 ng/mL Vitamin D (25-Hydroxy 37.4 ng/ml

cholecalciferol)

Insufficiency 20 - < 30 ng/mL

Sufficiency 30 -100 ng/mL

CMIA

#### Interpretation:

- 1. Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources.Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver.
- 2. Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline
- 3. During monitoring of oral vitamin D therapy- suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 mths of treatment.

Test done on Fully Automated Abbott Analyser.

-- End Of Report ----

Dr. Rohini Gedam













Patient Name: FRANKLYN PETER CASTELLINO

Age/Sex : 64 Yrs. / M LCID No : 10641250

UID No : LCL58180064 270424 Reference mediwheel

**MEDIWHEEL** Organization:

Collected At: Sample collected

inside the lab

Registered On: 27/04/2024 17:54:20

Collected On : 27/04/2024 18:00:45 Reported On : 27/04/2024 18:40:59

DOB : 21/05/1959

### **Blood sugar Post Prandial**

Test Result Unit Biological Reference Interval

Blood sugar Post Prandial 167.00 mg/dl 70-140

By Hexokinase Method

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose: >= 126 mg/dl

OR

2 Hr Post Glucose : >= 200 mg/dl

OR

HbA1c >= 6.5 %

Random Blood Glucose: >= 200 mg/dl

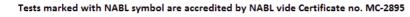
Test done of Fully Automated Siemens Analyser.

--- End Of Report

M.D. D.P.B















Patient Name: FRANKLYN PETER CASTELLINO

Age/Sex : 64 Yrs. / M LCID No : 10641247

UID No : LCL58180064 270424

Reference : mediwheel

Organization: MEDIWHEEL

Collected At: Sample collected

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DOB : 21/05/1959

### PSA (Total)

Test Result Unit Biological Reference Interval

PSA - Prostate Specific Antigen : 2.87 ng/ml 0.0 - 4.0

By CMIA

#### NOTE:

PSA and Free PSA levels are elevated in Prostate diseases like Prostatitis, Benign Hyperplasia, Prostate cancer.

Manipulations like Prostatic massage, Cystoscopy, Needle biopsy can also cause elevated levels.

Free PSA helps in the early detection of Prostate cancer in males 50 years or older with Total PSA values between 4.0 and 10.0 ng/mL · Free PSA level is not used alone, but is mostly useful when expressed in a ratio with Total PSA. Hence PSA profile (Total + Free PSA) is the recommended test.

Patients with benign conditions have a higher proportion of Free PSA compared with Prostate cancer.

Tests done on Fully Automated Abbott Analyser.

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

Dr. Rohini Gedam

D.P.B













Patient Name: FRANKLYN PETER CASTELLINO

Age/Sex : 64 Yrs. / M LCID No : 10641249

UID No : LCL58180064 270424

Reference

Collected At:

mediwheel

Organization: MEDIWHEEL

Sample collected inside the lab

Registered On: 27/04/2024 17:54:20

Collected On : 27/04/2024 18:00:45 Reported On : 27/04/2024 18:40:59

DOB : 21/05/1959

### Blood sugar Fasting with urine

Test Result Unit Biological Reference Interval

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

Blood Sugar Fasting : 95.00 mg/dl 60-110

By Hexokinase method

Urine Sugar : Not Voided Absent

By Diastix (Bayer)

Urine Ketones : **Not Voided** Absent

By Keto-Diastix (Bayer)

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose: >= 126 mg/dl

OR

2 Hr Post Glucose : >= 200 mg/dl

OR

HbA1c >= 6.5 %

OR

Random Blood Glucose : >= 200 mg/dl

Test done on Fully Automated Siemens Analyser.

Dr. Vijay Varde M.D. D.P.B











Patient Name: FRANKLYN PETER CASTELLINO

Age/Sex : 64 Yrs. / M LCID No : 10641247

UID No : LCL58180064 270424 Reference : mediwheel

Organization: **MEDIWHEEL** 

Collected At: Sample collected

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#### Calcium

Test Unit Result Biological Reference Interval

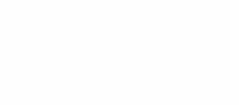
Calcium 10.10 mg/dl 8.5-10.1

By Serum Cresolphtaleine complexona Method

Tests done on Fully Automated Analyser.

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

Dr. Vijay Varde M.D. D.P.B Consultant Pathologist













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Age/Sex : 64 Yrs. / M LCID No : 10641247

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Reference : mediwheel

Organization: MEDIWHEEL

Collected At: Sample collected

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DOB : 21/05/1959

### **Electrolytes**

Test	F	Result	Unit	Biological Reference Interval
Serum Sodium  By Direct ISE method	: 1	137	mEq/L	135-145
Serum Potassium	: 5	5.30	mEq/L	3.5-5.5
By Direct ISE Method Serum Chlorides	: 1	102	mEq/L	96-109

