



UHID : _____
 NAME : _____
 AGE : _____ SEX : _____
 Doctor In Charge: _____



A Unit of Sahrudaya Health Care Private Limited

OPD Nursing Assessment - Adult Date : _____

Name: Santosh Sai Date of Birth : 30 Age/Sex: M UMR No.: 135007

Assessment :

Height: 175 cms Weight: 94.3 kg. BMI: _____ Respiration: _____/min Pulse H/R : 84 /min
 BP: 120/70 mmHG Temperature : _____ SpO2 97 % BSR _____ mg/dl

Chief Complaints : H.C

Nutritional Screening :

Diet : Veg diet
 Remark : _____

Status : Weight Loss / Gain in Last 3 Months Yes No
 If Weight Loss / Gain-Dietary Referral Yes No
 Psychological Assessment Agitated Anxious (If Agitated, Inform Physician) Yes No
 Irritable

Any Allergies Known Including Drugs : _____

Past History: Any Surgeries Explain : NO

Any Other illness: Explain NO Appendicitis

Pain Score: Numerical Scales (1-10) _____ Location NO Characteristics _____

Need to be seen immediately by the Doctor EMO Yes No

Fall risk : Age 65Yrs. _____ Tremors _____ High Grade Fever _____ H/O Fall in last 3 months _____

Cardiac Medicines _____ Seizure Medications _____ Fall Prevention Education Done _____

Name of Nurse	ID No. of Nurse	Signature of Nurse	Date & Time
<u>Anuradha</u>	<u>0108</u>	<u>[Signature]</u>	<u>21/5/24</u>



Dr. Sushil Anturlikar
MD (Medicine)
Consultant : Physician
Reg. No.:2009/04/1772
Ashoka Medicover Hospitals, Nashik



A Unit of Sahrudaya Health Care Private Limited

21/3/24

Mr. Santosh Sainise / M / 39 yr.

Came for Health check up.

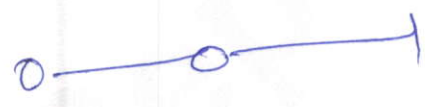
No co-morbidities

vitals stable

HbA1c = 6.3 ↑

↓

- CAP. NEUROKIND - D3



x 60 days.

walking for 45 min.

Dr. Sushil Anturlikar
MD (Medicine)
Consultant : Physician
Reg. No.:2009/04/1772
Ashoka Medicover Hospitals, Nashik



DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. SANTOSH PANDIT SAIRISE	Age /Gender : 39 Y(s)/Male
Bill No/ UMR No : NSB276915/NSU135001	Referred By : Dr. ER PHYSICIAN
Received Dt : 21-Mar-24 09:10 am	Report Date : 21-Mar-24 10:03 am

FINAL REPORT

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
COMPLETE BLOOD COUNT				
HAEMOGLOBIN	Blood	15.6	13.2 - 17.3 g/dL	Automated Cell Counter cyanmethemoglobin
RED BLOOD CELLS		5.42	4.5 - 6 mill/cumm.	Automated Cell Counter Electrical Impedance
PCV (PACKED CELL VOLUME)		47.5	39 - 49 % 35 - 45 %	Automated Cell Counter Calculated
MCV (MEAN CORPUSCULAR VOLUME)		88	82 - 95 fl	Automated Cell Counter Calculated
MCH (Mean Corpuscular Hemoglobin)		28.8	27 - 31 pg	Automated cell counter calculated
MCHC (Mean Corpuscular Hemoglobin Concentration)		32.8	32 - 36 g/dL	Automated cell counter calculated
RDW (Red cell Distribution Width)		13.6	11.5 - 14.0 %	Automated Cell Counter Calculated
WHITE BLOOD CELLS (WBC)				
		6200	4000 - 11000 Cells/cumm.	Automated Cell Counter Electrical Impedance
NEUTROPHILS		44	50 - 75 %	Microscopy
LYMPHOCYTES		44	20 - 40 %	Microscopy
MONOCYTES		07	0 - 10 %	Microscopy
EOSINOPHILS		05	0 - 6 %	Microscopy
BASOPHILS		00	0 - 1 %	Microscopy
PLATELET COUNT				
		316000	150000 - 450000 /cumm.	Automated Cell Counter Electrical Impedance
MPV (Mean Platelet Volume)		7.6	6 - 9.5 fL	Automated cell counte calculated
BLOOD GROUPING RH TYPING				
BLOOD GROUP		A		
RH (D) TYPING		Positive		
Erythrocyte Sedimentation Rate (ESR)		10	0 - 20 mm at 1 hr	westergren's

