



Authenticity Check  
Use a QR Code Scanner Application To Scan the Code

CID : 2407424721  
Name : MS. VIDHYA AIGAL  
Age / Gender : 57 Years / Female  
Consulting Dr. : SHRINIVAS SAVAIKAR  
Reg. Location : SAVAIKAR HOSPITAL LAB - PONDA

Collected : 14-Mar-2024 / 11:18  
Reported : 16-Mar-2024 / 18:37

**PAP SMEAR REPORT**

**Conventional method**

**Specimen :** (G/SDC - 3215/24)

Received two unstained alcohol fixed smears.

**Adequacy :-**

Satisfactory for evaluation.

**Microscopic :**

Smears reveal mainly parabasal and fewer intermediate squamous cells along with mild neutrophilic infiltrate.

**Interpretation :**

- 1. Negative for intraepithelial lesion or malignancy.
- 2. Atrophic smears.

Case reviewed by Dr Konil Varshney.

Report as per " THE BETHESDA SYSTEM" for cervicovaginal reporting.

**Note :** Pap test is a screening test for cervical cancer with inherent false negative results.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



**Dr. VRUNDA SHETH**  
MBBS, DNB(Path), Dip. FRCP.  
CHIEF OF HISTOPATHOLOGY &  
CYTOPATHOLOGY

## Health Check Summary

Date :- 09/03/2024

Name :- Mrs. Vidhya C. Aigal

Height :- 144 cms

Age :- 58 yrs

Weight :- 57 kg

Sex :- Female

Address :- C-101, Mitasu Residency

No weakness

Cont. No. :- First Floor, J. J. Nagar

7588446588 Ponda 401

Past History :- - Prediabetic  
NO HTN - NO Allergy, asthma  
NO DM or any other illness

Obstetric History :-

Gr II Para I

Menstrual History :-

Menopause - 7-8 yrs

Personal History :-

Sleeps disturbed  
Appetite good  
Urine normal  
mobility

Family History :-

→ Mother → Diabetes  
- Tuberculosis in Past  
- Father had heart problem

On Examination :-

no anaemia No icterus. No edema  
No lymphadenopathy. No Hernia  
JVP - 82/60 mm Hg BP - 130/80 mm Hg  
CNS - H's normal No incontinence  
Ps - Lungs clear no added sounds  
HA - soft, no tenderness. Liver Spleen NG  
no mass  
CNS - no deficit  
1 leg shorter - Post Polio Paralysis

Lab Investigations:-  
Significant Findings:-

Chol 2583  
LDL 1788  
HbA1c 7.1

Resting ECG:- normal

Ultrasound :- normal  
Gyn check - normal  
Endometrial thickening

X-RAY:- normal

ECHO:- trivial AR & TR

Summary:-  
Chol ↑  
LPL ↑  
monitor

Advice:-

1. Diet:- → Low fat, Low sugar diet
2. Exercise :- → as possible
3. Medicine:-  
→ tab tonadr (10)  
→ tab obimet SR

Pap smear report awaited

Monitor ~~use sonography~~  
Dr. (Mrs.) Lalana Bakhale  
M.B.B.S., M.D.

BSL / after 3 mths  
lipid

Pap smear: negative for malignancy  
or intraepithelial  
Atrophic smear



OB-Gyn. Health Checkup:

# SAVAIKAR HOSPITAL & LAPAROSCOPY CENTRE

Warkhandem, Ponda-Goa

Emergency Care,  
ICU & Ventilator Facility,  
24 hrs. Laboratory,  
USG & Digital X-ray

Tel.(OPD) 2311031  
(Hosp.) 2319202

For Appointment Call 9579259359  
between 9.00 a.m. to 9.00 p.m

VIDHYA AIGAL

57 / Female

OB-Gyn. Check.

Married 27 yrs. Gm Pills Normal del.

Menopause - 7 yrs.

Nil. Complaint - No discharge.

O/E. G.O. good Rest as per Med. check

PIA - Normal.

Pls - No cystoCoel No ut descent  
wt. cx healthy.

discharge minimal &  
Healthy.

P/V. findings - Normal

Normal gynacc - check

minimal discharge.

however 2 PAP smears  
obtained

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V. A. A. A.





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email : [drsavaikar@gmail.com](mailto:drsavaikar@gmail.com)

॥ अस्मैशुभं वन्द्यते ॥

Uthya Aagal

(yoga)

Age = 56  
weight = 57.15

Early morning :- Methi Seeds  
(soaked in water → 1 glass  
overnight)

Breakfast: Besan chilla → 2 nos /  
Oats Dosa → 2 nos.

or  
Sprouts → 1 cup.

Tea → 1 cup (sugarless)

Midmorning :- Apple / Pear / guava → 1 no.

Lunch :- Brown Rice → 1/2 bowl.

Masoor Dal / Palak Pannu /

Moong Dal / Soyachunks /

Takachi Kadi → 1 cup.

