



EYE CHECK UP

DATE:- 30/01/23
NAME:- Swapnil V. Rindhe AGE:- 31/M.
HISTORY:-

EXAMINATIONS:- Normal vision.

Vision :-

| | Near | Distance |
|-----------|--------------------|------------------|
| Right Eye | 6/6 with | 6/6 with Glasses |
| Left Eye | 6/6 Glasses Normal | 6/6 Normal. |

Colour Vision (Tick Only)

| | |
|-------------------------------|-------------------------------------|
| NORMAL | <input checked="" type="checkbox"/> |
| PARTIAL:RED/GREENDEFICIENCY | <input type="checkbox"/> |
| COMPLETE:RED/GREEN DEFICIENCY | <input type="checkbox"/> |

Rajesh Mailagire
Doctor Signature

DR. RAJESH MAILAGIRE
General Physician (MBBS)
Reg No 2018/04/1055



HEALTH CHECK UP SUMMARY

| | | | | |
|--------------------|--------------|-------------|-----------------|----------------|
| Emp ID | Date | Referred By | Location | |
| | 31/01/23 | mediwheel | Kharadi | |
| Employee Name | Gender | Age | SPO2 | |
| Swapnil Rindhe | Male | 31 | 100 | |
| Height (in CM) | Weight in Kg | BMI | Pulse (per min) | B P (mm of Hg) |
| 182 | 67 | 20.2 | 98 | |
| Past History | NO | | | |
| Present Complaints | NO | | | |

ADVICE/SUGGESTION:

NA

Dr. Shrideep Parab

Signature of Medical Examiner

Dr. Shrideep Parab
MBBS, DGO
Obs & Gynecologist
Reg. No. . MMC 2013/11/3392



Patient Name : MR. SWAPNIL VIJAY RINDHE

Age / Gender : 30 Yrs 11 M / Male

Mobile No. : 7774927566

Patient ID : 155

Source : MEDIWHEEL

Referral : SELF

Receiving Time : Jan 30, 2023

Sample ID :



| Test Description | Value(s) | Reference Range | |
|--------------------------------------|----------|-----------------|------------|
| THYROID FUNCTION TEST (TFT) | | | |
| T3-Total | 1.38 | 0.6 - 1.80 | ng/mL |
| T4-Total | 8.6 | 4.5 to 10.9 | microgm/dl |
| TSH-Ultrasensitive | 2.64 | 0.35 to 5.55 | microU/mL |

Method : CLIA

Interpretation

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids .

Low or undetectable TSH is suggestive of Grave~s disease

TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.

TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 & FT4 is important.

FreeT3 is first hormone to increase in early Hyperthyroidism.

Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

During pregnancy, T3 T4 can be high and TSH can be slightly low

****END OF REPORT****

DR. SAGAR RAJENDRA SHETE
REG. NO. 043463

Scan to Validate





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| Test Description | Value(s) | Reference Range |
|--|----------|--|
| LIPID PROFILE | | |
| Cholesterol-Total Method : Spectrophotometry | 180 | Desirable level < 200 Borderline High 200-239 High >or = 240 mg/dL |
| Triglycerides Method : Serum, Enzymatic, endpoint | 175 | Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500 mg/dL |
| HDL Cholesterol Method : Serum, Direct measure-PEG | 51 | Normal: > 40 Major Risk for Heart: < 40 mg/dL |
| LDL Cholesterol Method : Enzymatic selective protection | 94 | Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190 mg/dL |
| VLDL Cholesterol Method : Serum, Enzymatic (Calculated) | 35 | 6 - 38 mg/dL |
| CHOL/HDL Ratio Method : Serum, Enzymatic | 3.53 | UP TO 5.0 |
| LDL/HDL Ratio Method : Serum, Enzymatic | 1.84 | UP TO 3.5 |

Note:

8-10 hours fasting sample is required.