By Direct ISE method

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

Dr. Vijay Varde M.D. D.P.B Consultant Pathologist

diagnostics















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DOB : 21/05/1959

### Liver Function Test (LFT)

			(	
Test		Result	Unit	Biological Reference Interval
Serum Bilirubin (Total)  By Diazo Method	:	0.94	mg/dl	0.2 - 1.0
Serum Bilirubin (Direct)  By Diazo Method	:	0.31	mg/dl	0.0 - 0.2
Serum Bilirubin (Indirect)	:	0.63	mg/dl	Upto 0.9
S.G.O.T .  By Enzymatic Method IFCC	:	18.0	U/L	15 - 37
S.G.P.T.  By Enzymatic Method	:	30.0	U/L	16 - 63
GGTP  By Enzymatic Method	:	28.0	U/L	15-85
Alkaline Phosphatase	:	69.0	U/L	30-300
Serum Proteins  By Biuret Method	:	7.2	g/dl	6.4 - 8.2
Serum Albumin  By Bromocresol purple Method	:	4.0	g/dl	3.4 - 5.0
Serum Globulin Calculated	:	3.2	g/dl	1.8-3.6
A/G Ratio	:	1.3		1.5-3.5
Calculated Remark	:	-		

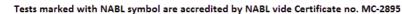
Ί	ests (	done	on	Fully	Automated	Siemens	Analyser.
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----- End Of Report -----

Dr. Vijay Varde M.D. D.P.B Consultant Path











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DOB : 21/05/1959

### **Renal Function Test**

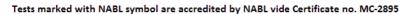
Test		Result	Unit	Biological Reference Interval
Urea	:	23.97	mg/dl	10-38.5
Calculated				
BUN	:	11.2	mg/dl	5-18
By Urease with GLDH				
S. Creatinine	:	1.03	mg/dl	0.70-1.30
Kinetic Alkaline Picrate (Jaffe Reaction)				
Uric Acid	:	3.2	mg/dl	2.6-6.0
By Uricase Method				
Calcium	:	10.10	mg/dl	8.5-10.1
By Serum Cresolphtaleine complexona Method				
Phosphorus	:	3.4	mg/dl	2.5-4.9
By Phosphomolybdate		107	ν» Γ « /I	125 145
Sodium	:	137	mEq/L	135-145
By ISE direct Potassium		5.3	m Γα/I	3.5-5.5
		5.3	mEq/l	3.5-5.5
By ISE Direct Chloride		102	mea diadi	96-109
	:	102	mEq/L	96-109
By ISE Direct Serum Proteins	:	7.2	g/dl	6.4 - 8.2
	•	1.2	g/ui	0.4 - 0.2
By Biuret Method Serum Albumin	:	4.0	g/dl	3.4 - 5.0
By Bromocresol purple Method	•	4.0	g/ui	3.4 - 3.0
Serum Globulin	:	3.2	g/dl	1.8-3.6
Calculated	•	0.2	9/ 01	1.0 0.0
A/G Ratio	:	1.3		1.5-3.5
Calculated	•	110		1.0 0.0
Calculated				

Tests done on Siemens Fully Automated Analyser.

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







ears of Service





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Dr. Vijay Varde M.D. D.P.B













October 22, 2022



15:30 | Photos



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Dois





EQAS 26 Path





MEDICAL EX	AMI	NATION REPORT		
Name: Franklyn Peter Caste	anil	Date: 27 4/200	24	
Date of Birth 21 of 1959. Age	e :	64 years - Sex: Male.		
Referred by: Mediable .		Proof of Identification: <u>fadhan Card</u>		_
PLEASE TICK THE RELEVANT BOXES	Yes No	PLEASE TICK THE RELEVANT BOXES	Yes	No
GENERAL APPEARANCE :     Is there any abnormalities in general appearance & built up of the Examinee?		7) RESPIRATORY SYSTEM: a. Are there any abnormality in air entry and breath sounds? b. Are there any abnormalities in the chest wall?		N N
1) DETAILS OF PHYSICAL EXAMINATION: a. Height cm b. Weight kg.		<ul> <li>b. is there any evidence/ history of abnormality or disease of the respiratory system like breathlessness, wheezing, persistent cough, chronic bronchitis, emphysema, asthma, TB, Pneumonia?</li> </ul>		
c. Blood Pressure : mm Hg. d. Pulse Rate /min		8) CARDIO VASCULAR SYSTEM:  a. History of chest pain, palpitation, breathlessness esp. on mild-moderate exertion, night sleep.	Ø	Q A
3) WHETHER IN THE PAST THE EXAMINEE  a. Has been hospitalized? (If YES, please give details)  b. Was involved in any accident?  c. Underwent Surgery?  d. Is the examinee currently under any medication?  e. Has there been any recent weight gain or weight loss?		<ul> <li>b. History of any peripheral vascular disorder?</li> <li>c. Is there any abnormality in heart sound? If a murmur is present, give the extent, grade point of maximum intensity and conduction and the probable diagnosis. </li> <li>d. Any history of CABG, Open Heart  Surgery, Angiography PTCA, other intervention.</li> </ul>		
FAMILY HISTORY:     Has any of the examinee's immediate family members (natural only) ever suffered or is suffering from heart disease kidney disease, stroke, hypertension, diabetes, cancer, mental illness or any hereditary disease? (please specify)		9) SKIN:  a. Any evidence of psoriasis, eczema, burn marks, rashes and varicose veins or xanthelasma?  b. Any history of allergy?		
5) ENT. EYE & ORAL CAVITY:  a. Are there any abnormalities in oral cavity?  b. Are there any tobacco stains?  c. Is there any history or evidence of abnormality in eyes		pancreas, stomach, intestines?  b. is there any evidence of enlargement of liver or spleen or		
error of refraction etc.?  d. Is there any abnormality found on history/examination on ears? (Ear discharge, perforation, impaired hearing)		d. Any history of Jauridice		N N
e. Is there any abnormality found on examination of nose and throat? Active nose bleed  NERVOUS SYSTEM:		11) GU SYSTEM:  Has the examinee suffered from or is suffering from Kidney/ Ureter / Bladder disease / Stones or any other urinary disease?	,	
a. Is there any evidence/histroy of disease of Central or Peripheral Nervous Systems (including cranial nerves)? b. Is there any evidence or history of paralysis, seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches, wasting, tremors, involuntary movement etc?		12) MUSCULOSKELETAL SYSTEM:		
c. Are there any abnormality in gait and speech? d. Is there any history of sleep apnea syndrome?				