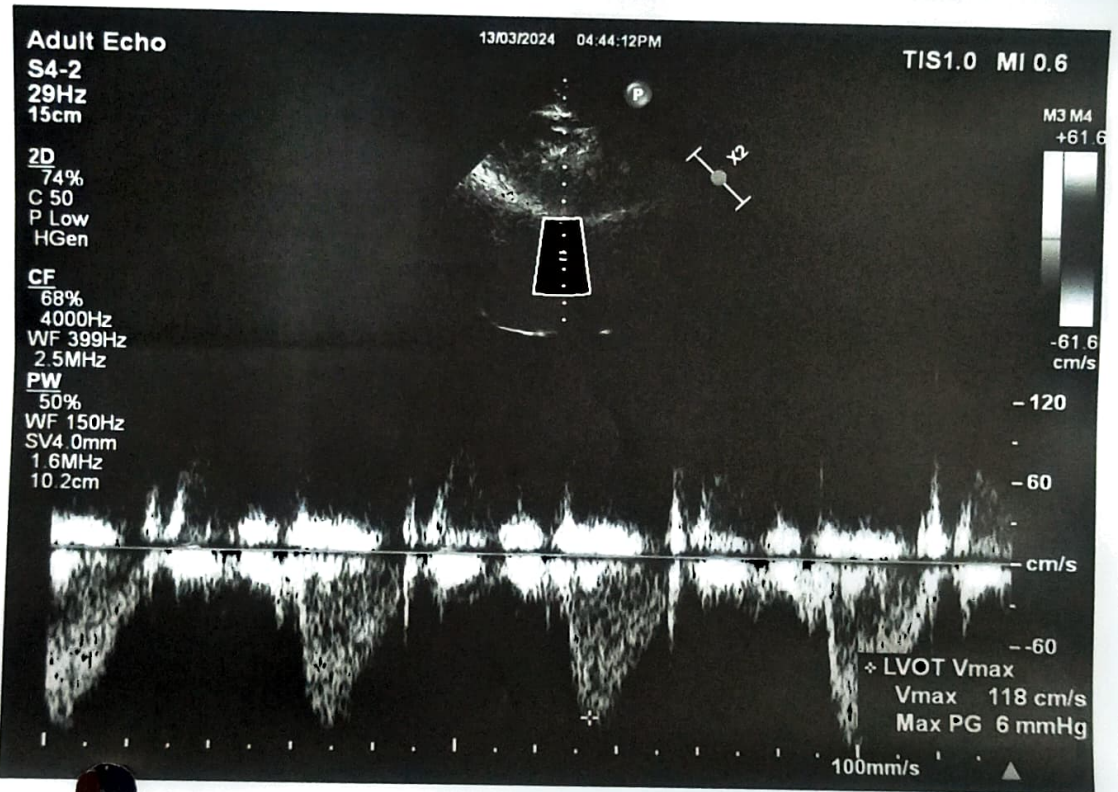
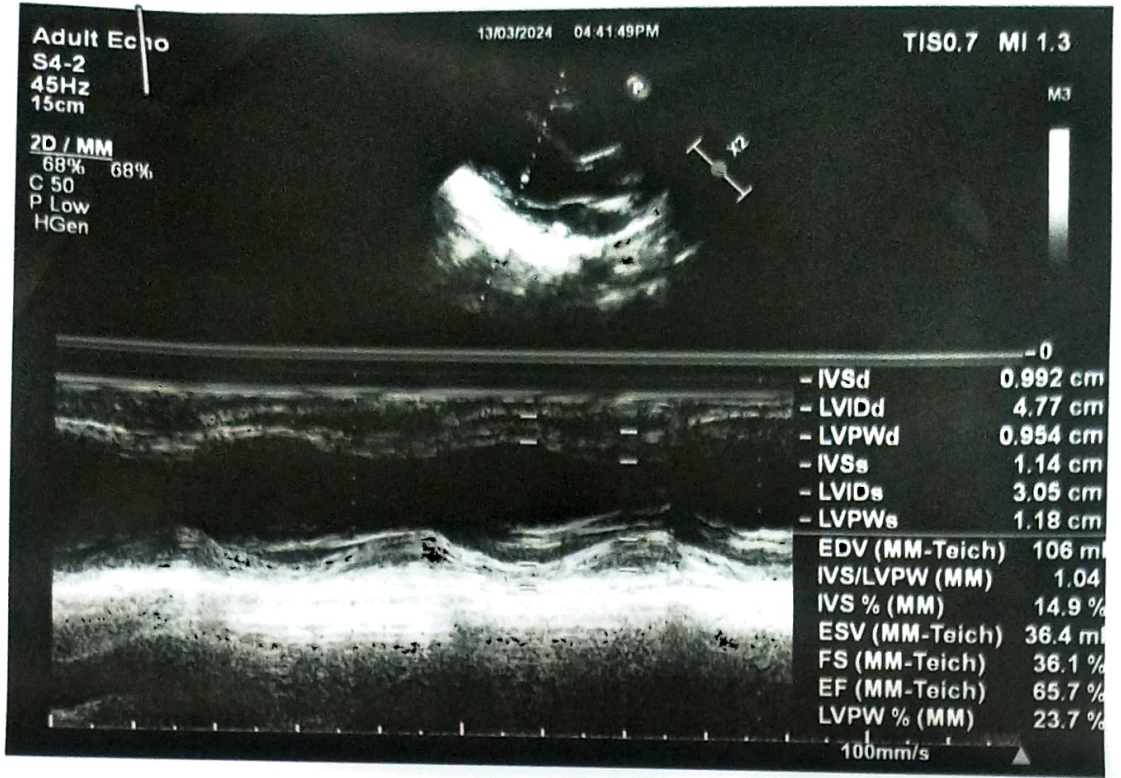
Methi / Palak / Ladyfinger /  
Cabbage → 1 cup.

5:00 pm :- Tea → 1 cup (sugarless) + walnuts  
(10 nos)

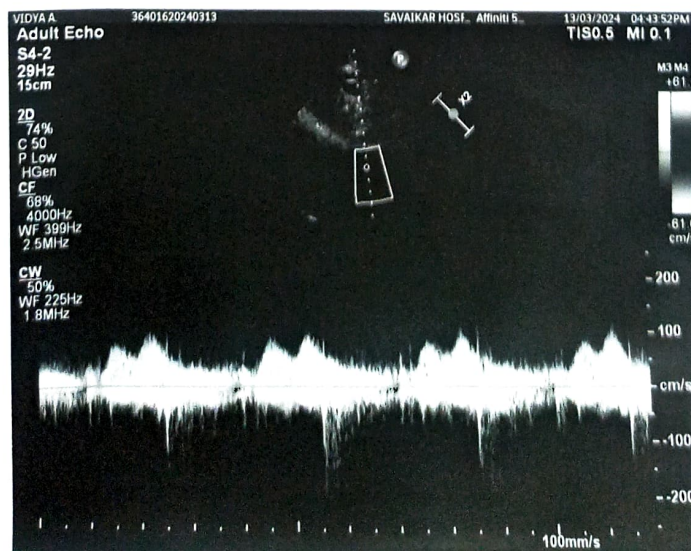
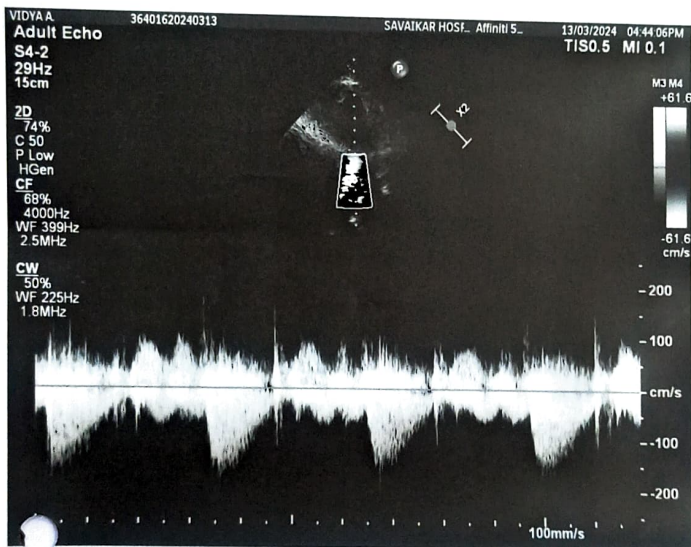
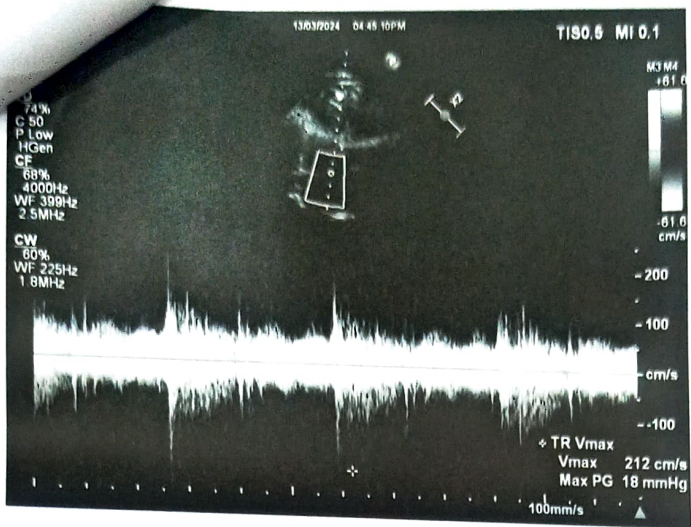
8:30 pm :- Pongola Bhakri or Ragi Thalipeeth → 1 no.  
+ salad → 1 Bowl.