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| Test Description | Value(s) | Reference Range |
|--|----------|-----------------|
| <u>Blood Group Abo & Rh Typing, Blood</u> | | |
| Blood Group (ABO typing) Method : Manual-Hemagglutination | "B" | |
| RhD Factor (Rh Typing) Method : Manual hemagglutination | Positive | |

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GLYCOSYLATED HAEMOGLOBIN (GHB / HBA1c)

HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD 4.3 %

Method : (HPLC, NGSP certified)

Estimated Average Glucose : 76.71 mg/dL

Interpretation

| | |
|--|--|
| As per American Diabetes Association (ADA) | |
| Reference Group | HbA1c in % |
| Non diabetic adults >=18 years | <5.7 |
| At risk (Prediabetes) | 5.7 - 6.4 |
| Diagnosing Diabetes | >= 6.5 |
| Therapeutic goals for glycemic control | Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5 |

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

| HbA1c(%) | Mean Plasma Glucose (mg/dL) |
|----------|-----------------------------|
| 6 | 126 |
| 7 | 154 |
| 8 | 183 |

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| Test Description | Value(s) | Reference Range |
|------------------|----------|-----------------|
| 9 | 212 | |
| 10 | 240 | |
| 11 | 269 | |
| 12 | 298 | |

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| Test Description | Value(s) | Reference Range | |
|--|----------|-----------------|-------|
| <u>LIVER FUNCTION TEST (LFT)</u> | | | |
| Total Protein Method : Serum, Biuret, reagent blank end point | 6.89 | 6.6 - 8.3 | g/dL |
| Albumin Method : Serum, Bromocresol green | 4.6 | 3.2 - 4.6 | g/dL |
| Globulin Method : Serum, EIA | 2.29 | 1.8 - 3.6 | g/dL |
| A/G Ratio Method : Serum, EIA | 2.01 | 1.2 - 2.2 | |
| Bilirubin - Total Method : Serum, Jendrassik Grof | 0.96 | 0.3 - 1.2 | mg/dL |
| Bilirubin - Direct Method : Serum, Diazotization | 0.20 | < 0.2 | mg/dL |
| Bilirubin - Indirect Method : Serum, Calculated | 0.76 | 0.1 - 1.0 | mg/dL |
| SGOT Method : Serum, UV with P5P, IFCC 37 degree | 22.2 | Upto 40 | U/L |
| SGPT Method : Serum, UV with P5P, IFCC 37 degree | 24.9 | Upto 42 | U/L |
| Alkaline Phosphatase Method : PNPP-AMP Buffer/Kinetic | 84 | 30 - 120 | U/L |
| GGT-Gamma Glutamyl Transpeptidase Method : Serum, G-glutamyl-carboxy-nitroanilide | 35 | < 55 | U/L |

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| RENAL FUNCTION TEST | | | |
| Uric Acid Method : Serum, Uricase | 5.02 | 3.2 - 7.2 | mg/dL |
| Creatinine Method : Serum, Jaffe | 1.1 | 0.4 - 1.4 | mg/dL |
| Urea Method : Uricase | 31 | 10 - 50 | mg/dL |
| Blood Urea Nitrogen-BUN Method : Serum, Urease | 14.49 | 8 - 23 | mg/dL |

Remark:

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14.

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|------------------|----------|-----------------|