	1				
PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	N
a. Is the examinee on treatment for Hypertension/diabetes? If yes, mention medication and duration of P?			15) Has the examinee or his/her spouse received medical advice counseling or treatment in connection with HIV-AIDS or STD eg. syphils, gonorrhoea)		<b>&gt;</b>
b. Is there any enlargement of Thyroid?		M			
c. Is there any suspicion of any other Endocrine disorder?		V	16) FEMALE APPLICANTS ONLY:		
d. Is hernia present? If yes, give details.		N N			
e. Are there any abnormalities in testes? If yes, give details.			a. Have you suffered from or any you aware of any breast lumps or any other disorder of your breasts?		
f. Is there any history or evidence suggestive of cancer, tumor growth or cyst?  g. Was the examinee treated for any psychiatric ailment? If			b. Have you suffered from irregular or painful or unusually heavy mensturation, fibroids, cysts or any other disorder		
so, give details about meditation given.		K	of the female organs?		
h. History of anxiety / stress / depression / sleep disorder.		R	c. For females who have conceived, were there any complications during pregnancy such as gestational		
14) HABITS & ADDICTIONS	_	_	diabetes, hypertension etc?		
Does the examinee consume tobacco/alcohol.drugs/ narcotics in any form? If yes, please ascertain the type. quantity, duration and frequency of consumption.		<b>V</b>	d. Are you now pregnant? If yes, how many months?		
Please mention details:					
Q. NO. Please provide details of all answers man	rked a	as 'y	yes'		
3c+3d+8d- 4/0 CABG in 20	15		m Aston ASP (75).		
13 a- DM = 15 you ago or	$\sim$	T	- Annand, 2nn		
5c. Prespuppie.			Allowed Zing .	-	
8a- 4/0 cut in 2015.					
Remarks on present health status :					
	<u> </u>				
Recommendations (if any):					
					_
		T	The above statements and answers made to the medical examiner(s) are comple	te and	truo
				ic and	iue.
De Heura Rais.			Carlo Mus		
			O.		
Name & Signature of Doctot Research Center Pvt. Lt.  1st Floor, Gunshing, Opp. Shashtri Nagar,	Ü:		Signature of Examinee		
Lokhandwala Complex, Andheri (W)			Date 24/124 Place Mum	mi	
NOTES: Mumbai- 400053.			Date Place		
	:c_				
<u></u>	ITE	C)	are		
			diagnostics		
Main Centre: 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala, Andr Central Laboratory: 206, Cosmos Plaza, Opp. Indian Oil Nagar, J P Road, A Versova Branch: 10, 11, First Floor, Silver Streak, Near Bus Depot, Yari Ro.	Andheri	(W).	Mumbai Tel : 26372527		
World Branch: B-101, Irade World, Kamala Mills, Senapati Bapat Marg	. Lowe	r Par	rel West Lower Parel Mumbai- 400013 Tol- 0167333944		
Mumbai : Versova   Lokhandwala   Goregaon   Kandivali   E-mail : admin@lifecarediagnostics.com   feedback@lifecared	Dahisa	ar I \	Norli   Pune : Aundh   Chinchwad   Guirat : Vadodra		
			1		_
NOTE : General physical examination & investigation included in the health che asymptomatic disease. Hence any new symptoms arising after the medical chec	ckup ha	ave ce	ertain limitations and may not be able to detect any latent or be notified to attending physician.		



### **OPHTHALMIC REPORT**

NAME: MV. Franklyn Castellino. AGE: 644 / Male.

DATE: 27/04/2024.

Distance Vision	Right Eye	Left Eye	Both Eyes
Without Glasses			71.
With Glasses	616	616	6/6.

Near Vision	Right Eye	Left Eye	Both Eyes
Without Glasses			
With Glasses	NG	106	N6.