The Hospital for perfect health ....

*Prior*









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॥ आरोग्यम् धनसंपदा ॥

U Dye Aigal / 584 / F.

12/03/2024.

Came for health checkup.

Diagnosis: (Rt in tachy during the study).

Normal chamber dimensions.

No wn.

No apparent koma.

Overall WEF = 65%.

No pericardial effusion.

Dvc is normal ; collapsing on inspiration.

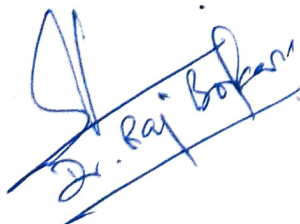
CD:

Tricusid ac.

No AR. (LVO gradient = 6 mmHg).

Tricusid TR.

ETAP = 28 mmHg.

  
Dr. Raj Borkar



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॥ आरोग्यम् धनसंपदम् ॥



Patient : MRS. VIDHYA AIGAL

UHID No : SHLC/9103

Ref.by : DR.SELF

Bill No : 17155

Age/Sex : 56/Female

Date : 12.03.2024

Print Date : 12.03.2024 05:41:17 PM

## HAEMATOLOGY REPORT

### CBC

#### Test Done

#### Observed values

#### Ref. Range

HAEMOGLOBIN (HB)

11.2 g/dl

M: 13.5 - 19.5 g/dl, F: 11.5 - 16.5 g/dl

TOTAL WBC COUNT

4,900 Cells/cu mm

4,000-10,500 /cu mm

#### DIFFERENTIAL COUNT

STAB CELLS (IMMATURAL NEUTROPHILS) 02 %

0 - 5 %

NEUTROPHILS 54 %

40 - 70 %

LYMPHOCYTES 38 %

20 - 45 %

EOSINOPHILS 02 %

1 - 4 %

MONOCYTES 04 %

2 - 8 %

BASOPHILS 00 %

0 - 1 %

PLATELETS 3,20,000 /cu mm

1,50,000 - 4,00,000 /cu mm

RBC COUNT 4.21 millions/cu mm

4.5 - 6.5 / cu mm

HCT 35.4 %

40 to 54 %

MCV 85.0 fl

80 - 96 fl

MCH 27.7 pg

27 - 31 pg

MCHC 32.6 gms%

32 - 36 gms%

ESR 19 mm/hr

0 - 20 mm/hr

..... End of Report .....

CHECKED BY

LAB-TECHNICIAN

DR. MRS. USHA V. PRIOLKAR

M.B.B.S., M.D.

Consultant Pathologist

**SAVAIKAR LABORATORY**

DR. USHA V. PRIOLKAR

(M.D. (PATH.))

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॥ आरोग्यम् धनसंपदा ॥



Patient : MRS. VIDHYA AIGAL

Age/Sex : 56/Female

UHID No : SHLC/9103

Date : 12.03.2024

Ref.by : DR.SELF

Bill No : 17155

Print Date : 12.03.2024 05:50:04 PM

## Test Done

## Observed values

## Ref. Range

### FASTING BLOOD SUGAR

FASTING BLOOD SUGAR

94.4 mg/dl

60 to 110

### BLOOD SUGAR POST PRANDIAL

BLOOD SUGAR POST PRANDIAL

110.6 mg/dl

70 to 150 mg/dl

### HBA1C

HBA1C

7.16 %

Normal 0.0-6.0% Good Control  
6.0-7.0% Fair Control 7.0-8.0%  
Poor Control 8.0-10.0%  
Unsatisfactory c

## Test Done

## Observed values

## Ref. Range

### HBA1C

Mean Blood Glucose

158.79 mg%

100-140

..... End of Report .....

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LAB TECHNICIAN



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॥ आरोग्यं धनसंपदा ॥



Patient : MRS. VIDHYA AIGAL

Age/Sex : 56/Female

UHID No : SHLC/9103

Date : 12.03.2024

Ref.by : DR.SELF

Bill No : 17155

Print Date : 12.03.2024 06:00:43 PM

## Test Done

## Observed values

## Ref. Range

### BLOOD GROUP RH TYPING

BLOOD GROUP RH TYPING

'B' Rh Positive

## Test Done

## Observed values

## Ref. Range

### URINE SUGAR POST PRANDIAL

URINE SUGAR POST PRANDIAL

Absent

## BIOCHEMISTRY REPORT

## Test Done

## Observed values

## Ref. Range

### RENAL FUNCTION TEST

Blood Urea

26.1 mg/dl

15.0 - 40.0

BUN

12.18 mg/dl

5.0 - 21.0

CREATININE

0.89 mg/dl

0.5 - 1.5

URIC ACID

5.5 mg/dl

Male : 3.5 - 7.2, Female : 2.5 - 6.2

..... End of Report .....

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Patient : MRS. VIDHYA AIGAL

UHID No : SHLC/9103

Ref.by : DR.SELF

Bill No : 17155

Age/Sex : 56/Female

Date : 12.03.2024

Print Date : 12.03.2024 06:04:02 PM

## BIOCHEMISTRY REPORT

<u>Test Done</u>	<u>Observed values</u>	<u>Ref. Range</u>
<u>LIVER FUNCTION TEST WITH PROTEINS</u>		
SGOT	25.0 U/L	5 - 40
SGPT	29.4 U/L	7 - 50
<u>BILIRUBIN</u>		
TOTAL	0.45 mg/dl	0.1 - 1.2
DIRECT	0.16 mg/dl	0.058 - 0.3
INDIRECT	0.29 mg/dl	0.2 - 0.7
ALKALINE PHOSPHATASE	101.7 U/L	53 - 128
<u>SERUM PROTEIN</u>		
TOTAL PROTEINS	6.73 gms %	6.0 - 8.5
ALBUMIN	3.82 gms %	3.2 - 5.5
GLOBULIN	2.91 gms %	2.1 - 3.3
A:G RATIO	1.31	1.5 - 2.1:1

..... End of Report .....

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LAB TECHNICIAN

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Consultant Pathologist

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॥ ज्ञानो ज्ञानं धनसंयुक्तं ॥

Patient : MRS. VIDHYA AIGAL

Age/Sex : 56/Female

UHID No : SHLC/9103

Date : 12.03.2024

Ref.by : DR.SELF

Bill No : 17155

Print Date : 12.03.2024 06:06:20 PM

## BIOCHEMISTRY REPORT

### Test Done

### Observed values

### Ref. Range


#### LIPID PROFILE

SERUM CHOLESTEROL	256.3 mg/dl	130 to 240 mg/dl
HDL CHOLESTEROL	57.1 mg/dl	M:35-80,F:42-88
SERUM TRIGLYCERIDES	102.1 mg/dl	0 to 200
VLDL CHOLESTEROL	20.42 mg/dl	0 - 35
LDL CHOLESTEROL	178.78 mg/dl	0 - 160
LDL/HDL CHOLESTROL (R)	3.13	0.0 - 4.0
TOTAL CHOL / HDL CHO	4.49	0.0 - 4.5

..... End of Report .....

