



MEDICAL SUMMARY							
NAME: Mr. Memort Colappar UHID: 4121							
DATE OF USALTHOUSEN	1-2020						
CENDER. Male	20.0						
HEIGHT: 168 CM							
WEIGHT: MARITAL STATUS:							
BMI 81.8 NO OF CHILDREN:							
C/O: -Acidity 1 Consulation K/C/O: -							
PRESENT MEDICATION:							
P/M/H: ~ Macrombiacs. P/S/H: ~							
H/A: SMOKING: FAMILY HISTORY FATHER: ► CN F	<del></del>						
ALCOHOL: - OCL), MOTHER: - D	2						
TOBACCO/PAN:	١,						
O/E:							
LYMPHADENOPATHY:	100						
BP: 10 70 PULSE: 78 MM PALLOR/LCTERUS/CYNOSIS/CLUBBING:	MARIO						
TEMPERATURE: A SCARC							
OEDEMA:							
S/E: PESG							
RS: P/A:							
cvs: SEr							
Extremities & Spine: NA							
ENT:							
CHICAGO TO THE STATE OF THE STA							
Skill: ~ Wha							
Vision:							

	Wi	thout Glass		Med of
	Right Eye	Left eye	Diaht F	With Glass
FAR:		- Litely C	Right Eye	Left eye
NEAR:				
COLOUR VISION:				
ADVISE :				





# **OPHTHALMIC EVALUATION**

UHID No.:	FVA	H421						Date :	12/1	123
Name :	tle.	mant	- 1/	alar	177 on 1	Age	:_4	Geno	der (Ma)e	/Female
Without Corre	ection :									
Distance: Rig	ht Eye _		6/6			_ Left E	Eye	46		
Near : Rig	ht Eye _	0	0)'(0			_ Left E		N'	10	
With Correction	n:									
Distance: Righ	it Eye		e/h			_ Left E	ye	616		
Distance: Righ Near : Righ	t Eye		porce	)		_ Left E	уе	N. 6	*	
			RIGHT							
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<					_		750.5		
Near				-2	da t	+ 11	250	m		
Colour Vision	:									
Anterior Segm	nent Exa	mination	·	7						
Pupils :				_						
Fundus :										
Intraocular Pre	essure :				Soh	7				
Diagnosis :			(							
Advice :										
Re-Check on -				W	ETH NIK .B.B S	Frescrip ETPRAS DOMS 108/10/34	SHANT H46		cation eve	





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Name

: Mr. Hemant V Kolappan

Gender

: Male

Age : 44 Years

UHID

: FVAH 4121

Bill No

Lab No: V-1532-19

Ref. by

: SELF

Sample Col.Dt : 12/01/2023 09:20

Barcode No

: 6698

Reported On

: 12/01/2023 15:33

**TEST** 

## **RESULTS**

# **BIOLOGICAL REFERENCE INTERVAL**

CBC (Complete Blood Count)-WB (EDTA)

Haemoglobin(Colorimetric method)	12.5	g/dl	13 - 18
RBC Count (Impedance)	4.39	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	37.4	%	35 - 55
MCV:(Calculated)	85.2	fl	78 - 98
MCH:(Calculated)	28.5	pg	26 - 34
MCHC:(Calculated)	33.5	gm/dl	30 - 36
RDW-CV:	14.2	%	11.5 - 16.0
Total Leucocyte/WBC count(Impedance	e) 8690	/cumm.	4000 - 10500
Neutrophils:	67	%	40 - 75
Lymphocytes:	28	%	20 - 40
Eosinophils:	03	%	0 - 6
Monocytes:	02	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	3.05	Lakhs/c.mm	1.5 - 4.5
MPV Peripheral Smear (Microscopic examination)	8.1	fl	6.0 - 11.0
RBCs:	Normochromic	,Normocytic	
WBCs:	Normal		
Platelets	Adequate		
Note:	Test Run on 5 pa	rt cell counter. Manual diff per	formed.

Vasanti Gondal **Entered By** 

Ms Kaveri Gaonkar Verified By

End of Report Results are to be correlated clinically





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RESULTS

BIOLOGICAL REFERENCE INTERVAL

**ESR(Westergren Method)** 

**Erythrocyte Sedimentation Rate:-**

08

mm/1st hr

0 - 20

Shweta Unavane **Entered By** 

Ms Kaveri Gaonkar Verified By

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**RESULTS** 

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

ABO Group:

:0:

Rh Type:

**Positive** 

Method:

Tube Agglutination (forward and reverse)

-----

Tejal D Dighe **Entered By** 

Ms Kaveri Gaonkar Verified By

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

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**RESULTS** 

BIOLOGICAL REFERENCE INTERVAL

# HbA1c(Glycosylated Haemoglobin )WB-EDTA

(HbA1C) Glycosylated Haemoglobin:

6.5

% Normal

<5.7 %

Pre Diabetic

5.7 - 6.5 %

Diabetic

>6.5 %

Target for Diabetes on therapy < 7.0 % Re-evalution of therapy > 8.0 %

Mean Blood Glucose:

139.85

mg/dL

### Corelation 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	

### Method

# High Performance Liquid Chromatography (HPLC).

### INTERPRETATION

The HbA1c levels corelate 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 then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints 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 daibetics.