	Right Eye	Left Eye		
Colour Vision	Normal	Normal		
Anterio Segment	Normal	Normal		
External Eye Exam	Normal	Normal		
Intra ocular tension	<b>A</b>	-		
Fundus				

Advise:

-Both Eyesfit -Glasses

**OPTOMETRIST** 

Lifectre Diagnostics & Research Center Pvt. Lta. Tst Ploor, Sunshino Opp. Shashtri Nagar, Lokhandwala Complex, Andheri (W). Mumbai- 400053.



27/4/94

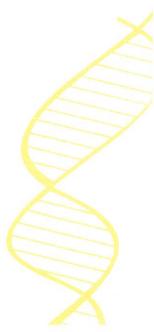
To Lifecon

i an skipping pot test.

Thank

Franklyn Castellina









Patient Name: FRANKLYN PETER CASTELLINO

Age/Sex

: 64 Yrs. / M

LCID No

: 10641248

UID No

: LCL58180064 270424

Reference :

mediwheel

Organization:

MEDIWHEEL

DOB

21/05/1959

Registered On: 27/04/2024 17:54:20

Collected On : 27/04/2024 18:00:45

Reported On : 29/04/2024 12:21:28

#### **BMD**

### AP SPINE BONE DENSITY

The Mean L1-L4 T score value is 3.6 & the Z score value is 3.5. These values fall in **Normal** range of bone density as per WHO guidelines.

### **DUAL FEMUR BONE DENSITY**

The Mean dual femur T score value is 0.7 & the Z score value is 1.0. These values suggest **Normal** range of bone density as per WHO guidelines.

REGION	T SCORE	CATEGORY	FRACTURE RISK
WARD'S MEAN	-0.4	Normal	
THROCHANTER MEAN	0.2	Normal	
NECK MEAN	0.2	Normal	

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

Dr. M. Aamir Usmani MBBS, DMRE

Consultant Radiologist



1ST FLOOR, SUNSHINE BUILDING, OPP SHASTRI NAGAR, LOKHANDWALA ANDHERI WEST, MUMBAI 400053

Patient: **Birth Date:** Height / Weight: Sex / Ethnic:

CASTELLINO, MR. FRANKLYN 21/05/1959 64.9 years 171.0 cm 69.0 kg

Male White

**Facility ID:** Referring Physician: Measured:

MEDIWHEEL 27/04/2024

(10.10)12:50:48 (10.10)13:06:33

L1 L2 L3 L4

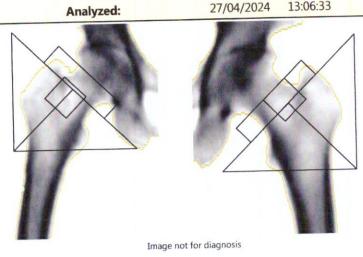
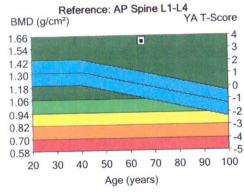
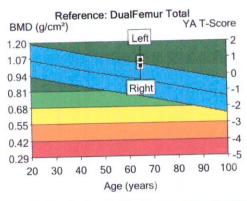


Image not for diagnosis





Region	BMD (g/cm²)	Young-Adult T-Score	Age-Matched Z-Score	WHO Classification
AP Spine L1-L4	1.608	3.6	3.5	
DualFemur Total Left	1.047	0.8	1.2	
Right	1.007	0.5	0.9	-
Mean	1.027	0.7	1.0	
Difference	0.040	0.3	0.3	-

- Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm² for AP Spine L1-L4); (± 0.010 g/cm² for DualFemur Total Mean)
- 2 Japan (ages 20-40) AP Spine Reference Population (v107); Japan (ages 20-40) Femur Reference Population (v107)
- AP Spine Matched for Age, Weight (males 25-100 kg), Ethnic; DualFemur Matched for Age, Weight (males 25-100 kg), Ethnic
- 7 DualFemur Total Mean T-Score difference is 0.3. Asymmetry is None.
- 11 World Health Organization Definition of Osteoporosis and Osteopenia for Caucasian Women: Normal = T-Score at or above -1.0 SD; Osteopenia = T-Score between -1.0 and 2.5 SD; Osteoporosis = T-Score at or below -2.5 SD; (WHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-Scores.)

