MEDICOVER HOSPITALS | KLE Belagavi

Place Label Here
Pt. Name :
UMR :
Age : Sex :
IP :
If lable not available, write Pt. Name, IP No., Sex, Date, Name of Treating Physician

OPD Nursing Assessment - Adult

Name: Nair Rahul Date of Birth : ______ Age/Sex: 39/M UMR No.: 19935

Assessment :

Height: 169 cms Weight: 74.7 kg. BMI: ______ Respiration: 20 /min Pulse H/R : 82 /min

BP: 119/94 mmHG Temperature : — $^0F/^0C$ SpO2 98 % BSL —

Chief Complaints : Health check up

Tick Appropriate :

Interpreter Needed	☐ Yes	☑ No	
Nutritional Status: Weight Loss/Gain in Last 3 Months	☐ Yes	☑ No	
If Weight Loss / ain-Dietary Referral	☐ Yes	☑ No	
Psychological Assessment Agitated Anxious	☐ Yes	☑ No	☐ Normal
(If Agitated, Inform Physician)	☐ Irritable		

Any Allergies Known Including Drugs : No

Past History: Any Surgeris Explain : No

Any Other illness: Explain : No

Pain Score: Numerical Scales (1-10) — Location — Characteristics —

Need to be seen immediately by the Doctor — ☐ 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

MEDICOVER HOSPITALS | KLE Pune

DEPARTMENT OF LABORATORY

Patient Name	: Mr. NAIR RAHUL	**Age /Gender**	: 39 Y(s)/Male
Bill No/ UMR No	: PUBC20085/PUU19935	**Referred By**	: Dr. GENERAL MEDICINE CONSUL
Received Dt	: 12-Mar-24 04:52 pm	**Report Date**	: 12-Mar-24 05:27 pm

FINAL REPORT

Parameters	Specimen	Result	Biological Reference Intervals	Method
SERUM ELECTROLYTES				
SERUM SODIUM	SERUM	141.6	136 - 145 mmol/L	ISE
SERUM POTASSIUM		3.89	3.5 - 5.1 mmol/L	ISE
SERUM CHLORIDES		101.2	98 - 107 mmol/L	ISE
BLOOD UREA		17.9	16.6 - 48.5 mg/dL	Urease kinetic

*** End Of Report ***

Lab Incharge

Dr. PAWAR PRIYA VASANTRAO, MBBS, DNB
CONSULTANT PATHOLOGIST

Test results related only to the item tested.

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System Name : M

MEDICOVER HOSPITALS | KLE Pune

DEPARTMENT OF LABORATORY

Patient Name	: Mr. NAIR RAHUL	**Age /Gender**	: 39 Y(s)/Male
Bill No/ UMR No	: PUBC20034/PUU19935	**Referred By**	: Dr. GENERAL MEDICINE CONSUL
Received Dt	: 12-Mar-24 04:51 pm	**Report Date**	: 12-Mar-24 05:20 pm

FINAL REPORT

Parameters	Specimen	Result	Biological Reference Intervals
CUE(COMPLETE URINE EXAMINATION)			
GENERAL EXAMINATION			
VOLUME	Urine	25	10 ml to 25 ml
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		CLEAR	CLEAR
SPECIFIC GRAVITY		1.025	1.010 - 1.030
PH		5.0	4.5 - 8.0
CHEMICAL EXAMINATION			
PROTEIN	Urine	ABSENT	ABSENT
GLUCOSE		ABSENT	ABSENT
BLOOD		ABSENT	ABSENT
LEUCOCYTES		NEGATIVE	NEGATIVE
UROBILINOGEN		NORMAL	NORMAL
KETONE		ABSENT	ABSENT
BILIRUBIN		NEGATIVE	NEGATIVE
NITRITE		NEGATIVE	NEGATIVE
MICROSCOPIC EXAMINATION			
PUS CELLS	Urine	0-1	0 - 5 /hpf
RBC		NIL	0 - 2 /hpf
EPITHELIAL CELLS		0-1	0 - 5 /hpf
CRYSTALS		NIL	ABSENT
CASTS		ABSENT	ABSENT
OTHERS		ABSENT	ABSENT

*** End Of Report ***

System Name : M

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MEDICOVER HOSPITALS | **KLE** Pune