*** End Of Report ***



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. SANTOSH PANDIT SAIRISE	Age /Gender : 39 Y(s)/Male
Bill No/ UMR No : NSB276915/NSU135001	Referred By : Dr. ER PHYSICIAN
Received Dt : 21-Mar-24 09:10 am	Report Date : 21-Mar-24 10:51 am

FINAL REPORT

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
T3 T4 TSH				
TRI IODO THYRONINE (T3)		1.32	0.8 - 2.0 ng/mL	ECLIA
THYROXINE (T4)		7.80	5.1 - 14.1 µg/dL	ECLIA
THYROID STIMULATING HORMONE (TSH)		1.90	0.27 - 4.2 µIU/mL	ECLIA
SERUM CREATININE				
SERUM CREATININE		1.08	0.70 - 1.20 mg/dL	Kinetic Jaffe's reaction (Roche)
BLOOD UREA NITROGEN (BUN)		17.14	6.0 - 20.0 mg/dL	Calculated
LIVER FUNCTION TEST (LFT)				
TOTAL SERUM PROTEINS		7.80	6.4 - 8.3 g/dL	Biuret reaction
SERUM ALBUMIN		4.66	3.5 - 5.2 g/dL	Colorimetric (BCG)
GLOBULINS		3.14	1.8 - 3.6 g/dl	Calculated
A/G RATIO		1.48	0.8 - 2.0	Calculated
SGPT (ALT)		50.40 ✓	0 - 41 U/L	Kinetic (IFCC)
SGOT (AST)		35.50 ✓	0 - 48 U/L	Kinetic (IFCC)
TOTAL BILIRUBIN		0.43	0.1 - 1.2 mg/dL	Colorimetric (Diazo)
DIRECT BILIRUBIN		0.15	0.0 - 0.4 mg/dL	Colorimetric (Diazo)
INDIRECT BILIRUBIN		0.28	0.2 - 1.5 mg/dL	Calculated
ALKALINE PHOSPHATASE(ALP)		131.00	40 - 129 U/L	Colorimetric (IFCC)
ALBUMIN / GLOBULIN (A/G) RATIO				
TOTAL SERUM PROTEINS		7.80	6.4 - 8.3 g/dL	Biuret reaction
SERUM ALBUMIN		4.66	3.5 - 5.2 g/dL	Colorimetric (BCG)
GLOBULINS		3.14	1.8 - 3.6 g/dl	Calculated
ALBUMIN / GLOBULIN (A/G) RATIO		1.48	0.8 - 2.0	Calculated
LIPID PROFILE				
TOTAL CHOLESTEROL		183.70	Desirable : < 200 mg/dL Borderline high : 200 - 239 mg/dL High : >= 240 mg/dL 0 - 200 mg/dL	CHOD-PAP
SERUM TRYGLYCERIDES		178.10	Desirable : < 200 mg/dL High : > 400 mg/dL Border line : 200 - 240 mg/dL 0 - 200 mg/dL	Lipoprotein Lipase



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. SANTOSH PANDIT SAIRISE	Age /Gender : 39 Y(s)/Male
Bill No/ UMR No : NSB276915/NSU135001	Referred By : Dr. ER PHYSICIAN
Received Dt : 21-Mar-24 09:10 am	Report Date : 21-Mar-24 10:51 am

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference In</u>	<u>Method</u>
HDL CHOLESTEROL		31.60	40 - 60 mg/dL Desirable : \geq 40 mg/dL	Direct Measure - PEG
LDL CHOLESTEROL		121.10	Border line : 100 - 130 mg/dL High : $>$ 130 mg/dL Desirable : $<$ 100 mg/dL	Direct Estimation
VLDL		35.62	0 - 40 mg/dL	Calculated
LDL/HDL RATIO		3.83	2.5 - 3.5	
CHOL/HDL RATIO		5.81	3.5 - 5	
SERUM URIC ACID		7.60	3.4 - 7.0 mg/dL	Enzymatic Colorimetric Assay (Uricase)
GAMMA GT				
GAMMA GLUTAMYL TRANSFERASE(GGT)		31.00	$<$ 55 U/L	Enzymatic IFCC
GLYCOSYLATED HAEMOGLOBIN (HbA1c)		6.39	NORMAL : 4.0 - 6.0 % increased risk of diabetes : 6.0 - 6.4 % indicate diabetes : $>$ 6.5 %	Enzymatic
FASTING PLASMA /SERUM GLUCOSE (FBS)		116.1	70 - 110 mg/dL	
POST PRANDIAL PLASMA / SERUM GLUCOSE(PPBS)		203.5	80 - 140 mg/dL	Hexokinase

