

NAME:	M. Nalshore A.R	UHID:	18779
AGE:	44 YRS	DATE OF HEALTHCHECK:	2/4/2023
GENDER:	male		

HEIGHT:	176 cm	MARITAL STATUS:	M
WEIGHT:	67.7 kg	NO OF CHILDREN:	2
BMI:	21.9		

C/O: -

K/C/O: -

PRESENT MEDICATION: - NO

P/M/H: - NO

P/S/H: - NO

ALLERGY: - NO

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING: - NO

FAMILY HISTORY FATHER: - CAD M.

ALCOHOL: - NO

MOTHER: -

TOBACCO/PAN: - NO

O/E:

LYMPHADENOPATHY: - NO

BP: 110/80 PULSE: - 68/min

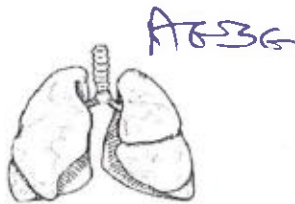
PALLOR/ICTERUS/CYNOSIS/CLUBBING: - NO

TEMPERATURE: - NSCARS

OEDEMA:

S/E:

RS:



P/A: - NO

CVS: - NO

Extremities & Spine: - NO

CNS: - NO

ENT: - NO

Skin: - NO

Vision:

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

ENT EVALUATION

Name: Mr. Keshore A.R.	MR NO:
Age/Gender: 44/M	Date: 7/4/2023

EAR :

Tympanic Membrane:

Pre-auricular :-

Pina / EAC:

Mastoid Tuning Fork tests :-

Pure tone audiometry

R/L ear - wax ⊕

NOSE :-

External Nose :-

Anterior Rhinoscopy:-

Post - Nasal space:-

/ MTD

THROAT :-

70% scopy :

Tongue / palate / Teeth :-

/ M

NECK :-

Nodes :-

Thyroid :-

Glands :-

Solitary eld x ⊕
i - 2.22

Sleep -Related examination:-

Tongue - Base :-

Palate:-

Uvula:

/ M

INVESTIGATIONS :

IMPRESSION:-

DR. MANOJ S. JONDHALE
M.S. (ENT), DNB, FCPS (Gold Medalist)
Fellowship in Head-Neck Oncosurgery
Reg. No. 2010051791

DR. MANOJ JONDHALE
M.S. (ENT) , DNB,FCPS
Reg. No. 2010/05/1791
Consultation ENT & Head- Neck Surgeon

DENTAL CHECKUP

Name: Kishore AR.	MR NO:
Age/Gender : 44/M	Date: 7/4/2023

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
 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: NA

- Scaling and polishing - 1500 -



OPHTHALMIC EVALUATION

UHID No.: _____ Date: 07/04/2023
 Name: Mr. Kishore AR Age: 44 yrs Gender: Male / ~~Female~~

Without Correction :
 Distance: Right Eye _____ Left Eye _____
 Near : Right Eye _____ Left Eye _____

With Correction :
 Distance: Right Eye 6/6 Left Eye 6/6
 Near : Right Eye N-6 Left Eye N-6

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

Colour Vision : (BE) WNL
 Anterior Segment Examination : (BE) WNL
 Pupils : (BE) WNL
 Fundus : (BE) WNL
 Intraocular Pressure : _____
 Diagnosis : (BE) WNL
 Advice : _____
 Re-Check on _____ (This Prescription needs verification every year)

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

Dr. Sagorika Dey
 (Consultant Ophthalmologist)

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

Name : Mr. Kishore A R Gender : Male Age : 44 Years
 UHID : FVAH 18779. Bill No : Lab No : V-765-23
 Ref. by : SELF Sample Col.Dt : 07/04/2023 08:55
 Barcode No : 1750 Reported On : 07/04/2023 18:07


TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)

Haemoglobin(Colorimetric method)	15.2	g/dl	13 - 18
RBC Count (Impedance)	4.79	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	46.4	%	35 - 55
MCV:(Calculated)	96.7	fl	78 - 98
MCH:(Calculated)	31.6	pg	26 - 34
MCHC:(Calculated)	32.7	gm/dl	30 - 36
RDW-CV:	15.3	%	11.5 - 16.5
Total Leucocyte count(Impedance)	6200	/cumm.	4000 - 10500
Neutrophils:	48	%	40 - 75
Lymphocytes:	47	%	20 - 40
Eosinophils:	02	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	2.98	Lakhs/c.mm	1.5 - 4.5
MPV	9.3	fl	6.0 - 11.0
ESR(Westergren Method)	05	mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)			
RBCs:	Normochromic, Normocytic		
WBCs:	Lymphocytosis		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter. Manual diff performed.		

