

NAME:	Mr. <u>Teekas Mishra</u>	UHID:	
AGE:	<u>38</u>	DATE OF HEALTHCHECK:	<u>19/01/2024</u>
GENDER:	<u>M</u>		

HEIGHT:	<u>183.5</u>	MARITAL STATUS:	<u>M</u>
WEIGHT:	<u>104.6</u>	NO OF CHILDREN:	<u>2</u>
BMI:	<u>31.2</u>		

C/O: ✓

K/C/O: ✓

PRESENT MEDICATION: → Homocystine medicine

P/M/H: Analyzing of endoglycosis
∴ 2yrs.

P/S/H: → No.

ALLERGY: → NA

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING: →

FAMILY HISTORY FATHER: →

ALCOHOL: → once

MOTHER: → MTH, Liver
carcinoma,
- Hep-C

TOBACCO/PAN: → yes

O/E:

LYMPHADENOPATHY:

BP: 130/80 PULSE: → 72/min

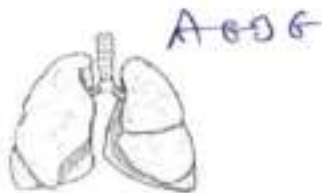
PALLOR/ICTERUS/CYNOSIS/CLUBBING:

TEMPERATURE: → SCARS:

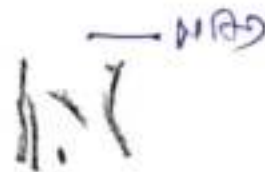
OEDEMA:

S/E:

RS:



P/A:



CVS: Silent

Extremities & Spine: → NA

CNS: Brain, balanced.

ENT: → NA

Skin: Lipoma

Vision:

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

Findings and Recommendation:

Findings:-

- Hepatomegaly
- VAT

Recommendation:-

- Diet / Exer
- T. Ferritin 40 ng
→ 2 months

Signature:

Consultant

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

OPHTHALMIC EVALUATION

UHID No.: _____ Date: 19/12/24

Name: Mr. Tushar Mishra Age: 37 Gender: Male / Female

Without Correction :

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

Near : Right Eye N6 Left Eye N6

With Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance										
Near										

Colour Vision : NAD

Anterior Segment Examination : NAD / (BE)

Pupils : _____

Fundus : _____

Intraocular Pressure : Normal (BE)

Diagnosis : _____

Advice : _____

Re-Check on 6/12/25 (This Prescription needs verification every year)

Dr. [Signature]

(Consultant Ophthalmologist)
DR. RUCHIRA SHARMA
 M. S. (OPHTH)
 CONSULTING OPHTHALMOLOGIST
 & MICRO SURGEON
 REG. No.: 3262/09/02

■ Consultation ■ Diagnostics ■ Health Check-Ups ■

DENTAL CHECKUP

Name: Mr. Tushar Mishra	MR NO:
Age/Gender: 38 yrs / M	Date: 19/2/24

Medical history: Diabetes Hypertension NRH

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
 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: _____

RL
DR. NILAM PATIL
 B. D. S
 Reg. No: A 23226

• ANDHERI • COLABA • NASHIK • VASHI

Name : Mr. Tushar Mishra Gender : Male Age : 38 Years
UHID : FVAH 10683. Bill No : Lab No : V-2338-23
Ref. by : SELF Sample Col.Dt : 19/02/2024 09:15
Barcode No : 9016 Reported On : 19/02/2024 17:35

TEST

RESULTS

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

ABO Group: **:B:**
Rh Type: **Positive**
Method : Matrix gel card method (forward and reverse)

Sheetal Nakate
Entered By

Ms Kaveri Gaonkar
Verified By



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

End of Report
Results are to be correlated clinically

Name : Mr. Tushar Mishra Gender : Male Age : 38 Years
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	81	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 :	84	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

Vasanti Gondal
Entered By

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Page 2 of 2
Dr. Milind Patwardhan
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Chief Pathologist

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LIPID PROFILE - Serum

S. Cholesterol(Oxidase)	152	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable: >240
S. Triglyceride(GPO-POD)	138	mg/dL	Desirable < 150 Borderline: >150-<499 Undesirable: >500
S. VLDL:(Calculated)	27.6	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	34.1	mg/dL	Desirable > 60 Borderline: >40-<59 Undesirable: <40
S. LDL:(calculated)	90.3	mg/dL	Desirable < 130 Borderline: >130-<159 Undesirable: >160
Ratio Cholesterol/HDL	4.5		3.5 - 5
Ratio of LDL/HDL	2.6		2.5 - 3.5