Esr, Erythrocyte Sedimentation Rate

ESR - Erythrocyte Sedimentation Rate 14 0-15 mm/hr

Method : EDTA Whole Blood, Manual Westergren

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

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| Test Description | Value(s) | Reference Range | |
|-----------------------------|-------------------------|-----------------|---------------------|
| Complete Blood Count | | | |
| WBC | 6700 | 4000-10000 | cell/cu.mm |
| Neu% | 57 | 50 - 70 | % |
| Lym% | 38 | 20.0 - 40.0 | % |
| Mon% | 03 | 3.0 - 12.0 | % |
| Eos% | 02 | 0.5 - 5.0 | % |
| Bas% | 00 | 0.0 - 1.0 | % |
| RBC | 5.2 | 4.0 - 5.50 | 10 ⁶ /uL |
| HGB | 16.0 | 12.0 - 16.0 | g/dL |
| HCT | 42.9 | 40.0 - 54.0 | % |
| MCV | 82.1 | 78 - 100 | fL |
| MCH | 31.0 | 27 - 34 | pg |
| MCHC | 36.0 | 32 - 36 | g/dL |
| RDW-CV | 13.3 | 11.0 - 16.0 | % |
| PLT | 220 | 100 - 300 | 10 ³ /ul |
| RBC | Normocytic normochromic | | |
| WBC | Within normal limits | | |
| Platelet | Adequate | | |

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| Test Description | Value(s) | Reference Range |
|---|----------|---|
| <u>FASTING BLOOD SUGAR</u> | | |
| Glucose fasting Method : Fluoride Plasma-F, Hexokinase | 88 | Normal: 70 - 99 mg/dL Impaired Tolerance: 100-125 Diabetes mellitus: \geq 126 (on more than one occassion) (American diabetes association guidelines 2018) |
| Urine Fasting | Absent | |

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| Test Description | Value(s) | Reference Range |
|--|----------|-----------------|
| PPBS | | |
| Blood Glucose-Post Prandial Method : Hexokinase | 111 | 70 - 140 mg/dL |
| Urine Post Prandial | Absent | |

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| Test Description | Value(s) | Reference Range |
|--|-------------|-----------------|
| <u>URINE ROUTINE EXAMINATION</u> | | |
| Volume* | 20 | - ml |
| Colour* | Pale Yellow | |
| Transparency (Appearance)* | Clear | |
| Deposit* | Absent | |
| Reaction (pH)* | 6.5 | 4.5 - 8 |
| Specific Gravity* | 1.015 | 1.010 - 1.030 |
| <u>Chemical Examination (Automated Dipstick Method) Urine</u> | | |
| Urine Glucose (sugar)* | Absent | |
| Urine Protein (Albumin)* | Absent | |
| <u>Microscopic Examination Urine</u> | | |
| Pus Cells (WBCs)* | 1-2 | 0 - 5 /hpf |
| Epithelial Cells* | 2-3 | 0 - 4 /hpf |
| Red blood Cells* | Absent | /hpf |
| Crystals* | Absent | |
| Cast* | Absent | |
| Bacteria* | Absent | |
| Mucus Thread | Absent | |

****END OF REPORT****

DR. SAGAR RAJENDRA SHETE
REG. NO. 083463

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Patient Name: MR. SWAPNIL RINDHE
Ref. By: MADYOASIS MEDICAL SERVICES

Dt: 30 Jan 2023
31 YEARS/M

X RAY CHEST PA VIEW

Both the lung fields are clear.

Both diaphragmatic domes have normal contours and positions.

Cardio-aortic silhouette has a normal appearance.

There is no evidence of any pleural effusion.

Bony thorax appears normal

CONCLUSION:

No obvious abnormality seen at present study.

Dr. GANESH SANAP
(MBBS,DMRD, DNB)
Consulting Radiologist



| | |
|--|-----------------------------|
| Name : MR. SWAPNIL RINDHE | Age/Sex : 31 YEARS/M |
| Ref By : MADYOASIS MEDICAL SERVICES | Date : 30 Jan 2023 |

2D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Monday, January 30, 2023

Left Ventricle:

The left ventricle is normal in size. No e/o RWMA.

The left ventricular ejection fraction is normal .

Left Atrium:

The left atrium is normal size. No clot.

Right Ventricle:

The right ventricular is normal size. There is normal right Ventricular wall thickness.

Aorta:

The aortic root is normal.

Pulmonary Artery:

The Pulmonary artery is normal.

Pericardium:

There is no pericardial effusion. No calcification.

Aortic Valve:

The aortic valve is tri-leaflet with thin, pliable leaflets that move normally. There is no aortic Stenosis. No aortic regurgitation is present.

Mitral Valve:

The mitral valve leaflets are thin. Normal mitral gradients. There is no evidence of stenosis, prolapse.