Sushant Gaikwad
Entered By

Ms Kaveri Gaonkar
Verified By

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 Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically

Name : Mr. Kishore A R Gender : Male Age : 44 Years
 UHID : FVAH 18779. Bill No : Lab No : V-765-23
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.2 %
 Normal <5.7 %
 Pre Diabetic 5.7 - 6.5 %
 Diabetic >6.5 %
 Target for Diabetes on therapy < 7.0 %
 Re-evaluation of therapy > 8.0 %

Mean Blood Glucose : 102.54 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

Sushant Gaikwad
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Verified By


Dr. M. D. Patwardhan
Page 3 of 10
M.D(Path)
Chief Pathologist

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Name	: Mr. Kishore A R	Gender	: Male	Age	: 44 Years
UHID	: FVAH 18779.	Bill No	:	Lab No	: V-765-23
Ref. by	: SELF	Sample Col.Dt	: 07/04/2023 08:55		
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
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Lipid Profile- Serum

S. Cholesterol(Oxidase)	164	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	55	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	11	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	57.6	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	95.4	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	2.8		3.5 - 5
Ratio of LDL/HDL	1.7		2.5 - 3.5

Vasanti Gondal
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Ms Kaveri Gaonkar
Verified By

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

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Name : Mr. Kishore A R Gender : Male Age : 44 Years
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL


LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.50	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.64	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.86	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.62		0.9 - 2
S.Total Bilirubin (DPD):	0.74	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.28	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.46	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	15	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	16	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	84	U/L	40 - 129
S.GGT(IFCC Kinetic):	11	U/L	11 - 50

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Dr. Milind Patwardhan
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL


RFT - Renal Profile-serum

S.Urea(Urease-GLDH)	19.3	mg/dL	10.0 - 45.0
S. Urea Nitrogen(Calculated)	9	mg/dL	5 - 20
S.Creatinine(Jaffe's Kinetic)	0.91	mg/dL	0.50 - 1.3
S.Uric Acid(Uricase-POD)	5.6	mg/dL	3.4 - 7.0
S.Total Protein(Biuret)	7.50	g/dL	6.6 - 8.7
S.Albumin(BCG)	4.64	g/dL	3.5 - 5.2
S.Globulin(Calculated)	2.86	g/dL	2 - 3.5
A/G Ratio(Calculated)	1.62		0.9 - 2
S.Sodium(Na) (ISE-Direct)	138	mmol/L	135 - 145
S.Potassium(K) (ISE-Direct)	4.8	mmol/L	3.5 - 5.3
S.Chloride(Cl) (ISE-Direct)	102	mmol/L	95 - 106
S.Calcium(NM-BAPTA)	9.79	mg/dL	8.6 - 10.0
S.Phosphorus(UV Phosphomolybdate)	3.41	mg/dL	2.5 - 4.5

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Thyroid (T3,T4,TSH)- Serum			
Total T3 (Tri-iodo Thyronine) (ECLIA)	1.58	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	104.9	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	1.99	□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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Page 5 of 40 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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Ms Kaveri Gaonkar
Verified By



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

End of Report
Results are to be correlated clinically

Kishore, A R
18779

44 Years

Male

07.04.2023 9:11:39
Apollo Clinic
1st Flr, The Emerald, Sector-12,
Vashi, Mumbai-400703.