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LAB TECHNICIAN

  
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M.B.B.S., M.D.  
Consultant Pathologist

**SAVAIKAR LABORATORY**  
DR. USHA V. PRIOLKAR  
MD. (PATH.)  
GMC REG NO. 8613  
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This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results are based on the sample as received. Refer to conditions of reporting overleaf.



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॥ आरोग्यम् धनसंपदम् ॥

Patient : MRS. VIDHYA AIGAL

Age/Sex : 56/Female

UHID No : SHLC/9103

Date : 12.03.2024

Ref.by : DR.SELF

Bill No : 17155

Print Date : 12.03.2024 06:02:09 PM

## CLINICAL PATHOLOGY REPORT

<u>Test Done</u>	<u>Observed values</u>	<u>Ref. Range</u>
<u>URINE ROUTINE</u>		
<u>PHYSICAL EXAMINATION</u>		
Colour	Pale Yellow	
Odour	Fainty Aromatic	
Appearance	Slightly Hazy	
<u>CHEMICAL EXAMINATION</u>		
Reaction	6.5	5.5 - 7.5
Specific Gravity	1.020	1.010 - 1.025
Deposit	Absent	
Protein	Absent	
Sugar	Absent	
Ketones	Absent	
<u>MICROSCOPIC EXAMINATION</u>		
Pus Cells	4-6 /hpf	0 - 5 hpf
Epithelial Cells	2-3 /hpf	
RBC's	0-1 /hpf	0 - 2hpf

..... End of Report .....

CHECKED BY

LAB TECHNICIAN

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M.B.B.S., M.D.

Consultant Pathologist

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॥ आरोग्यम् धनसंपदा ॥

Patient : MRS. VIDHYA AIGAL

UHID No : SHLC/9103

Ref.by : DR.SELF

Bill No : 17155

Age/Sex : 56/Female

Date : 12.03.2024

Print Date : 12.03.2024 06:08:19 PM

## CLINICAL PATHOLOGY REPORT

### Test Done

### Observed values

### Ref. Range

#### STOOL REPORT

#### PHYSICAL EXAMINATION

Colour	Brownish Yellow
Consistency	Semi-Solid
Mucus	Absent
Blood	Absent

#### CHEMICAL EXAMINATION

Reaction	6.5
Occult Blood	Negative
Reducing Substances	Absent

#### MICROSCOPIC EXAMINATION

Epithelial Cells	1-2 /hpf
Pus Cells	0-1 /hpf
RBCs	Nil /hpf
Ova	Absent
cysts	Absent

..... End of Report .....

CHECKED BY

LAB TECHNICIAN

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M.B.B.S., M.D.

Consultant Pathologist

**SAVAIKAR LABORATORY**

**R. USHA V. PRIOLKAR**

**(RATH.)**

**MC REG NO. 0613**

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**Mrs. VIDHYA AIGAL**  
 Salcette..  
 403601  
 PIN No:  
 PID NO: P38923520143606  
 Age: 58 Year(s) Sex: Female



**Reference: DR.MEGHA SAVAIAKAR**  
**Sample Collected At:**  
 Savoikar Nursing Home  
 Sr. No. 30/3, Varkhandem Ponda, Goa-403401  
 Processing Location:- Metropolis Healthcare Ltd, Hi-Life Building, Borda, Margao, Goa-403 601.

**VID: 230321505435704**  
 Registered On:  
 11/03/2024 02:05 PM  
 Collected On:  
 11/03/2024 2:04PM  
 Reported On:  
 11/03/2024 03:00 PM

Investigation	Observed Value	Unit	Biological Reference Interval
<b>Thyroid panel-1 (T3/T4/TSH)</b> (Serum, ELFA)			
<b>T3 (Total)</b>	101.798	ng/dL	70-204 First Trimester : 81-190 Second Trimester : 100-260 Third trimesters : 100-260
<b>T4 (Total)</b>	8.267	µg/dL	4.87-11.72
<b>TSH(Ultrassensitive)</b>	1.972	µIU/mL	0.45-4.5 First Trimester : 0.1-2.5 Second Trimester : 0.2-3.0 Third trimester : 0.3-3.0

### INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy, Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

**References:** 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001  
 2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011, vol. 59

-- End of Report --

*Adora Fernandes*  
**Dr. Adora Fernandes**  
 MBBS, MD(PATHOLOGY)





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॥ आरोग्यम् धनमप्यदा ॥

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NAME: VIDHYA AIGAL 58Y/F

REF BY: HEALTH CHECK UP

DATE: 09/03/2024

## SONOMAMMOGRAPHY

Real time USG of both the breasts was performed using a linear probe.  
USG reveals

Breast parenchyma- Fatty and fibroglandular

### RT. BREAST

There is no obvious focal hypoechoic/hyperechoic lesion seen within the breast parenchyma.

The retroareolar region is normal. There is no duct ectasia

### LT. BREAST

A well-circumscribed wider than taller hypoechoic lesion is noted in the left breast at 10'o clock position, measuring 8.7mm x 6mm in size. No significant vascularity noted within.

The retroareolar region is normal. There is no duct ectasia

Both Axillae are grossly clear.

### OPINION:

- Well-circumscribed wider than taller hypoechoic lesion is noted in the left breast at 10'o clock position as described. (BIRADS III).
- No obvious abnormality detected in the right breast. (BIRADS 1)

With warm regards.

Consulting Radiologist

Dr. Ruchika Prabhu

GMC Reg No: 3843









Warkhandem, Ponda, Goa 403 401

Hosp. Reg. No. T/0/412

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website : [www.savaikarhospital.com](http://www.savaikarhospital.com)

email : [drsavaikar@gmail.com](mailto:drsavaikar@gmail.com)

NAME: VIDHYA AIGAL 58Y/F

REF BY: HEALTH CHECK UP

DATE: 09/03/2024

## ABDOMINO-PELVIC ULTRASONOGRAPHY

Real time USG of the abdomen and pelvis was performed.

The **LIVER** is normal in size and shows homogenous echotexture with a smooth surface contour. No focal lesions are seen. There is no dilatation of the intrahepatic biliary radicals. PV is normal in course and caliber.

The **GALL BLADDER** is well distended and shows normal wall thickness. There is no calculus seen. CBD- normal

**PANCREAS**: is normal in size and echotexture. No duct dilatation  
There is no obvious upper abdominal lymphadenopathy

**SPLEEN** is normal in size and echotexture. No focal lesion is seen within.

**BOTH KIDNEYS** are normal in size, position and contour, show normal cortico medullary differentiation  
No calculus or hydronephrosis noted on either side.