Printed: 27/04/2024 13:08:27 (10.10); Filename: 63blcs381n.ntx; AP Spine; 22.2:%Fat=32.3%; Scan Mode: Standard 20.0 μGy; Right Femur; 15.9:%Fat=27.5%; Neck Angle (deg)= 44; Verify there is sufficient pelvis-shaft separation.; Scan Mode: Standard 20.0 μGy; Left Femur; 16.4:%Fat=26.1%; Neck Angle (deg)= 45; Scan Mode: Standard 20.0 μGy

1ST FLOOR, SUNSHINE BUILDING , OPP SHASTRI NAGAR , LOKHANDWALA ANDHERI WEST, MUMBAI 400053

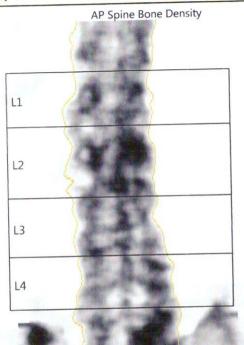
Patient: Birth Date: Height / Weight: CASTELLINO, MR. FRANKLYN 21/05/1959 64.9 years 171.0 cm 69.0 kg Male White Facility ID: Referring Physician: Measured:

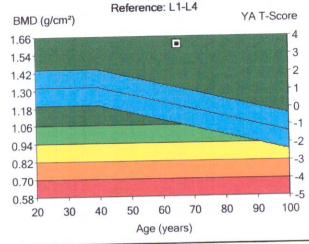
Analyzed:

MEDIWHEEL 27/04/2024 27/04/2024

12:50:48 (10.10) 13:06:33 (10.10)

Sex / Ethnic:





	BMD 1	Young-Adult	Age-Matched	
Region	(g/cm²)	T-Score	Z-Score	
L1-L4	1.608	3.6	3.5	

COMMENTS:

Image not for diagnosis

Printed: 27/04/2024 13:08:24 (10.10)76:1.50:153.04:3.9 0.00:-1.00 0.60x1.20 22.2:%Fat=32.3% 0.00:0.00 0.00:0.00 Filename: 63blcs381n.ntx Scan Mode: Standard 20.0 μGy

- 1 -Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm² for AP Spine L1-L4)
- 2 Japan (ages 20-40) AP Spine Reference Population (v107)
- 3 Matched for Age, Weight (males 25-100 kg), Ethnic
- 11 World Health Organization Definition of Osteoporosis and Osteopenia for Caucasian Women: Normal = T-Score at or above -1.0 SD; Osteopenia = T-Score between -1.0 and -2.5 SD; Osteoporosis = T-Score at or below -2.5 SD; (WHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-Scores.)

1ST FLOOR, SUNSHINE BUILDING , OPP SHASTRI NAGAR , LOKHANDWALA ANDHERI WEST, MUMBAI 400053

Patient: Birth Date: Height / Weight:

Sex / Ethnic:

CASTELLINO, MR. FRANKLYN 21/05/1959 64.9 years

171.0 cm 69.0 kg Male White Facility ID:

Analyzed:

Referring Physician: Measured: MEDIWHEEL

27/04/2024 1 27/04/2024 1

12:50:48 13:06:33 (10.10) (10.10)

### **ANCILLARY RESULTS [AP Spine]**

	<b>BMD</b> 1	D Young-Adult		Age-I	Matched 3	ed BMC	Area	Area Width	
Region	(g/cm²)	(%)	T-Score	(%)	Z-Score	(g)	(cm²)	(cm)	(cm)
L1	1.516	137	3.4	136	3.3	21.51	14.19	4.5	3.12
L2	1.812	152	5.2	151	5.1	35.53	19.61	4.8	4.08
L3	1.560	131	3.1	130	3.0	25.21	16.16	4.8	3.36
L4	1.487	125	2.5	124	2.4	23.85	16.04	5.3	3.00
L1-L2	1.688	148	4.6	147	4.5	57.05	33.80	4.7	7.21
L1-L2 L1-L3	1.646	142	4.1	141	4.0	82.25	49.96	4.7	10.57
	1.608	136	3.6	135	3.5	106.10	66.00	4.9	13.57
L1-L4	1.698	143	4.2	141	4.1	60.74	35.77	4.8	7.45
L2-L3	1.633	137	3.7	136	3.6	84.59	51.81	5.0	10.45
L2-L4 L3-L4	1.523	128	2.8	127	2.7	49.06	32.20	5.1	6.36

<sup>1</sup> -Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm² for AP Spine L1-L4)

<sup>2 -</sup> Japan (ages 20-40) AP Spine Reference Population (v107)

<sup>3 -</sup>Matched for Age, Weight (males 25-100 kg), Ethnic Filename: 63blcs381n.ntx

1ST FLOOR, SUNSHINE BUILDING, OPP SHASTRI NAGAR, LOKHANDWALA **ANDHERI WEST, MUMBAI 400053** 

Patient: Birth Date: Height / Weight: Sex / Ethnic:

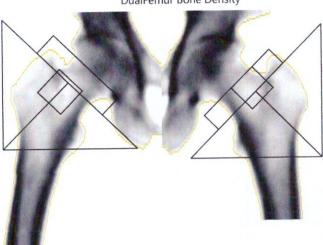
CASTELLINO, MR. FRANKLYN 21/05/1959 64.9 years 171.0 cm 69.0 kg Male White

**Facility ID:** Referring Physician: Measured: Analyzed:

MEDIWHEEL 27/04/2024 13:03:24 27/04/2024 13:06:26

(10.10)(10.10)

DualFemur Bone Density



Reference: Total YA T-Score BMD (g/cm²) Left 1.20 1.07 0 0.94 Right 0.81 -2 0.68 -3 0.55 -4 0.42 -5 0.29 90 100 60 70 30 40 50 20 Age (years)