Diastolic flows are altered . No mitral regurgitation noted.

Tricuspid Valve:

The tricuspid valve leaflets are thin and pliable and the valve motion is normal. No tricuspid Regurgitation is noted.

Pulmonary Valve:

The pulmonary valve leaflets are thin and pliable and the valve motion is normal. No pulmonary Valvular regurgitation is noted.

Proximal Coronaries:

Not visualized.

IAS and IVS are intact.

M-MODE/2D PARAMETERS

| | | |
|------|--------|-----------|
| AO | 26 | (23-37mm) |
| LA | 26 | (19-40mm) |
| RVD | | (7-23mm) |
| LVD | 40 | (35-55mm) |
| LVS | 31 | (24-42mm) |
| IVS | 8.3 | (6-11mm) |
| LVPW | 8.6 | (6-11mm) |
| EF | 55-60% | (50-70%) |

Parameters in brackets indicate normal adult Values.

IMPRESSION:

- No e/o RWMA
- Normal EF.
- RA / RV not dilated.
- No e/o pulmonary hypertension
- Normal valves and velocities.
- No clot, vegetations or effusions.



Dr. GANESH SANAP
(MBBS,DMRD, DNB)
Consulting Radiologist
FELLOW 2D ECHO (IAE)

Facilities

- 3D /4D sonography • Fetal medicine • Obstetric Sonography • Digital Xray • Pathology • ECG
- 32 slice low radiation dose CT scan • Ultrasonogray with All Doppler studies • Health Packages • TMT

Shop/ofc. No. 2, Ground floor, Building A, City Vista Downtown Kolte Patil , opposite Victorius School, Kharadi Pune 411014

8009 22 4005 / 8009 45 4005 Email : passiondiagnostics@gmail.com



| | |
|--|------------------------|
| Patient Name : MR. SWAPNIL RINDHE | Date : 30 Jan 2023 |
| Referred By : MADYOASIS MEDICAL SERVICES | Age : 31 YEARS Sex : M |

USG ABDOMEN AND PELVIS

Liver:

The liver is normal in size and echotexture. No focal lesion is seen. The intrahepatic biliary radicles are normal. The common bile duct and the portal vein appear normal.

Gall Bladder

The gall bladder is well distended. No e/o calculus seen. The wall thickness is normal.

Pancreas

The pancreas is normal in size and shape. No focal lesion or calcifications are seen within it. The pancreatic duct is normal.

Spleen

The spleen measures 10.1cm in size and is normal in echotexture. No focal lesion is seen.

Kidneys

The right kidney measures 9.6 x 4.1cm. The left kidney measures 9.8 x 5.4 cm. Both kidneys show normal parenchymal echo texture. The cortico-medullary differentiation is maintained bilaterally. The pelvicalyceal system is normal in both the kidneys.

Aorta/IVC

The aorta and IVC appear grossly normal. No ascites or lymphadenopathy is seen.

Urinary bladder

The bladder is well distended. The wall thickness is normal. No vesical calculus is seen.

Prostate

The prostate corresponding to a weight of about 15 gms. No focal lesion or calcification is seen.

Impression

- Normal study.

Dr. Ganesh Sanap
MBBS, DMRD, DNB.

Facilities ● 3D /4D sonography ● Fetal medicine ● Obstetric Sonography ● Digital Xray ● Pathology ● ECG
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● 8009 22 4005 / 8009 45 4005 ● Email : passiondiagnostics@gmail.com



PASSION
The Diagnostic Destination

Name : MR.SWAPNIL RINDHE Age/Sex :31 Y/M
Ref By : MEDIOASIS MEDICAL SERVICE Date : 30/01/2023

ECG

Observations:

ECG done with in resting position with 10 leads.

Normal Sinus rhytm noted . NO E/O T wave inversion.

No obvious other abnormality .

ADv : CLINICAL CORRELATION.

Dr. MILIND SHINDE
MBBS, DNB.

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