

NAME:	Premchand Chadala	UHID:	
AGE:	34y	DATE OF HEALTHCHECK:	27/11/24
GENDER:	M		

HEIGHT:	170.5	MARITAL STATUS:	yes
WEIGHT:	95.0	NO OF CHILDREN:	2
BMI:	32.7		

C/O: Headache & generalised weakness in the evening.

K/C/O: No.

PRESENT MEDICATION: No

P/M/H: No

P/S/H: Had ACL Tear surgery 2 yrs back.

ALLERGY: No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING: - Regular

ALCOHOL: - occasional

TOBACCO/PAN: - No

FAMILY HISTORY FATHER: - HTN

MOTHER: - Diabetic

O/E:

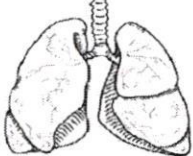
BP: 120/80 PULSE: 80 bpm

TEMPERATURE: SCARS: - NO

LYMPHADENOPATHY:

PALLOR/ICTERUS/CYNOSIS/CLUBBING: } No

OEDEMA:

S/E: RS:  AFBG
No adhesions

P/A:  Soft, Non Tender

CVS: S7S2, No Murmur

Extremities & Spine: } N

ENT:

Skin:

CNS: N

Vision:

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

• ANDHERI • COLABA • NASHIK • VASHI

OPHTHALMIC EVALUATION

UHID No.: _____ Date: 27/1/24

Name: Mr. Premchand Age: 34 Gender: Male/Female

Without Correction: myope astigmatia

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

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

Near : Right Eye 6/6 Left Eye 6/6

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>-3.75</u>	<u>0.50</u>	<u>50</u>			<u>-3.75</u>	<u>0.75</u>	<u>180</u>		
Near										

Colour Vision : N 100 30

Anterior Segment Examination : N 100 30

Pupils : _____

Fundus : myopic bands

Intraocular Pressure : 12 mmHg 13

Diagnosis : myopia

Advice : use glasses

Re-Check on 6/1/24 (This Prescription needs verification every year)

Dr. _____
(Consultant Ophthalmologist)

DR. RUCHIRA SHARMA
M. S. (OPHTH)
CONSULTING OPHTHALMOLOGIST
& MICRO SURGEON

Name : Mr. Premchand Chadala Gender : Male Age : 34 Years
UHID : FVAH 10406. Bill No : Lab No : V-3591-23
Ref. by : SELF Sample Col.Dt : 27/01/2024 09:45
Barcode No : 5861 Reported On : 27/01/2024 19:51

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

ESR(Westergren Method)

Erythrocyte Sedimentation Rate:- 15 mm/1st hr 0 - 20

Vasanti Gondal
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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



Indira Health And Lifestyle Private Limited.

NABL Accredited Laboratory

The Emerald, 1st Floor, Plot No. 195, Sector-12,
Besides Neel Siddhi Tower, Vashi-Navi Mumbai-400703.

Tel.: (022) - 2788 1322 / 23 / 24 ☎ 8291490000

Email: apolloclinicvashi@gmail.com

Apollo Clinic
VASHI

Name : Mr. Premchand Chadala Gender : Male Age : 34 Years
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TEST

RESULTS

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

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

Pooja Surve
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	109	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 :	190	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

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.8 % 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 : 119.76 mg/dL

Correlation 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 correlate 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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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LIPID PROFILE - Serum

S. Cholesterol(Oxidase)	208	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable: >240
S. Triglyceride(GPO-POD)	<u>434</u>	mg/dL	Desirable < 150 Borderline: >150-<499 Undesirable: >500
S. VLDL:(Calculated)	<u>86.8</u>	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<u>30.2</u>	mg/dL	Desirable > 60 Borderline: >40-<59 Undesirable: <40
S. LDL:(Direct)	124.2	mg/dL	Desirable < 130 Borderline: >130-<159 Undesirable: >160
Ratio Cholesterol/HDL	<u>6.9</u>		3.5 - 5
Ratio of LDL/HDL	<u>4.1</u>		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.14	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.40	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.74	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.61		0.9 - 2
S.Total Bilirubin (DPD):	0.62	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.23	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.39	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):	37	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	43	U/L	40 - 129
S.GGT(IFCC Kinetic):	59	U/L	11 - 50

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