DEPARTMENT OF LABORATORY

Patient Name	: Mr. NAIR RAHUL	**Age /Gender**	: 39 Y(s)/Male
Bill No/ UMR No	: PUBC20034/PUU19935	**Referred By**	: Dr. GENERAL MEDICINE CONSUL
Received Dt	: 12-Mar-24 04:51 pm	**Report Date**	: 12-Mar-24 05:20 pm

FINAL REPORT

Parameters	Specimen	Result	Biological Reference Intervals	Method
ESR	CITRATED BLOOD	13	0 - 15 mm/1st hour	WESTERGREN`S METHOD
COMPLETE BLOOD COUNT				
COMPLETE BLOOD COUNT				
HAEMOGLOBIN	EDTA	15.4	13.2 - 17.3 g/dL	Spectrophotometry
WHITE BLOOD CELLS (WBC)		7730	4000 - 11000 Cells/cumm	Impedance
PLATELET COUNT		270000	150000 - 450000 /cumm	Impedance
RED BLOOD CELLS		5.11	4.5 - 6 milli/cumm	Impedance
HEMATOCRIT/HCT (PCV)		43.9	40 - 50 %	Analogical integration
MCV		85.9	82 - 95 fl	Calculated
MCH		30.2	27 - 32 pg	Calculated
MCHC		35.2	32 - 36 g/dL	Calculated
RDW(cv)		12.7	11.5 - 14.0 %	Calculated
MPV		8.9	6 - 9.5 fl	
DIFFERENTIAL COUNT				
NEUTROPHILS	EDTA	51.2	50 - 75 %	DHSS/Microscopy
LYMPHOCYTES		40.7	20 - 40 %	DHSS/Microscopy
EOSINOPHILS		1.5	00 - 06 %	DHSS/Microscopy
MONOCYTES		5.9	00 - 10 %	DHSS/Microscopy
BASOPHILS		0.7	00 - 01 %	DHSS/Microscopy
PERIPHERAL SMEAR EXAMINATION				
RBC morphology	EDTA	Normocytic Normochromic		
WBC morphology		No Atypical Cells Seen		
PLATELETS		Adequate On Smear		

*** End Of Report ***

System Name : M

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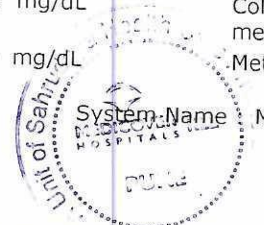
DEPARTMENT OF LABORATORY

Patient Name	: Mr. NAIR RAHUL	**Age /Gender**	: 39 Y(s)/Male
Bill No/ UMR No	: PUBC20034/PUU19935	**Referred By**	: Dr. GENERAL MEDICINE CONSUL
Received Dt	: 12-Mar-24 04:51 pm	**Report Date**	: 12-Mar-24 05:20 pm

FINAL REPORT

Specimen

Test	Result	Reference Range	Method
BUN(BLOOD UREA NITROGEN)			
BUN (Blood Urea Nitrogen.)	8.3	7.0 - 21.0 mg/dL	Calculatead
HBA1C (GLYCOSYLATED HAEMOGLOBIN)			
HBA1C	5.2	Normal < 5.7 Pre diabetic 5.7 - 6.5 Diabetic > 6.5 : 5.7 - 6.5	TINIA
LIPID PROFILE			
TOTAL CHOLESTEROL	181.6	Borderline High : 200 - 240 mg/dL High risk : > 240 mg/dL Desirable: : < 200 mg/dL	Enzymatic
HDL CHOLESTEROL	24.9	Major risk factor for heart disease : : < 40 mg/dL Negative risk factor for heart disease : : > 60 mg/dL	Homogeneous enzymatic colorimetric assay
LDL CHOLESTEROL	80.76	Optimal - < 100 mg/dL	Homogeneous enzymatic colorimetric assay
VLDL	75.94	6 - 38 mg/dl	Calculation
SERUM TRYGLYCERIDES	379.7	Borderline High 150 - 199 mg/dL	Enzymatic colorimetric test
CHO/HDL RATIO	7.29	Normal - < 3.5	Calculation
LDL/HDL RATIO	3.24	2.5 - 3.5	Calculation
COMMENT	10-12 hours fasting is mandatory for Lipid profile parameters. If not ,Values may not be accurate.		
FBS (FASTING BLOOD SUGAR)			
FASTING BLOOD GLUCOSE	89.2	Normal Range 70 - 99 mg/dL	Hexokinase
SERUM CREATININE	0.82	0.8 - 1.3 mg/dL	Jaffe
T3,T4 AND TSH			
T3	1.09	0.8 - 2.0 ng/mL	Method : ECLIA
T4	8.20	5.1 - 14.1 ug/dL	Method : ECLIA
TSH(THYROID STIMULATING HORMONE)	6.24	0.27 - 4.2 uIU/mL	Method : ECLIA
LFT(LIVER FUNCTION TEST)			
TOTAL BILIRUBIN	0.50	0.1 - 1.2 mg/dL	Colorimetric diazo method
DIRECT BILIRUBIN	0.20	<= 0.20 mg/dL	Method: Diazo Method