Image not for diagnosis Age-Matched BMD Young-Adult T-Score **Z-Score**  $(g/cm^2)$ Region Total 1.2 0.8 1.047 Left 0.9 0.5 Right 1.007 1.0 0.7 1.027 Mean 0.3 0.040 0.3 Difference

#### COMMENTS:

- 1 Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm² for DualFemur Total Mean)
- 2 Japan (ages 20-40) Femur Reference Population (v107)
- 3 Matched for Age, Weight (males 25-100 kg), Ethnic
- 7 DualFemur Total Mean T-Score difference is 0.3. Asymmetry is None.
- 11 World Health Organization Definition of Osteoporosis and Osteoporia for Caucasian Women: Normal = T-Score at or above -1.0 SD; Osteopenia = T-Score between -1.0 and 2.5 SD; Osteoporosis = T-Score at or below -2.5 SD; (WHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-Scores.)

Printed: 27/04/2024 13:08:25 (10.10); Filename: 63blcs381n.ntx; Right Femur; 15.9:%Fat=27.5%; Neck Angle (deg)= 44; Verify there is sufficient pelvis-shaft separation.; Scan Mode: Standard 20.0 µGy; Left Femur; 16.4:%Fat=26.1%; Neck Angle (deg)= 45; Scan Mode: Standard 20.0 µGy

1ST FLOOR, SUNSHINE BUILDING , OPP SHASTRI NAGAR , LOKHANDWALA ANDHERI WEST, MUMBAI 400053

Patient: Birth Date: Height / Weight:

Sex / Ethnic:

CASTELLINO, MR. FRANKLYN 21/05/1959 64.9 years

171.0 cm 69.0 kg Male White Facility ID:

Referring Physician:

Measured: Analyzed: MEDIWHEEL

27/04/2024 13:03:24 27/04/2024 13:06:26 (10.10) (10.10)

### **ANCILLARY RESULTS [DualFemur]**

	<b>BMD</b> 1	Young-Adult (%) T-Score		Age-Matched (%) Z-Score		вмс	Area
Region	(g/cm²)					(g)	(cm²)
Neck Left	0.934	98	-0.1	108	0.5	6.34	6.79
Neck Right	1.020	107	0.5	118	1.2	8.96	8.78
Neck Mean	0.977	103	0.2	113	0.9	7.65	7.78
Neck Diff.	0.085	9	0.7	10	0.7	2.62	2.00
Wards Left	0.821	93	-0.5	112	0.7	4.10	5.00
Wards Right	0.826	94	-0.4	113	0.7	4.78	5.79
Wards Mean	0.824	94	-0.4	113	0.7	4.44	5.39
Wards Diff.	0.006	1	0.0	1	0.0	0.68	0.79
Troch Left	0.803	103	0.2	104	0.3	8.89	11.07
Troch Right	0.811	104	0.3	105	0.3	10.62	13.10
Troch Mean	0.807	103	0.2	104	0.3	9.76	12.08
Troch Diff.	0.008	1	0.1	1	0.1	1.73	2.02
Shaft Left	1.241	-	-	-	-	22.08	17.79
Shaft Right	1.147	-	-	n= 1	-	20.03	17.47
Shaft Mean	1.194	-	-	1.70	_	21.05	17.63
Shaft Diff.	0.095	-	-	-	-	2.05	0.32
Total Left	1.047	111	0.8	117	1.2	37.31	35.65
	1.007	107	0.5	112	0.9	39.61	39.35
Total Right	1.027	109	0.7	115	1.0	38.46	37.50
Total Mean Total Diff.	0.040	4	0.3	4	0.3	2.30	3.70

<sup>1 -</sup> Statistically 68% of repeat scans fall within 1SD (± 0.010 g/cm² for DualFemur Total Mean)

<sup>2 -</sup> Japan (ages 20-40) Femur Reference Population (v107)

<sup>3 -</sup> Matched for Age, Weight (males 25-100 kg), Ethnic

<sup>7 -</sup> DualFemur Total Mean T-Score difference is 0.3. Asymmetry is None. Filename: 63blcs381n.ntx





Name	: MR. FRANKLYNCASTELLINO	Age: 64YRS/M
Ref. By	: MEDIWHEEL	Date: 27.04.2024

### 2 DIMENSIONAL & COLOUR DOPPLER ECHOCARDIOGRAPHY REPORT

### COMMENTS: S/P CABG- 2015

- Situs solitus, levocardia, atrioventricular and ventriculoarterial concordance.
- There is no LV regional wall motion abnormality seen at rest.
- Resting LV systolic function (LVEF)=55% on visual estimation
- There is grade I diastolic dysfunction with no doppler e/o raised LVEDP.(E/e'-11)
- Left atrium appears to be normal with normal left ventricular dimension.
- Mitral leaflets appear sclerotic. There is no stenosis. There is no mitral regurgitation. Annulopapillary apparatus is intact. There is no mitral leaflet prolapse.
- Trileaflet aortic valve appears sclerotic and calcific. There is no aortic regurgitation. There is no stenosis. There is no coarctation of aorta.
- Normal tricuspid valve. Trivial tricuspid regurgitation is seen. There is no pulmonary hypertension. Main pulmonary artery is normal in dimension. PASP by TR jet is 15mmHg. PAT-141ms.
- IAS and IVS are intact with no e/o any left to right shunt.
- Right atrium appears normal with normal RV systolic function. IVC is collapsed.
- No LV clot/ASD/VSD/thrombus/vegetation/pericardial effusion.