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Page 6 of 10

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL


LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	6.98	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.41	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.57	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.72		0.9 - 2
S.Total Bilirubin (DPD):	0.44	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.16	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.28	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	22	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	29	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	115	U/L	40 - 129
S.GGT(IFCC Kinetic):	31	U/L	11 - 50

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Page 5 of 10


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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL	
	BIOCHEMISTRY		
S.Urea(Urease Method)	16.6	mg/dl	10.0 - 45.0
BUN (Calculated)	7.74	mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.98	mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	7.9		9:1 - 23:1
S.Uric Acid(Uricase Method)	7.4	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)	90.10	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	4.00	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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End of Report
Results are to be correlated clinically



Dr. Milind Patwardhan
M.D(Path)

Page 9 of 9 Chief Pathologist

Name	: Mr. Tushar Mishra	Gender	: Male	Age	: 38 Years
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
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URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	15	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		Clear
SEDIMENT	Absent		Absent

CHEMICAL EXAMINATION (Strip Method)

REACTION(PH)	5.0	4.6 - 8.0
SPECIFIC GRAVITY	1.015	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	1 - 2/hpf	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	2 - 3 /hpf	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	Absent	Absent

Anushka Chavan
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Verified By



Dr. Milind Patwardhan
M.D(Path)

Page 1 of 1 Chief Pathologist

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
PROSTATE SPECIFIC ANTIGEN		
Prostate Specific Antigen (ECLIA):	0.907ng/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 prostatitis, Benign hyperplasia or Prostatic adenocarcinoma
Rate of the fall of PSA levels to non detectable 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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Verified By



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End of Report
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38 Years

Male

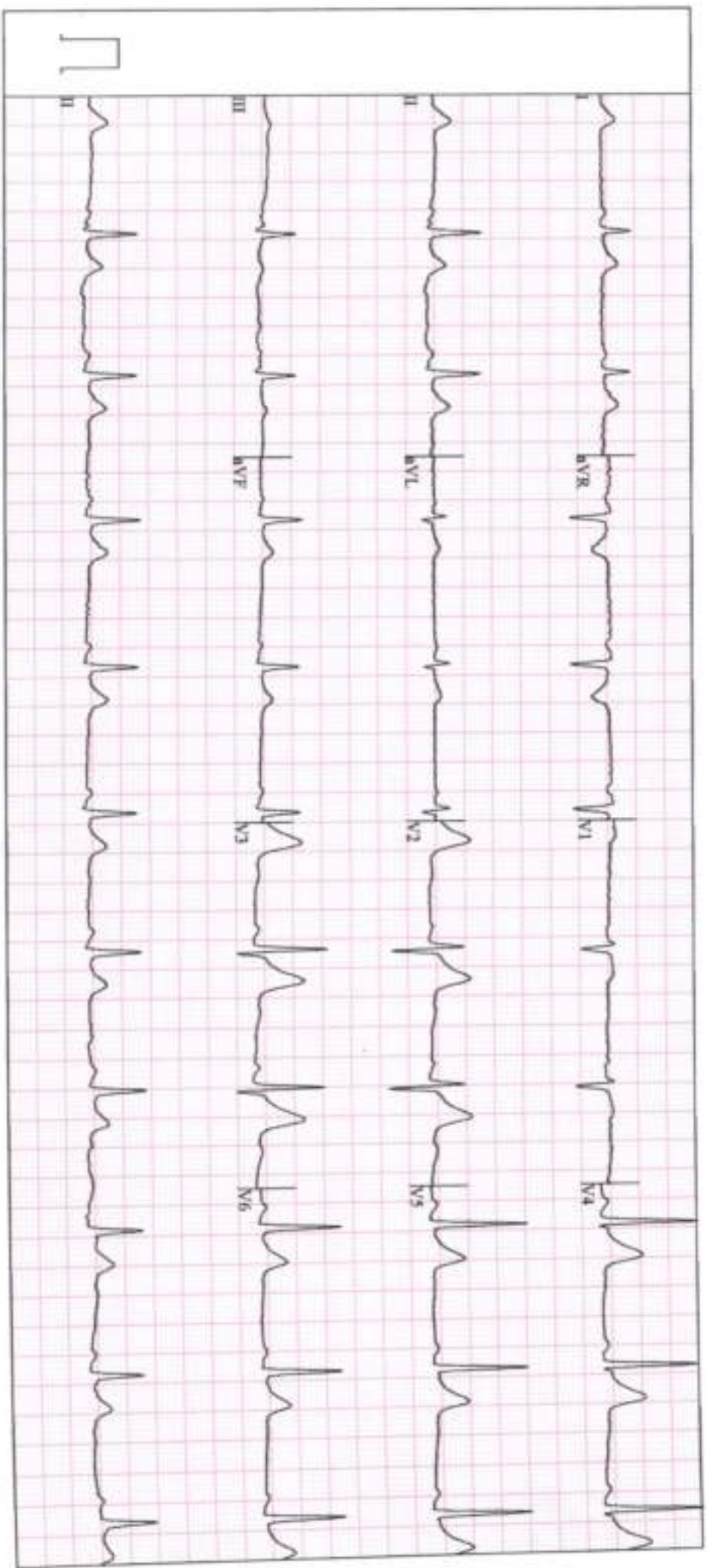
QRS : 74 ms
QT / QTc/QTcBaz : 358 / 363 ms
PR : 138 ms
P : 92 ms

