

NAME:	Mr. Debidas Mahapatra	UHID:	
AGE:	33	DATE OF HEALTHCHECK:	16/8/2023
GENDER:	M.		

HEIGHT:	185	MARITAL STATUS:	M
WEIGHT:	98.4	NO OF CHILDREN:	1
BMI:	28.7		

C/O: - Cold & Cough: 4-5 days

K/C/O: -

No fever

PRESENT MEDICATION: - No

P/M/H: - No

P/S/H: - No

ALLERGY: - No

PHYSICAL ACTIVITY: Active / Moderate / Sedentary

H/A: SMOKING: - yes.

FAMILY HISTORY FATHER: - Thyroid disorder

ALCOHOL: - yes.

MOTHER: - Thyroid disorder

TOBACCO/PAN: - yes.

O/E:

LYMPHADENOPATHY:

BP: - 110/82 PULSE: - 68/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING:

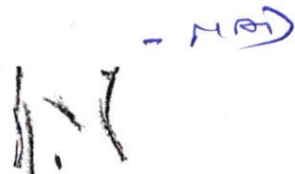
TEMPERATURE: N SCARS:

OEDEMA:

S/E:

P/A:

RS:



CVS: Sider

Extremities & Spine: Pain in Jts.

CNS: Good, Intact

ENT: - NO

Skin: - NO

Vision:

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

Name: Mr Debidas Mahanty

Age: 33y

Date of Health check-up: 16/08/2013

Findings and Recommendation:

Findings:-


Plat +
gTTT⁺
Vit D +

Recommendation:-

- Repeat CBC - 15 days
- Symp. Nasonid D₃ once/week - 8 week
- Repeat LFT x 15-20 days

Signature:

Consultant -



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

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 16/8/23

Name: DEBIDAS MAHANTY Age: 33y Gender: Male / Female

Without Correction :

Distance: Right Eye 6/9 Left Eye 6/6

Near : Right Eye N-6 Left Eye N-6

With Correction :

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

Near : Right Eye _____ Left Eye _____

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>-0.25</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>6/6</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>6/6</u>
Near										

Colour Vision : (BE) - WNL

Anterior Segment Examination : (BE) - WNL

Pupils : (BE) WNL

Fundus : (BE) WNL

Intraocular Pressure : undil

Diagnosis : (BE) - WNL

Advice : _____

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

Dr. Sagorika Dey
(Consultant Ophthalmologist)

DR. SAGORIKA DEY
MBBS, DOMS
REG. NO. 2008/04/1182

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

DENTAL CHECKUP

Name: Mr. Debidas Mahanty.	MR NO:
Age/Gender: 33 M.	Date: 16/8/23

Medical history: Diabetes Hypertension

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 — 2-3 sittings.
 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: O/E: fibrous bands found.

Adv: Conservative treatment plan.

Turbocort ointment apply twice daily. - 2 months
- SM fibre. twice daily. - 2 months



Dr. Aditya Anarkar

Name : Mr. Debidas Mahanty Gender : Male Age : 33 Years
UHID : FVAH 7843. Bill No : Lab No : V-1430-23
Ref. by : SELF Sample Col.Dt : 16/08/2023 08:40
Barcode No : 5796 Reported On : 16/08/2023 18:38

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

CBC (Complete Blood Count)-WB (EDTA)

Haemoglobin(Colorimetric method)	14.3	g/dl	13 - 18
RBC Count (Impedance)	4.80	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	45.4	%	35 - 55
MCV:(Calculated parameter)	94.8	fl	78 - 98
MCH:(Calculated parameter)	29.9	pg	26 - 34
MCHC:(Calculated parameter)	31.5	gm/dl	30 - 36
RDW-CV:	13.8	%	11.5 - 16.5
Total Leucocyte count(Impedance)	6060	/cumm.	4000 - 10500
Neutrophils:	57	%	40 - 75
Lymphocytes:	31	%	20 - 40
Eosinophils:	08	%	0 - 6
Monocytes:	04	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	1.27	Lakhs/c.mm	1.5 - 4.5
MPV	10.9	fl	6.0 - 11.0
Peripheral Smear (Microscopic examination)	RBCs: Normochromic, Normocytic		
WBCs:	Eosinophilia		
Platelets	Reduced, Manual platelet count = 1.30 Lakhs/c.mm		
Note:	Test Run on 5 part cell counter.		