The **URINARY BLADDER** is well distended and shows normal wall thickness. There is no calculus or focal mass

The **UTERUS** is normal in size, A/V. There are no focal myometrial lesions.

**The endometrial thickness measures 10mm, thickened and shows tiny cystic areas within.**

No obvious ovarian mass seen.

There is no free fluid in the abdomen and pelvis.

There is no evidence of bowel dilatation or obvious thickening

### OPINION:

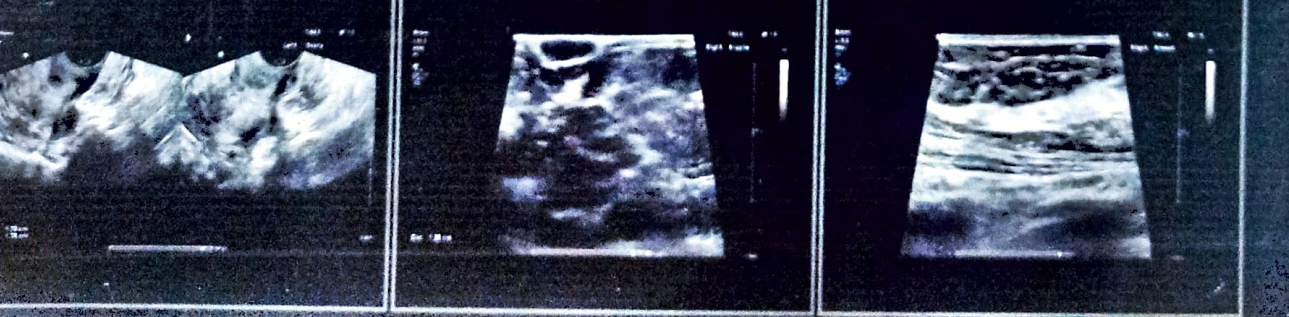
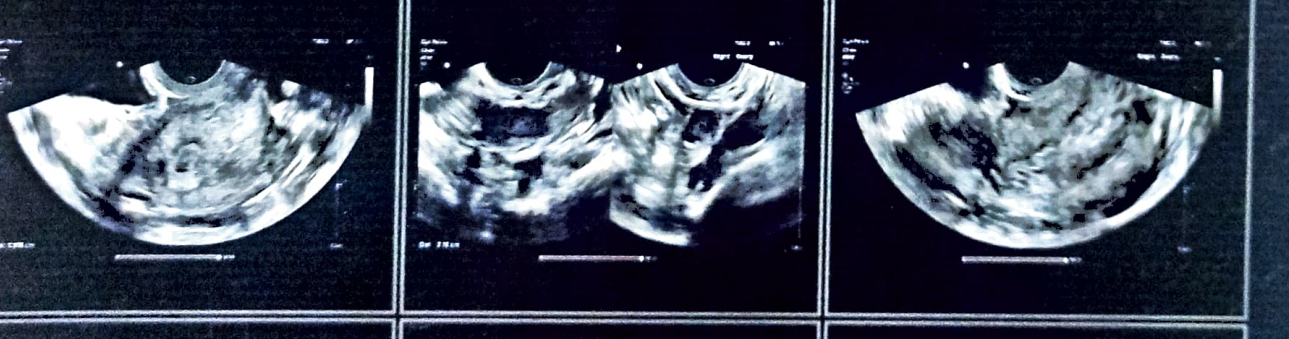
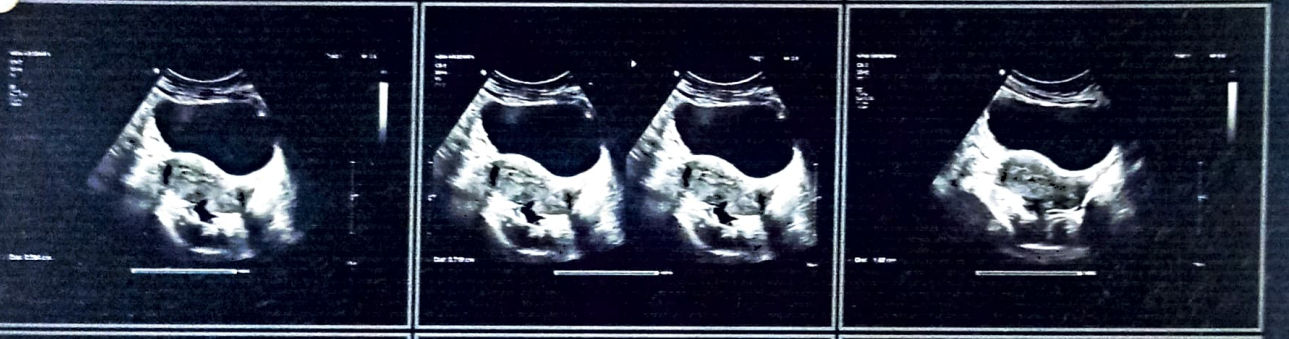
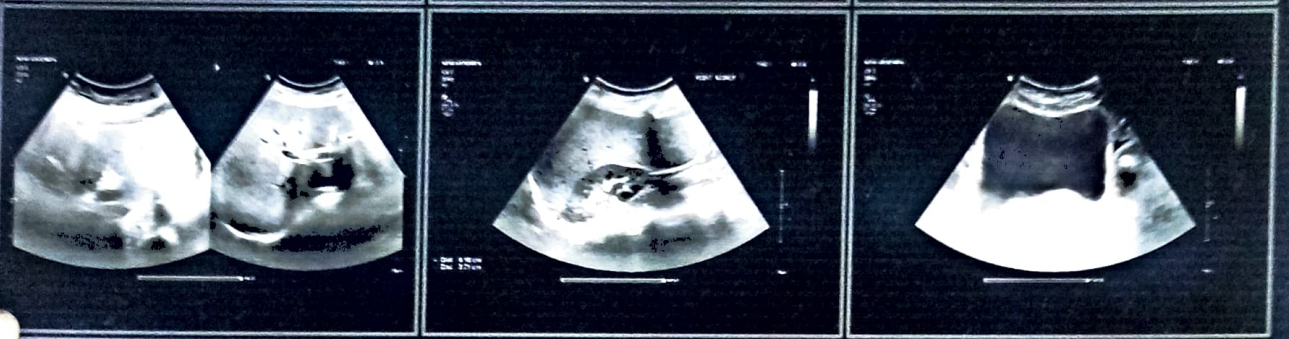
- **Endometrial thickening noted.**

Consulting Radiologist

Dr. Ruchika Prabhu

GMC Reg No: 3843









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Date:- 09-03-2024

NAME:- Mrs. Vidhya Chandrakant Aigal

AGE:- 58

SEX:- Female

COMPANY NAME :- \_\_\_\_\_

## OPHTHALMIC EXAMINATION:

VISION	DISTANT		NEAR	
	RIGHT	LEFT	RIGHT	LEFT
VISUAL ACUITY				
WITH SPECTS	6/6	6/6	M/6	M/6
WITHOUT SPECTS	6/9	6/9	M/12	M/18
COLOUR VISION	NORMAL			
SIGNS OF NIGHT BLINDNESS:- Yes <input type="radio"/> No <input checked="" type="radio"/>			PHORIAS :- Nil	