### **SUMMARY:**

- NO RWMA AT REST
- LVEF=55%
- GRADE I DIASTOLIC DYSFUNCTION
- SCLEROTIC AORTIC AND MITRAL LEAFLETS
- TRIVIAL TR, NO MR, NO AR
- NO PH





### M-MODE MEASUREMENTS:

LA	35	mm
AO annulus	20	mm
AO CUSP SEP	Normal	mm
LVID (s)	26	mm
LVID (d)	43	mm
IVS (d)	09	mm
LVPW (d)	09	mm
RVID (d)	27	mm
LVEF	55	%

### **DOPPLER STUDY:**

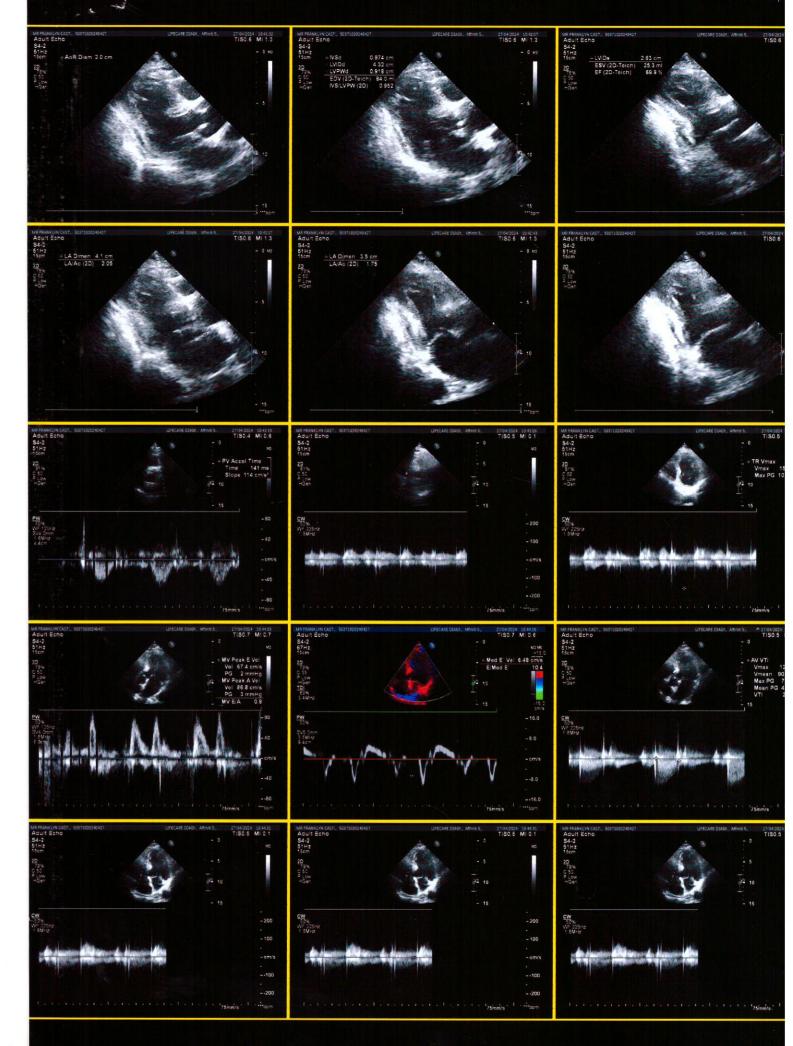
E wave velocity: 0.6 m/s

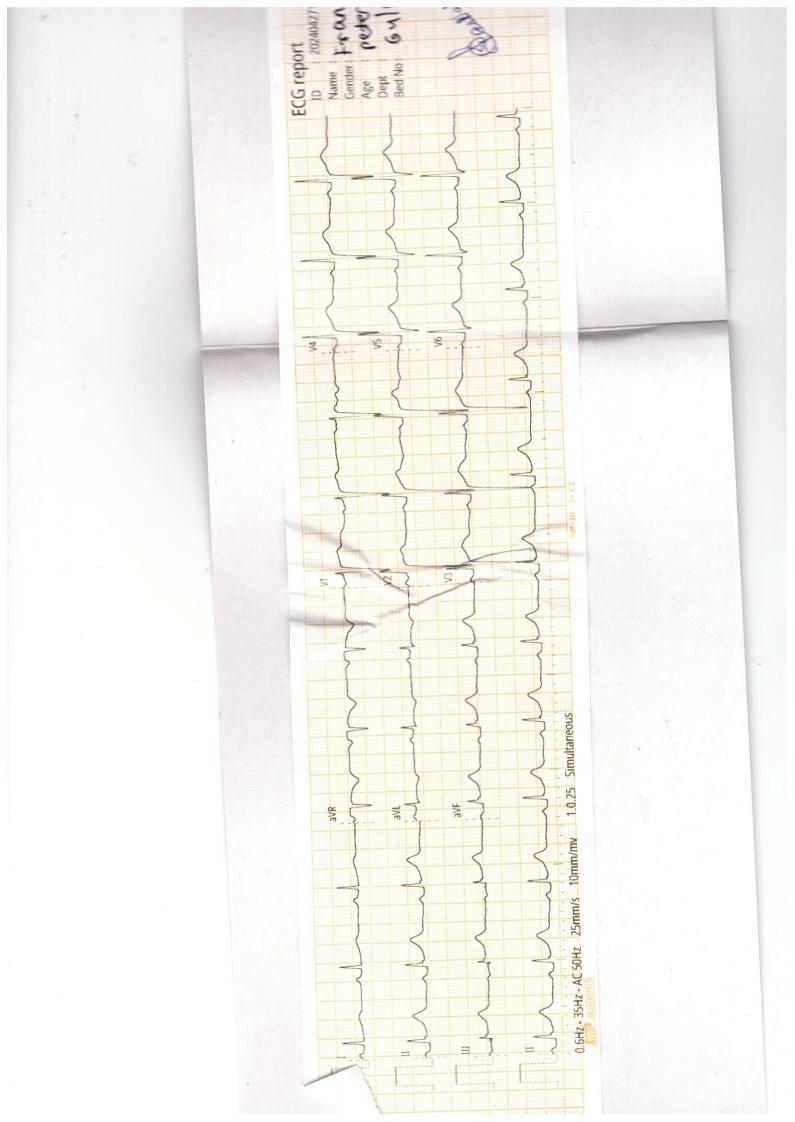