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D^o Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically



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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

Apollo Clinic
VASHI

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

ESR(Westergren Method)

Erythrocyte Sedimentation Rate:- 08 mm/1st hr 0 - 20

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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)

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	100	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 :	85	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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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Lipid Profile- Serum

S. Cholesterol(Oxidase)	160	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	122	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	24.4	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	60.9	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	74.7	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	<u>2.6</u>		3.5 - 5
Ratio of LDL/HDL	<u>1.2</u>		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LFT(Liver Function Tests)-Serum


S.Total Protein (Biuret method)	7.61	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.57	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.04	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.5		0.9 - 2
S.Total Bilirubin (DPD):	0.95	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.42	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.53	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	71	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	83	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	111	U/L	40 - 129
S.GGT(IFCC Kinetic):	263*	U/L	11 - 50

Remarks : *** Rechecked & confirmed. Kindly Correlate Clinically**

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	12.8 mg/dl	10.0 - 45.0
BUN (Calculated)	5.97 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.93 mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	<u>6.42</u>	9:1 - 23:1

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

BIOCHEMISTRY REPORT

S.Uric Acid(Uricase-POD): 5.4 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)	2.26	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	83.61	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.65	□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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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)	7.0		4.6 - 8.0
SPECIFIC GRAVITY	1.005		1.005 - 1.030
URINE ALBUMIN	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	Occasional		0 - 3/hpf
RED BLOOD CELLS	Nil /HPF		Absent
EPITHELIAL CELLS	Occasional		3 - 4/hpf
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
BACTERIA	Absent		Absent

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Ms Kaveri Gaonkar
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Dr. Milind Patwardhan
M.D(Path)

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Results are to be correlated clinically

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

Vitamin D(25-OH Cholecalciferol)-Serum

25 Hydroxy (OH) vit D by ECLIA **10.54** ng/ml
Deficiency : Less than 12
insufficiency : 12 - 30
Sufficiency : 30 - 70
Toxicity : More than 70

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. 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 phosphatase. During monitoring of oral vitamin D therapy - suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 mths of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal (especially winter) & individual variability depending on age, body fat, sun exposure, physical activity, genetic factors (especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism. Vitamin D toxicity is known but very rare. Kindly correlate clinically, repeat with fresh sample if indicated.