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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Ms Kaveri Gaonkar Verified By

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

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**TEST** 

**RESULTS** 

UNITS

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Fasting Plasma Glucose:

102

mg/dL

Normal < 100 mg/dL

Impaired Fasting glucose: 101 to 125 mg/dL

Diabetes Mellitus : >= 126 mg/dL

(on more than one occasion)

(American diabetes association guidlines 2016)

Post Prandial Plasma Glucose:

133

mg/dL

Normal < 140 mg/dL

Impaired Post Prandial glucose: 140 to 199 mg/dL

Diabetes Mellitus : >= 200 mg/dL (on more than one occasion)

(American diabetes association guidlines 2016)

Method:

Hexokinase

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Undesirable: >160

3.5 - 5

2.5 - 3.5

TEST **RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL Lipid Profile- Serum** S. Cholesterol(Oxidase) 193 mg/dL Desirable < 200 Borderline: >200-<240 Undesirable: >240 S. Triglyceride(GPO-POD) 104 mg/dL Desirable < 150 Borderline:>150-<499 Undesirable: >500 S. VLDL:(Calculated) 20.8 mg/dL Desirable <30 S. HDL-Cholesterol(Direct) 37.7 mg/dL Desirable > 60 Borderline:>40-<59 Undesirable: < 40 S. LDL:(calculated) 134.5 mg/dL Desirable < 130 Borderline:>130-<159

<u>5.1</u>

3.6

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Ratio Cholesterol/HDL

Ratio of LDL/HDL

------

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**TEST** 

**RESULTS** 

UNITS

**BIOLOGICAL REFERENCE INTERVAL** 

# **LFT(Liver Function Tests)-Serum**

S.Total Protein (Biuret method)	7.15	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.22	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.93	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.44		0.9 - 2
S.Total Bilirubin (DPD):	0.37	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.15	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.22	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	20	U/L	5 - 36
S.ALT (SGPT) (IFCC Kinetic with P5P):	25	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	62	U/L	40 - 129
S.GGT(IFCC Kinetic):	22	U/L	11 - 50

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TEST	RESULTS		BIOLOGICAL REFERENCE INTERVAL				
BIOCHEMISTRY							
S.Urea(Urease Method)	13.0	mg/dl	10.0 - 45.0				
BUN (Calculated)	6.06	mg/dL	5 - 20				
S.Creatinine(Jaffe's Method)	0.80	mg/dl	0.50 - 1.3				
BUN / Creatinine Ratio	<u>7.57</u>		9:1 - 23:1				
S.Uric Acid(Uricase Method)	5.2	mg/dl	3.4 - 7.0				

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**TEST** 

**RESULTS** 

UNITS

**BIOLOGICAL REFERENCE INTERVAL** 

**BIOCHEMISTRY REPORT** 

S.Creatinine(Jaffe' Kinetic):

0.80

mg/dL

0.50 - 1.3

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UNITS

**BIOLOGICAL REFERENCE INTERVAL** 

Thyroid (T3,T4,TSH)- Serum

Total T3 (Tri-iodo Thyronine) (ECLIA)

2.39

nmol/L

1.3 - 3.1 nmol/L

Total T4 (Thyroxine) (ECLIA)

112.2

nmol/L

66 - 181 nmol/L

TSH (Thyroid-stimulating hormone) (ECLIA)

5.26 □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 hypothyrodism.

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

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. lodine,Lithium, Amiodarone

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**RESULTS** 

BIOLOGICAL REFERENCE INTERVAL

PROSTATE SPECIFIC ANTIGEN

Prostate Specific Antigen (ECLIA):

0.295ng/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 prostatits , Benign hyperplasia or Prostatic adenocarcinoma Rate of the fall of PSA levels to non dectectable 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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**RESULTS** 

**BIOLOGICAL REFERENCE INTERVAL** 

### URINE REPORT

# **PHYSICAL EXAMINATION**

QUANTITY

50

mL

COLOUR

Pale Yellow

**APPEARANCE SEDIMENT** 

Clear Absent

Clear Absent

CHEMICAL EXAMINATION(Strip Method)

REACTION(PH)

6.0

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)

Norma!