System Name : M

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DEPARTMENT OF LABORATORY

Patient Name	: Mr. NAIR RAHUL	**Age /Gender**	: 39 Y(s)/Male
Bill No/ UMR No	: PUBC20034/PUU19935	**Referred By**	: Dr. GENERAL MEDICINE CONSUL
Received Dt	: 12-Mar-24 04:51 pm	**Report Date**	: 12-Mar-24 05:20 pm

Parameters	Specimen	Result	Biological Reference In	Method
INDIRECT BILIRUBIN		0.3	<= 1.0 mg/dL	Calculated
SGPT (ALT)		40.5	<= 41 U/L	Enzymatic
SGOT (AST)		25.9	<= 40 U/L	Enzymatic
ALKALINE PHOSPHATASE (ALP)		85	40 - 129 U/L	PNPP
TOTAL PROTEINS		8.64	6.4 - 8.3 g/dL	Method : Biuret method
SERUM ALBUMIN		4.89	3.5 - 5.2 g/dL	Method : Bromcresol Green (BCG)
GLOBULINS		3.75	1.8 - 3.6 g/dL	Calculation
A/G RATIO		1.3	1.1 - 2.2	Calculation
GAMMA GLUTAMYL TRANSFERASE(GGT)		20	10 - 71 U/L	Enzymatic colorimetric assay (IFCC)
PSA (PROSTATE SPECIFIC ANTIGEN).				
PROSTATE SPECIFIC ANTIGEN (PSA)		0.372	0 - 4.0 ng/mL	Method : ECLIA
PPBS (POST PRANDIAL BLOOD SUGAR)				
PPBS (POST PRANDIAL BLOOD SUGAR)		120.9	Normal range : < 140 mg/dL Impaired glucose tolerance : <= 199 mg/dL Diabetes Milletus : >= 200 mg/dL	Hexokinase

*** End Of Report ***

Lab Incharge

Dr. PAWAR PRIYA VASANTRAO, MBBS, DNB
CONSULTANT PATHOLOGIST
Pathology

System Name : M

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Mr. Rahul Nair 08/03/24

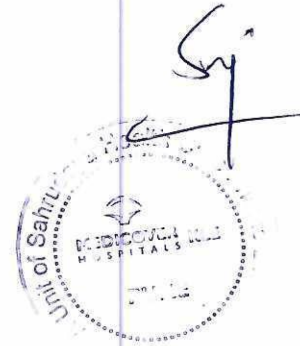
Came for Routine checkup

Ecg - (N)

Eco - (N)

Adv

- Dermat opinion
- Collect report



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Mr. Rohul. Nair

8/3/2024.

Rx

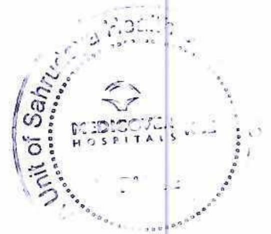
Δ B/L ear wax.

- Waxonil cerd olive oil ear drop
  2-3 drops 4 times/day × 5 days

T. Bilastine - M OD
0 — 1 × 5 days

Adv
pure tone Audiometry

DR. SURAJ GIRI
M.B.B.S., MS-ENT
Reg. No. 08/2010/2603



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MEDICOVER HOSPITALS | KLE Pune

DEPARTMENT OF RADIOLOGY

Patient Name : Mr. Rahul Nair	Age : 39 yrs / M
Ref. By : Health check up	OPD/IPD No: PUU: 19935
Date of USG: 08/03/2024	Date of Reporting: 08/03/2024

USG ABDOMEN AND PELVIS

CLINICAL DETAILS: Routine screening.

FINDINGS:

Liver : It is mildly enlarged in size. It measures 156 mm along maximum craniocaudal axis. It shows raised parenchymal echotexture in both the lobes. No obvious focal lesion is seen. No evidence of intrahepatic biliary radicle dilatation. Common bile duct appears undilated. The hepatic veins and inferior vena cava appears unremarkable. The portal vein appears unremarkable.