Aigal  
SIGNATURE OF THE EMPLOYEE

HEALTH CHECK UP  
Born 5/15/1965 58 Years

ALGAL VIDHYA  
Female

3/9/2024 12:35:23 PM

SAVAIKAR HOSPITAL PONDRA

Rate 96 . Sinus rhythm.....normal P axis, V-rate 50-99  
PR 142 . Abnormal R-wave progression, early transition.....QRS area>0 in V2  
QRSD 96 . Baseline wander in lead(s) V4  
QT 346  
QTc 438

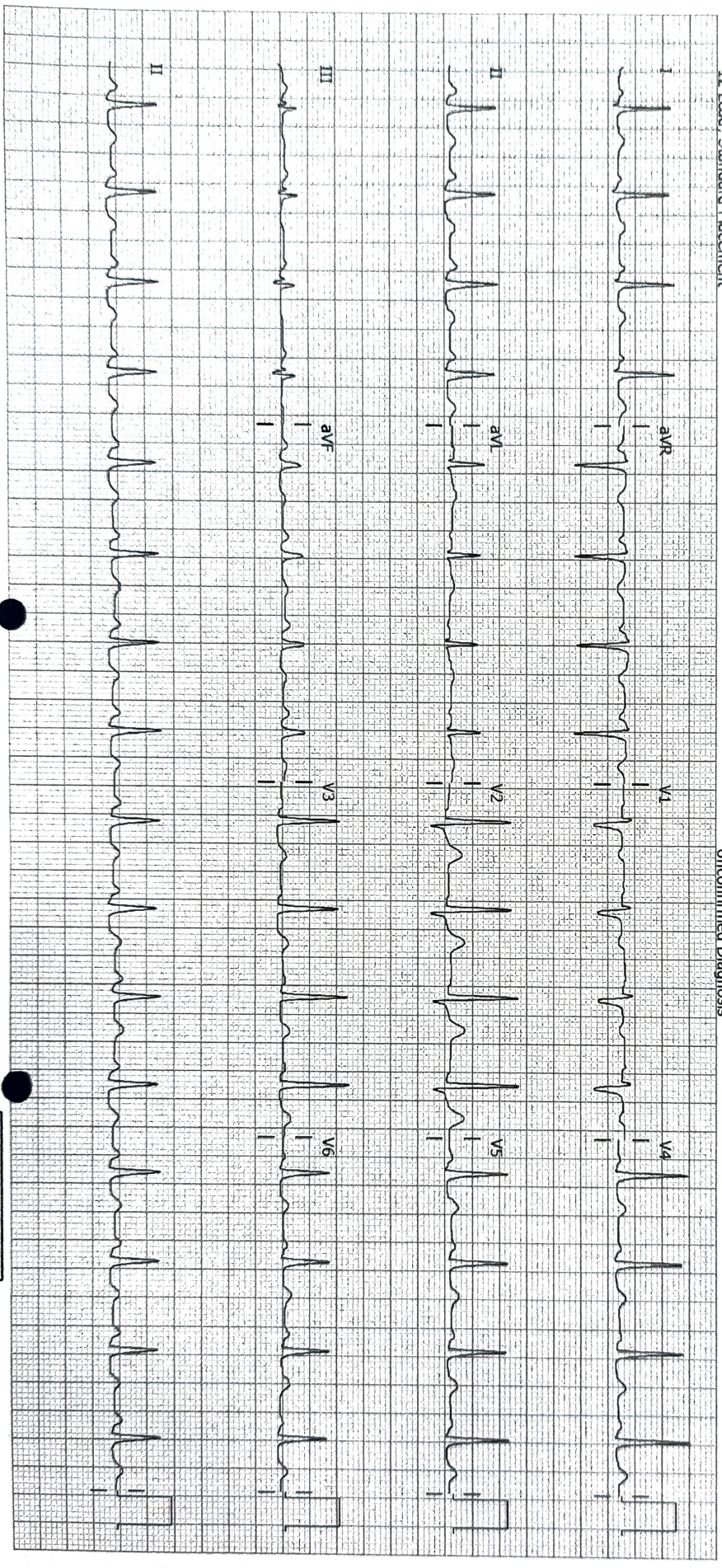
*Ecg returns normal limits*

--AXIS--  
P 65  
QRS 39  
T 31

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis

*DR. ANA BAKHALE*  
Reg. No. GMC 0320  
Consulting Physician & Cardiologist  
Savalkar Nursing Home,  
Warkhandem, Ponda-Goa



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10 mm/mV

F 50 ~ 0.50-40 Hz W

PH1008 CL

P?





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॥ आरोग्यम् धनसंपदा ॥

NAME : VIDHYA AIGAL  
REF BY: HEALTH CHECK UP  
DATE: 09/03/2024

## RADIOGRAPH OF THE CHEST-PA VIEW

The trachea is central  
The lung fields are clear  
Both CP angles are clear  
Cardiothoracic ratio is within normal limits  
The rib cage is normal  
Both the diaphragm contours are normal

With warm regards.

DR(Mrs.) LALANA BHATT  
Reg. No. GMC 0920  
Consulting Physician & Cardiologist  
Savaikar Nursing Home,  
Warkhandem, Ponda-Goa

**Health Check Summary**

Date :- 09/03/2024

Name:- Mr. Chandrakant N. Agal

Height :- 166 cms

Age:- 65 yrs

Weight :- 65 kg

Sex :- Male

Address :- Mitasu Residency

Cont. No. :- C-101, First Floor  
Joefilnagar Ponda  
Goa

Past History :- 9421250043  
NO H/O HTN DM, PHD

**Obstetric History:-** - N/A

**Menstrual History:-** - N/A

**Personal History:-**  
- Appetite - good  
- gut - normal  
- constipation  
- Sleep - reduced

**Family History:-**  
- Father had cancer of stomach  
- Nil otherwise

**On Examination:-**  
- No anaemia no icterus  
- No lymphadenopathy, No edema  
- Pulse - 74/min BP - 124/80 mm Hg

CNS - H's normal, no incontinence  
No cardiomegaly

RS - B.S normal, no added sounds  
PA soft, no tenderness, peristalsis normal  
Liver spleen not palpable, no mass  
CNS - no deficit

Lab Investigations:-  
Significant Findings:-

chol. 281  
2DL 141.92

Resting ECG:- → normal

Ultrasound :- Gr I Hepatic steatosis  
mild. Prostatomegaly, RV 55mm.

X-RAY:- → normal.

ECHO:- → normal.

Summary:- Lipids marginally high  
Gr I fatty liver  
Mild. Prostatomegaly.

Advice:- lose fat low cholesterol diet

1. Diet:-

2. Exercise :- walk 1 hr. daily

3. Medicine:-

Tab. Statol (10) 1 at night x 3 months  
Tab. Veltam (04) 1 at night x 3 months



Dr. (Mrs.) Lalana Bakhale  
M.B.B.S., M.D.