*** End Of Report ***

Lab Incharge


Dr. KAVITA GITE, MBBS, MD Path
CONSULTANT PATHOLOGIST



DEPARTMENT OF LABORATORY

Patient Name : Mr. SANTOSH PANDIT SAIRISE	Age /Gender : 39 Y(s)/Male
Bill No/ UMR No : NSB276915/NSU135001	Referred By : Dr. ER PHYSICIAN
Received Dt : 21-Mar-24 09:17 am	Report Date : 21-Mar-24 11:07 am

FINAL REPORT

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
COMPLETE URINE TEST				
PHYSICAL EXAMINATION				
COLOUR	Urine	Pale yellow		
APPEARANCE		Clear		
PH		6.0	4.6 - 8.0	Dipstick
SP. GRAVITY		1.025	1.005 - 1.030	Dipstick
CHEMICAL EXAMINATION				
PROTEIN	Urine	PRESENT (Trace)		Dipstick
SUGAR		Absent		Dipstick
KETONE BODIES		Absent		Dipstick
BILE SALTS		Absent		
BILE PIGMENTS		Absent		Dipstick
BLOOD		Absent		Dipstick
NITRITE		Absent		
MICROSCOPIC EXAMINATION				
PUS CELLS	Urine	1-2		Microscopy
EPITHELIAL CELLS		2-3		Microscopy
RBC		Absent		
CASTS		Absent		
CRYSTALS		Absent		
BACTERIA		Absent		

*** End Of Report ***



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MEDICOVER
HOSPITALS

A Unit of Sahrudaya Health Care Private Limited

Transthoracic Echocardiography Report

Name: Mr. Satosh Sairise

Age / Sex: 39 year / M

UMR No: 135001

Date: 21/03/2024

Comments on Echo Doppler evaluation

DIMENSIONS			
	In mm		In mm
Left Ventricle (ED)	45	Left Ventricle (ES)	27
Aorta	28	Left Atrium	33
IVS Thickness (ED)	12	LVPW Thickness (ED)	12
Right Ventricular (ED)			
LV EF	60-65%.		

- All valves are structurally normal.
- Mild Concentric LVH
- No regional wall motion abnormalities at rest.
- Normal left ventricular systolic function. The LVEF is 60-65 %.
- Grade I LV Diastolic Dysfunction.
- No PH.
- There are no intracardiac clots or vegetation. No pericardial effusion.
- IVC collapsing with inspiration. Normal Arch.

Summary :

- Mild Concentric LVH
- Grade I LV Diastolic Dysfunction.
- Normal biventricular systolic function, LVEF = 60-65%

Dr. Sudhir S Shetkar
MD, DM (AIIMS, New Delhi), FESC, FSCAI
Reg. No. : 2004/05/2257
Sr Consultant Interventional Cardiology

Dr. Girish V Bachhav
MBBS, DNB (Medicine), DNB (Cardiology)
Reg. No. : 2008/09/3367
Consultant Interventional Cardiology

Note: A Normal echo does not rule out CAD. To correlate clinically.

📍 Ashoka Medicover Hospitals, Indira Nagar, Wadala Road, Nashik, Maharashtra - 422009. **24/7** Emergency Services **0253 6660 066**
📞 Contact : **0253 6660 000 / 040 6833 4455**

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134001

SANTOSH SAIRISE

Male

21-Mar-24 9:10:56 AM

ASHOKA MEDICOVER HOSPITAL NASHIK

OPD

Rate 58 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
 PR 168 . Sinus rhythm.....normal P axis, V-rate 50- 99
 QRSD 110 . Nonspecific T abnormalities, lateral leads.....T <-0.10mV, I aVL V5 V6
 QT 402
 QTC 395