A wave velocity: 0.8 m/s

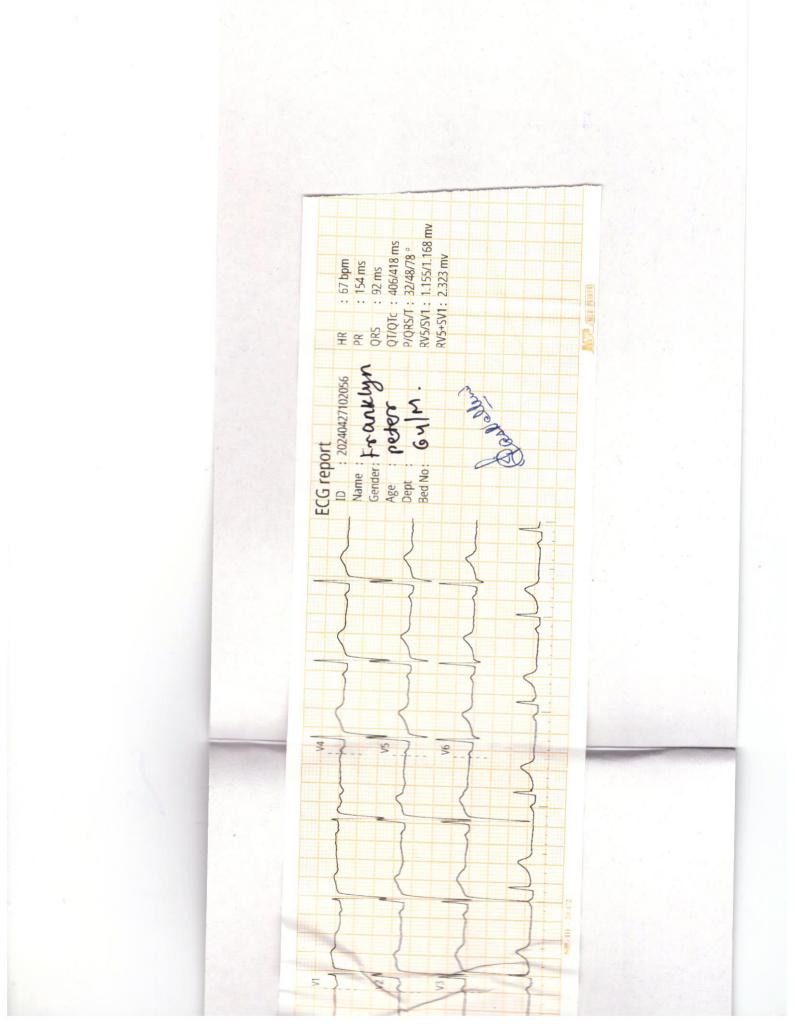
E/A ratio: 0.8

	PEAK/MEAN (mmHg)	GRADE OF REGURGITATION
MITRAL	Nor1mal	Nil
AORTIC	7/4	Nil
TRICUSPID	Normal	Trivial
PULMONARY	Normal	Nil

DR .HANISH .D
CONSULTANT ECHOCARDIOLOGIST







M.D. CARDIOLOGIST

REPORT

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niagnostics & Research Center Put. Li

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