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Chandrabati

Exercise:- Walking 1 hour

Water intake:- 3 litres

Sleep:- ✓ (Chamomile Tea) / Maldi Milk.

Age- 65  
wt = 64.10

Early Morning:- Chia seeds (1/2 tsp) + 1 glass water

Breakfast:- Upma OR Chapatis → 2 nos  
Bhaji → 1 cup  
OR Veg Poha → 1 Bowl.

Lunch:- Rice → 1 1/2 bowl  
Dal → 1 cup  
Any seasonal vegetable → 1 cup  
sabd → 1 cup.  
OR Veg Pulav → 1 Bowl.  
Any seasonal fruit

Teatime - Coconut water → 1 glass.  
OR  
Tea → 1 cup (Sugarless)

Dinner:- Chapatis → 2 nos  
Any seasonal Vegetables → 1 cup

Bedtime:- Maldi Milk → 1 glass. *The Hospital for perfect health*

Adult Echo

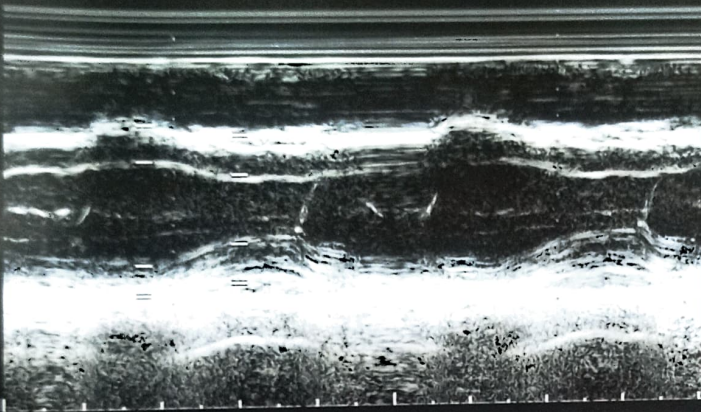
13/03/2024 04:54:11PM

TISO.7 MI 1.3

S4-2  
45Hz  
15cm

PLAX

2D / MM  
68% 68%  
C 50  
P Low  
HGen



- IVSd	1.37 cm
- LVIDd	3.93 cm
- LVPWd	1.14 cm
- IVSs	1.49 cm
- LVIDs	2.63 cm
- LVPWs	1.49 cm
EDV (MM-Teich)	67.1 ml
IVS/LVPW (MM)	1.20
IVS % (MM)	8.76 %
ESV (MM-Teich)	25.3 ml
FS (MM-Teich)	33.1 %
EF (MM-Teich)	62.3 %
LVPW % (MM)	30.7 %

100mm/s

Adult Echo

13/03/2024 04:56:12PM

TISO.7 MI 0.7

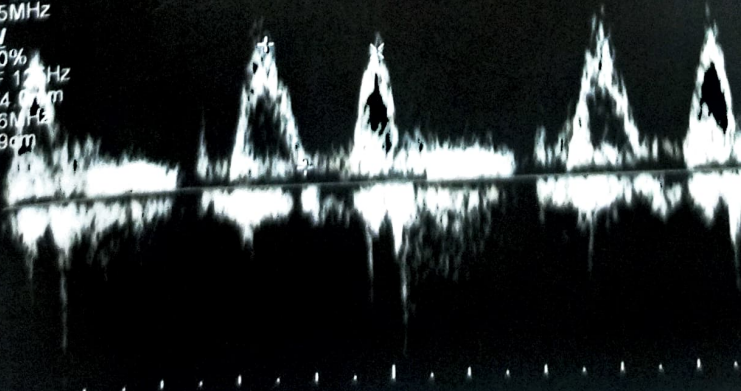
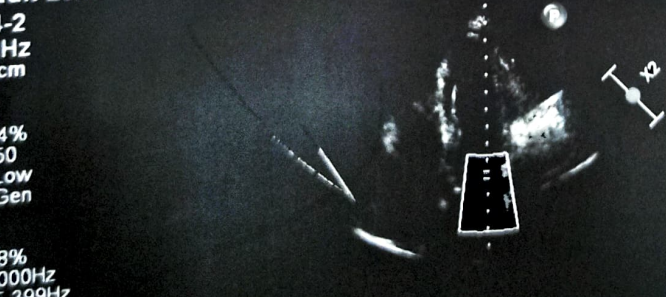
S4-2  
29Hz  
15cm

PLAXMEAS

2D MEAS

2D  
74%  
C 50  
P Low  
HGen

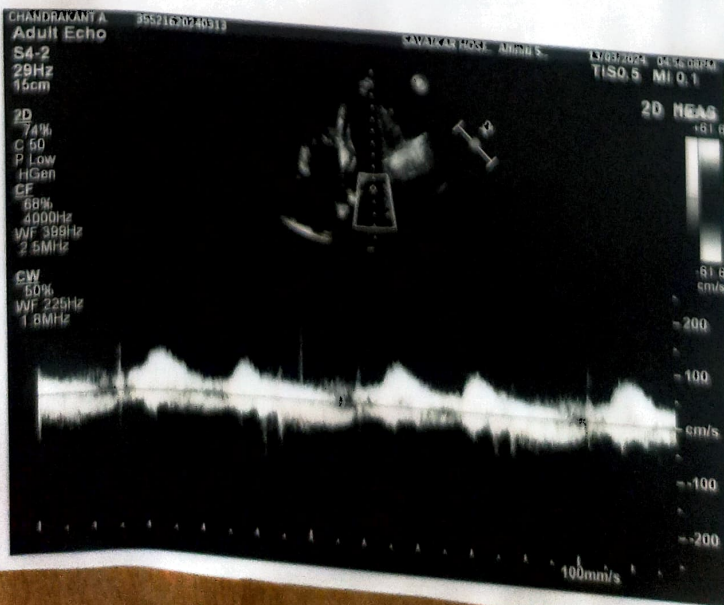
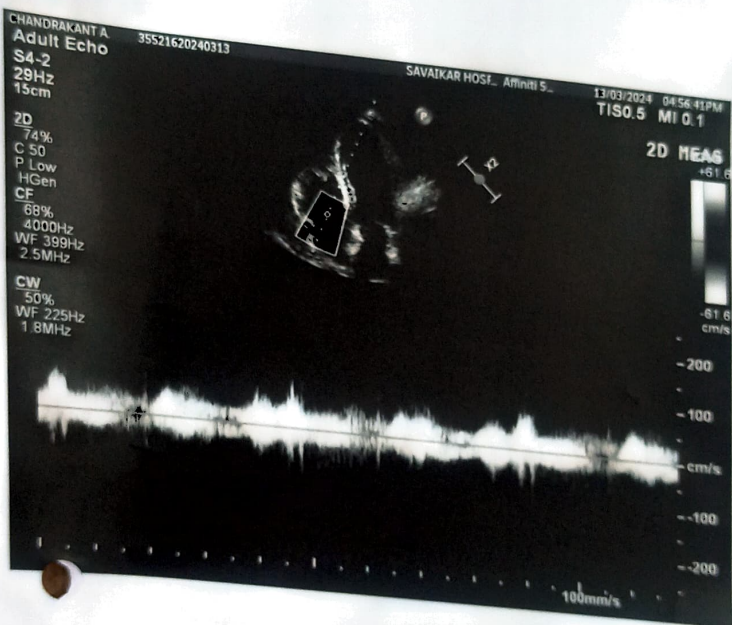
CF  
68%  
4000Hz  
WF 399Hz  
2.5MHz  
PW  
50%  
WF 125Hz  
SV4.0mm  
1.6MHz  
9.9cm