OCCULT BLOOD

Absent

Absent

**Nitrites** 

Absent

Absent

**MICROSCOPIC EXAMINATION** 

**PUS CELLS** 

1 - 2 / hpf

0 - 3/hpf

**RED BLOOD CELLS EPITHELIAL CELLS** 

Nil /HPF

Absent

1 - 2 / hpf

3 - 4/hpf

**CASTS** 

Absent

Absent

**CRYSTALS** 

Absent

Absent

**BACTERIA** 

Absent

Absent

Anushka Chavan Entered By

Ms Kaveri Gaonkar Verified By

End of Report Results are to be correlated clinically

12.01.2023 9:45:37 Apollo Clinic 1st Flr,The Emerald,Sector-12, Vashi, Mumbai-400703.

44 Years

Male

QRS: 74 ms
PR: 142 ms
PR: 142 ms
P 96 ms
RR / PP: 844 / 845 ms
P / QRS / T: 57 / 11 / 37 degrees

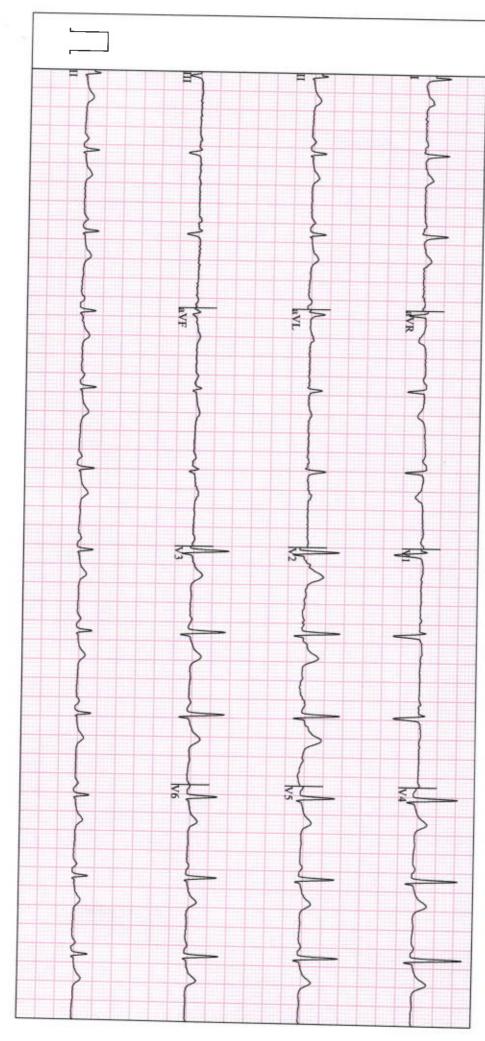
Normal sinus rhythm Normal ECG

222

# NORMAL ECG

Dr. ANIRBAN DASGUPTA M.B.,B.S., D.N.B. Medicine

Diploma Cardiology MMC -2005/02/0920







HEMANT KOLAPPAN	AGE :- 44 Y/M
4121	DATE :- 12-01-23

# 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.

No diastolic dysfunction.





# Measurements

Aorta annulus	18 mm
Left Atrium	37 mm
LVID(Systole)	19 mm
LVID(Diastole)	46 mm
IVS(Diastole)	10 mm
PW(Diastole)	11 mm
LV ejection fraction.	55-60%

# Conclusion

- > Good biventricular function
- > No RWMA
- ➤ Valves Structurally normal
- > No diastolic dysfunction
- > No PAH

Performed by: Dr. Anirban Dasgupta

D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).

Jasqueta





13 Jan 2023

# X-RAY CHEST PA VEIW

# **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.

B

DR. DISHA MINOCHA
DMRE (RADIOLOGIST)





PATIENT'S NAME	HEMANT KOLAPPAN	AGE :- 44 y/M	
UHID NO	4121	12 Jan 2023	

# **USG WHOLE ABDOMEN**

LIVER is normal in size, 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 11.0 x 4.8 cm. LEFT KIDNEY measures 11.6 x 4.9 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 (Vol: 15 ml)

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

# IMPRESSION -

- Grade I fatty liver.
- No other significant abnormality detected.

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE. THE CONTENTS OF THIS REPORT REQURE CLINICAL CO-RELATION BEFORE ANY APPLICATION.

DR.CHHAYA S. SANGANI CONSULTANT SONOLOGIST

Reg: No. 073826

ANDHERI
 COLABA
 NASHIK
 VASHI

# Findings and Recommendation:

# Findings:-

# Recommendation:-

Did/E-en - FBS/PLBS

Signature:

Consultant -

DR. ANIRBAN DASGUPTA MBBS, D.N. 6 MEDICINE DIPLOMA CARDIOLOGY MMC-2005/02/0920