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

End of Report
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33 Years

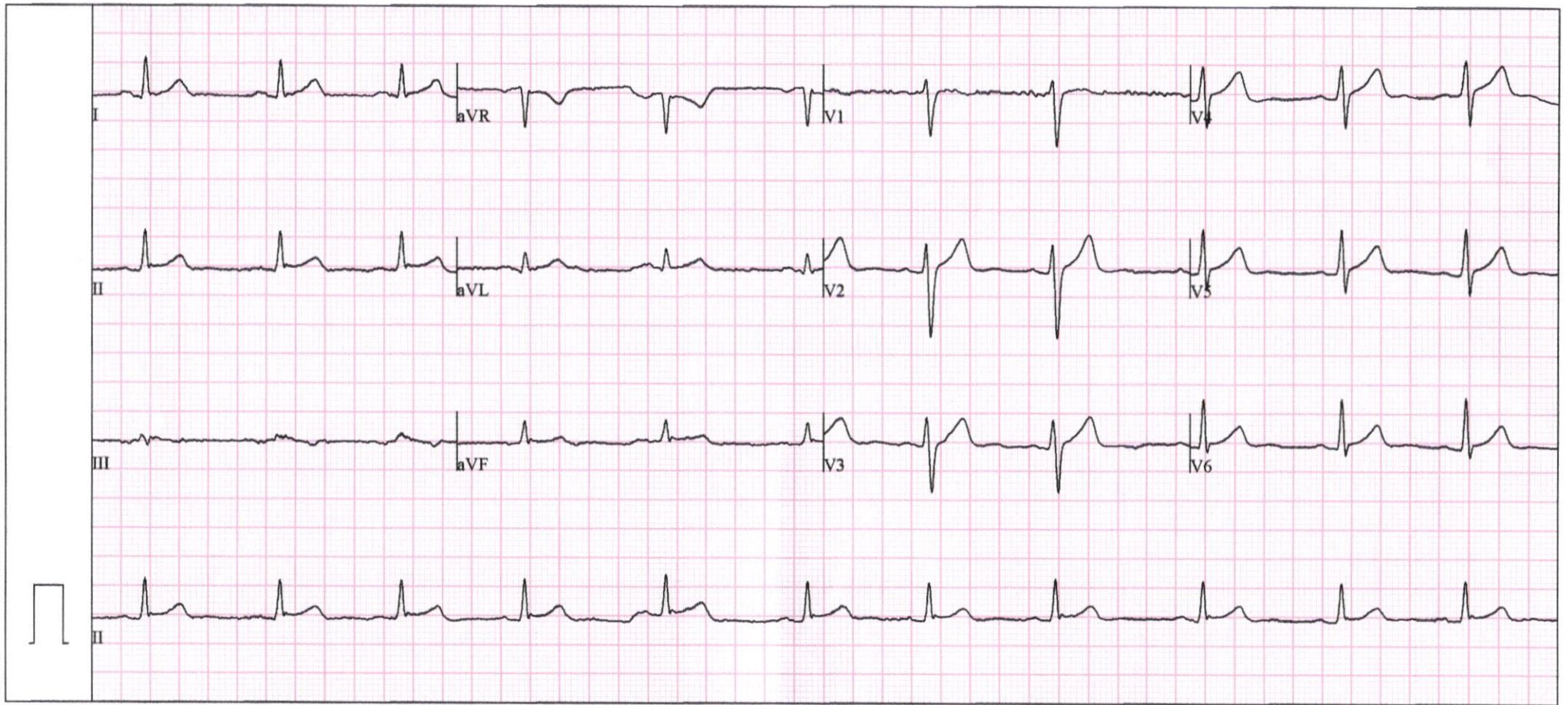
Male

NORMAL ECG

QRS : 88 ms
QT / QTcBaz : 374 / 395 ms
PR : 136 ms
P : 66 ms
RR / PP : 900 / 895 ms
P / QRS / T : 29 / 36 / 19 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

wnc
[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: DEBIDAS, MAHANTY
Patient ID: 7843
Height:
Weight:

DOB: 04.10.1989
Age: 33yrs
Gender: Male
Race: Asian

Study Date: 16.08.2023
Test Type: Treadmill Stress Test
Protocol: BRUCE

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

Medications:
NIL

Medical History:
NIL

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	02:01	0.00	0.00	89	110/80	
	STANDING	00:23	0.00	0.00	70	110/80	
	HYPERV.	00:16	0.00	0.00	70		
	WARM-UP	00:07	0.00	0.00	69		
EXERCISE	STAGE 1	03:00	1.70	10.00	117	120/80	
	STAGE 2	03:00	2.50	12.00	144	140/80	
	STAGE 3	01:01	3.40	14.00	162	150/80	
RECOVERY		01:05	0.00	0.00	120	170/90	

The patient exercised according to the BRUCE for 7:00 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 67 bpm rose to a maximal heart rate of 162 bpm. This value represents 86% of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 170/90 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

Dasgupta

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

PATIENT'S NAME	DEBIDAS MAHANTY	AGE :-33 Y/M
UHID	7843	DATE :-16 Aug. 23

X-RAY CHEST PA VEIW

OBSERVATION:

Patient is in positional obliquity.
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.CHHAYA S. SANGANI
CONSULTANT SONOLOGIST
Reg No. 073826

PATIENT'S NAME	DEBIDAS MAHANTY	AGE :- 33y/M
UHID NO	7843	16 Aug 2023

USG WHOLE ABDOMEN

LIVER is enlarged in size (17.2 cms), normal 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 10.7 x 4.1 cm. **LEFT KIDNEY** measures 11.3 x 4.4 cm.

Urinary Bladder is adequately distended; no e/o any obvious wall thickening or mass or calculi seen.

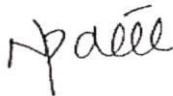
PROSTATE is normal in size, shape & echotexture.
It measures approximately 14.6 gms.

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

IMPRESSION –

- **Hepatomegaly with 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. NITESH PATEL
DMRE (RADIOLOGIST)

• ANDHERI • COLABA • NASHIK • VASHI