Normal sinus rhythm
Normal ECG

RR / PP : 974 / 967 ms
P / QRS / T : 29 / 62 / 43 degrees

NORMAL ECG

(Signature)
Dr. ANIRBAN DASGUPTA
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: TUSHAR, MISHRA
Patient ID: 10683
Height:
Weight:

DOB: 23.08.1986
Age: 37yrs
Gender: Male
Race: Asian

Study Date: 19.02.2024
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	00:58	0.00	0.00	100	130/80	
	STANDING	00:15	0.00	0.00	101	130/80	
	HYPERV.	00:16	0.00	0.00	89		
EXERCISE	WARM-UP	00:09	0.10	0.00	93		
	STAGE 1	03:00	1.70	10.00	137	140/80	
	STAGE 2	03:00	2.50	12.00	153	150/80	
RECOVERY	STAGE 3	00:31	3.40	14.00	171	160/90	
		01:04	0.00	0.00	129	180/90	

The patient exercised according to the BRUCE for 6:30 mins, achieving a work level of Max. METS: 8.50. The resting heart rate of 88 bpm rose to a maximal heart rate of 171 bpm. This value represents 93 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 180/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

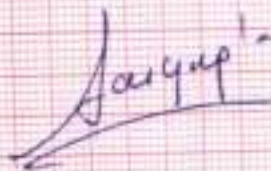
Interpretation

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

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

PATIENT'S NAME	TUSHAR MISHRA	AGE :- 38 Y/M
UHID NO	10683	19 Feb 2024

DIGITAL RADIOGRAPH OF CHEST (PA VIEW)

The lung fields are clear.

Heart and aorta appears normal.

Both hila appear normal.

Both costo-phrenic angles are clear.

Visualized bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED IN CURRENT RADIOGRAPH.

Clinico-haematological correlation is recommended.

Thanking you for the referral,
With regards,



DR. SIDDHI PATIL
Cons. Radiologist

• ANDHERI • COLABA • NASHIK • VASHI

PATIENT'S NAME	TUSHAR MISHRA	AGE :- 38y/M
UHID NO	10683	19 Feb 2024

SONOGRAPHY OF ABDOMEN AND PELVIS

Liver is mildly enlarged in size measuring about 15.8 cm in cranio-caudal dimension. It shows increased echogenicity and reflectivity. There is no focal lesion seen. The portal vein and common bile duct are normal in course and caliber. There is no evidence of intra-hepatic biliary duct dilatation seen.

Gall Bladder is partially distended. No calculus, abnormal wall thickening or pericholecystic fluid collection is seen.

The visualized **Pancreas** is normal in size, shape and echotexture. There is no focal lesion seen.

Spleen is normal in size, shape and echotexture. There is no focal lesion seen.

Right Kidney measures 9.6 x 4.9 cm. **Left Kidney** measures 11 x 5.3 cm. A simple cortical cyst is seen at upper pole of right kidney, measuring 1.8 x 1.7 cm with a thin septa within. Both kidneys are normal in size, shape and echotexture. No evidence of any focal lesion is noted. No hydronephrosis, hydroureter or calculus is noted in both kidneys. Cortico medullary differentiation is well maintained.

Urinary Bladder is partially distended. There is no evidence of focal lesion. No evidence of any calculus is seen.

Prostate gland is normal in size, shape and echopattern.

There is no free fluid or abdominal lymphadenopathy.

IMPRESSION: FINDINGS ARE SUGGESTIVE OF
- MILD HEPATOMEGALY WITH DIFFUSE FATTY INFILTRATION OF LIVER.
- SIMPLE RIGHT RENAL CORTICAL CYST.
- NO OTHER SIGNIFICANT ABNORMALITY IS DETECTED.

Clinico-haematological correlation and imaging follow-up is recommended.

Thanking you for the referral,
With regards,



DR. SIDDHI PATIL
Cons. Radiologist

• ANDHERI • COLABA • NASHIK • VASHI