Gall Bladder : It is collapsed.

Pancreas : It is partially visualised. The head is obscured due to bowel gas. Its body and tail appears normal in size and shows homogeneous echotexture. The pancreatic duct appears undilated.

Spleen : is normal in size & shape. It measures 108 mm along its maximum length. It shows normal parenchymal echotexture. No obvious focal lesion is noted.

Kidneys : Right kidney measures 114 x 46 mm in size & Left kidney measures 120 x 53 mm in size. They appear normal in size, shape, location and axis. They show normal parenchymal echotexture with well maintained corticomedullary differentiation. No evidence of hydronephrosis on either side.No focal lesion or calculus is noted on either side.

Urinary Bladder: It is partially distended. It shows smooth outlines and internal mucosal regularity with normal wall thickness.No obvious intraluminal calculus/focal lesion is seen.

Prostate :It is normal in size and shows homogenous echotexture. It measures 10 cc in volume. No obvious focal lesions / calcification / abnormal vascularity.

Retro peritoneum isobscured by bowel gases. No obvious enlarged retro peritoneal or mesenteric lymph nodes noted. The visualised bowel loops appear unremarkable. No evidence of obvious bowel wall thickening. No ascites seen.

IMPRESSION:

1. **Mild hepatomegaly with grade I fatty infiltration.**
2. **No other sonographically evident intra-abdominal pathology.**

Clinical correlation recommended.

Dr. Sunita Shewale
Consultant Radiologist

(Because of technical and technological limitation complete diagnosis cannot be assured on imaging sonography. Sonography has its limitation for evaluation of GIT lesion. Clinical correlation, consultation if required repeat imaging required in the event of controversies.)

MEDICOVER HOSPITALS | KLE Pune

NAME OF PATIENT: MR. RAHUL NAIR	AGE/SEX: 39YRS/M
REF BY: Dr. PRASHANT SHINDE	DATE: 8/03/2024
PRN NO: PUU19935	WARD : HC

2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY

All chambers normal sized.
No regional wall motion anomaly at rest.
Good LV and RV systolic function, LVEF= 60 %
IAS/IVS intact.
All valves normal.
Great artery origins normal.
No clot/vegetation/effusion.
No coarctation of aorta.
IVC collapsible.

MEASUREMENTS: -

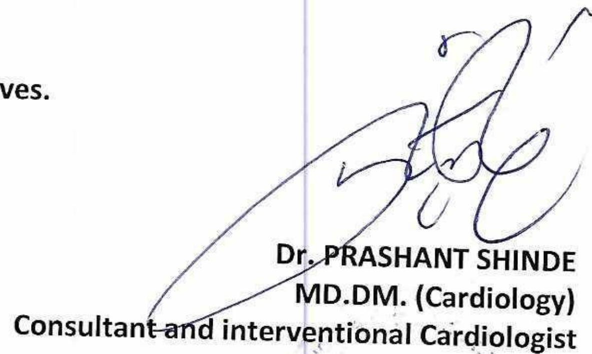
Aortic annulus	LA	IVS	PW(D)	LVIDd	LVIDs	LVEF
19	28	10	10	40	24	60%

COLOR DOPPLER STUDY: -

Normal flow velocity patterns across all valves.
No pulmonary hypertension.

CONCLUSION:-

Normal chamber dimensions.
Good biventricular function. (LVEF = 60%).
Normal flow velocity patterns across all valves.
No pulmonary hypertension.
IVC collapsible.



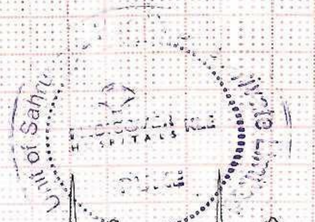
Dr. PRASHANT SHINDE
MD.DM. (Cardiology)
Consultant and interventional Cardiologist

Age: 39 Years
Gender: Male

Vent. Rate	80 bpm	Sinus rhythm
PR Interval	130 ms	
QRS Duration	78 ms	Normal ECG
QT/QTc Interval	358/393 ms	
P/QRS/T Axes	50/28/21 deg	

QTc:Hodges

Unconfirmed Diagnosis



25 mm/s 10 mm/mV 50 Hz~ BDR 35 Hz

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02.10.00/V28.4.1 SN:FN-26035806