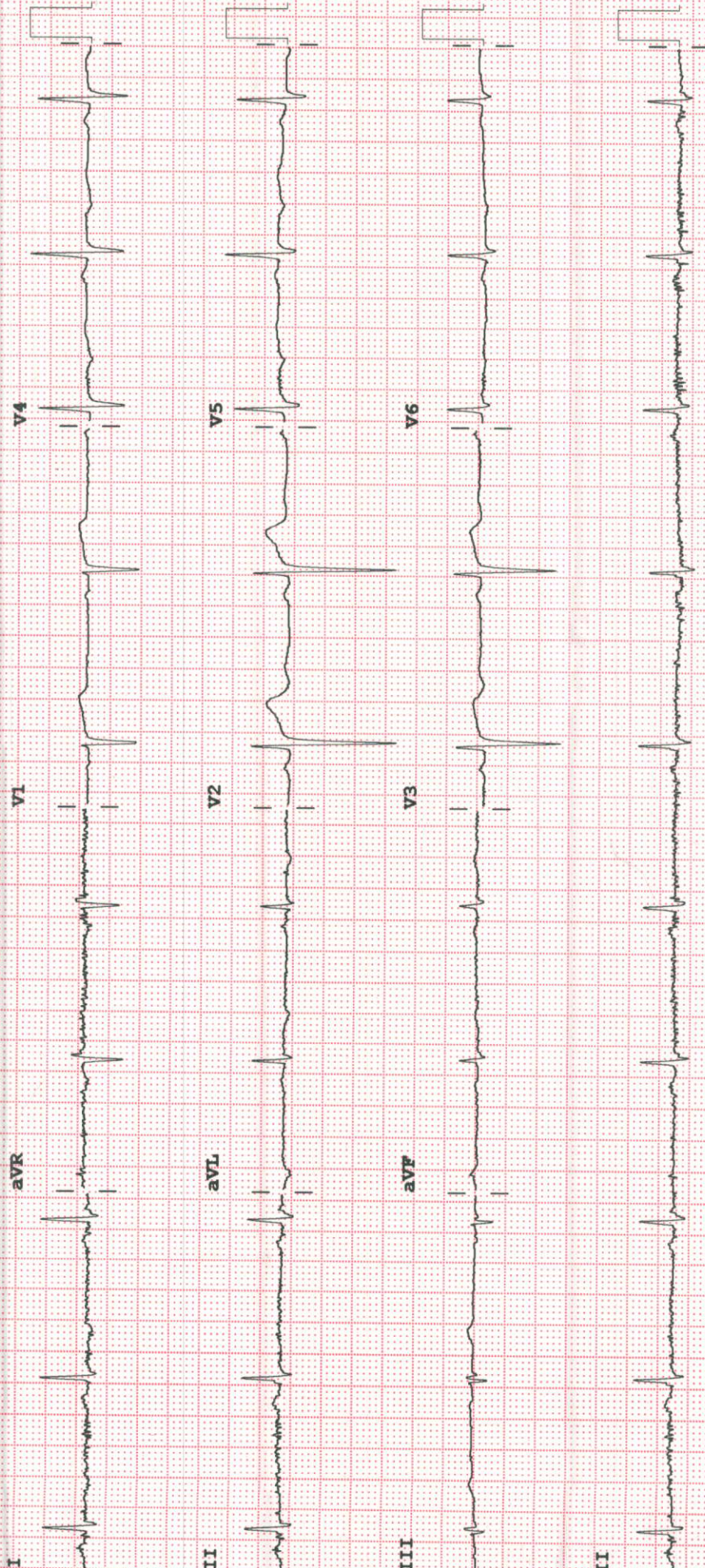
--AXIS--

P 21
 QRS 12
 T 132

12 Lead; Standard Placement

Unconfirmed Diagnosis

- ABNORMAL ECG -



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 60-0.15-100 Hz

100B CL

P?



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HOSPITALS

A Unit of Sahrudaya Health Care Private Limited

Patient ID:	NSU135001	Patient Name:	SANTOSH SAIRISE 39Y/M OPD MFHC
Age:		Sex:	M
Accession Number:		Modality:	DX
Referring Physician:	DR.CMO	Study:	Chest
Study Date:	21-Mar-2024		

X RAY CHEST PA VIEW

Prominent bronchovascular markings in bilateral lower lung zones.

Hila are normal.

CP angles are normal.

Cardiac size normal.

Domes of the diaphragm are normal.

Bony cage and soft tissues are normal.

IMPRESSION:

- ❖ **Prominent bronchovascular markings in bilateral lower lung zones.**

Pradip Khaire

DR. PRADIP KHAIRE
(MBBS, MD)
CONSULTANT RADIOLOGIST

Date: 21-Mar-2024 9:56:18