79 bpm
--/-- mmHg

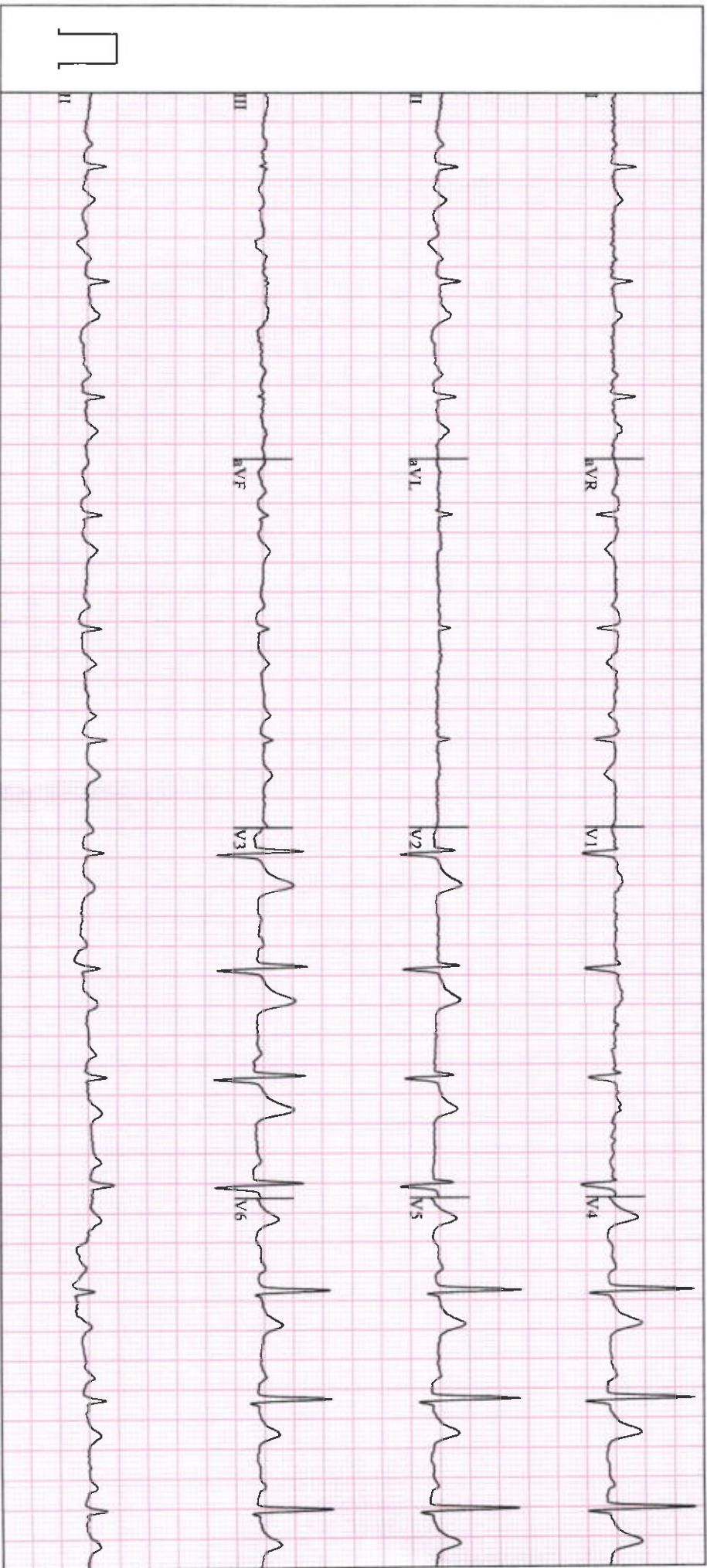
QRS : 76 ms
QT/QTcBaz : 354 / 405 ms
PR : 186 ms
P : 96 ms
RR/PP : 758 / 759 ms
P/QRS/T : 61 / 31 / 49 degrees

Normal sinus rhythm
Normal ECG

NORMAL ECG

WNL

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



PATIENT'S NAME	KISHORE A R	AGE :- 44Y/M
UHID	18779	DATE :- 07-04-23

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

Trivial TR

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	21 mm
Left Atrium	32 mm
LVID(Systole)	20 mm
LVID(Diastole)	38 mm
IVS(Diastole)	09 mm
PW(Diastole)	10 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).

PATIENT'S NAME	KISHORE A R	AGE :- 44 y/M
UHID NO	18779	7 Apr 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.



DR. DISHA MINOCHA
DMRE (RADIOLOGIST)

PATIENT'S NAME	KISHORE A R	AGE :- 44y/M
UHID NO	18779	DATE :- 7 April 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 are 2-4 immobile calculi measuring (7-8 mms)**. No 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 9.3 x 4.0 cm. **LEFT KIDNEY** measures 9.6 x 4.1 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 gms.

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

IMPRESSION –

- **Grade I fatty liver.**
- **Cholelithiasis without any signs of cholecystitis.**

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



DR. DISHA MINOCHA
DMRE (RADIOLOGIST)

• ANDHERI • COLABA • NASHIK • VASHI