+	MV Peak E Vel	
	Vel	67.9 cm/s
	PG	2 mmHg
	Decel Time	117 ms
	Slope	579 cm/s <sup>2</sup>
	P1/2	34 ms
+	MV Peak A Vel	
	Vel	62.6 cm/s
	PG	2 mmHg
	E/Med E	10.6
	MVA (P1/2)	6.47 cm <sup>2</sup>
	MV E/A	1.1

100mm/s







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॥ अस्मिन्मन्त्रेण ॥

Chandrabent Argel. | 25yr | m.

13/03/2024.

Came for Health checkup.  
No fresh complaints.

2D echo:

Normal chamber Dimensions.

No Wn.

No apparent RWMA.

overall wt = 62%.

No pericardial effusion.

Evc is normal; collapsing on inspiration.

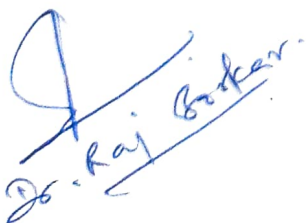
CD:

No MR.

No AR.

No TR.

Good systolic & diastolic function.

  
Dr. Raj Borkar.



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॥ अरोग्यम् धनसंयुता ॥

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Patient : MR. CHANDRAKANT NARAYAN AIGAL  
UHID No : SHLC/3701  
Ref.by : DR.SELF  
Bill No : 17180

Age/Sex : 63YRS/Male  
Date : 13.03.2024  
Print Date : 13.03.2024 12:35:44 PM

## HAEMATOLOGY REPORT

### CBC

#### Test Done

#### Observed values

#### Ref. Range

HAEMOGLOBIN (HB)	14.3 g/dl	M: 13.5 - 19.5 g/dl, F: 11.5 - 16.5 g/dl
TOTAL WBC COUNT	5,000 Cells/cu mm	4,000-10,500 /cu mm
<u>DIFFERENTIAL COUNT</u>		
STAB CELLS (IMMATURE NEUTROPHILS)	02 %	0 - 5 %
NEUTROPHILS	52 %	40 - 70 %
LYMPHOCYTES	40 %	20 - 45 %
EOSINOPHILS	02 %	1 - 4 %
MONOCYTES	04 %	2 - 8 %
BASOPHILS	00 %	0 - 1 %
PLATELETS	2,42,000 /cu mm	1,50,000 - 4,00,000 /cu mm
RBC COUNT	5.21 millions/cu mm	4.5 - 6.5 / cu mm
HCT	42.7 %	40 to 54 %
MCV	84.8 fl	80 - 96 fl
MCH	28.4 pg	27 - 31 pg
MCHC	33.5 gms%	32 - 36 gms%
ESR	08 mm/hr	0 - 20 mm/hr

..... End of Report .....

CHECKED BY

LAB TECHNICIAN

DR. MRS. USHA V. PRIOLKAR  
M.B.B.S., M.D.

Consultant Pathologist

**SAVAIKAR LABORATORY**

DR. USHA V. PRIOLKAR  
MD. (PATH.)

GMC REG NO. 0613

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*The Hospital for perfect health ....*



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॥ अस्मिन्कामं परमं ॥

Patient : MR. CHANDRAKANT NARAYAN AIGAL

UHID No : SHLC/3701

Ref.by : DR.SELF

Bill No : 17180

Age/Sex : 63YRS/Male

Date : 13.03.2024

Print Date : 13.03.2024 01:56:06 PM

## Test Done

## Observed values

## Ref. Range

### BLOOD GROUP RH TYPING

BLOOD GROUP RH TYPING

'O' Rh Positive

## Test Done

## Observed values

## Ref. Range

### URINE SUGAR POST PRANDIAL

URINE SUGAR POST PRANDIAL

Absent

## BIOCHEMISTRY REPORT

## Test Done

## Observed values

## Ref. Range

### RENAL FUNCTION TEST

Blood Urea

23.6 mg/dl

15.0 - 40.0

BUN

11.02 mg/dl

5.0 - 21.0

CREATININE

0.82 mg/dl

0.5 - 1.5

URIC ACID

6.41 mg/dl

Male : 3.5 - 7.2, Female : 2.5 - 6.2

..... End of Report .....

CHECKED BY

LAB TECHNICIAN

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॥ आरोग्यम् धनसंपदा ॥



Patient : MR. CHANDRAKANT NARAYAN AIGAL

Age/Sex : 63YRS/Male

UHID No : SHLC/3701

Date : 13.03.2024

Ref.by : DR.SELF

Bill No : 17180

Print Date : 13.03.2024 01:15:41 PM

<u>Test Done</u>	<u>Observed values</u>	<u>Ref. Range</u>
<b><u>FASTING BLOOD SUGAR</u></b>		
FASTING BLOOD SUGAR	90.8 mg/dl	60 to 110
<b><u>BLOOD SUGAR POST PRANDIAL</u></b>		
BLOOD SUGAR POST PRANDIAL	115.2 mg/dl	70 to 150 mg/dl
<b><u>HBA1C</u></b>		
HBA1C	6.61 %	Normal 0.0-6.0% Good Control 6.0-7.0% Fair Control 7.0-8.0% Poor Control 8.0-10.0% Unsatisfactory c

<u>Test Done</u>	<u>Observed values</u>	<u>Ref. Range</u>
<b><u>HBA1C</u></b>		
Mean Blood Glucose	143.11 mg%	100-140

..... End of Report .....

CHECKED BY

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|| आरोग्यम् धनसंपदा ||



Patient : MR. CHANDRAKANT NARAYAN AIGAL

UHID No : SHLC/3701

Ref.by : DR.SELF

Bill No : 17180

Age/Sex : 63YRS/Male

Date : 13.03.2024

Print Date : 13.03.2024 02:02:31 PM

## BIOCHEMISTRY REPORT

<u>Test Done</u>	<u>Observed values</u>	<u>Ref. Range</u>
<u>LIVER FUNCTION TEST WITH PROTEINS</u>		
SGOT	21.3 U/L	5 - 40
SGPT	26.2 U/L	7 - 50
<u>BILIRUBIN</u>		
TOTAL	0.72 mg/dl	0.1 - 1.2
DIRECT	0.21 mg/dl	0.058 - 0.3
INDIRECT	0.51 mg/dl	0.2 - 0.7
ALKALINE PHOSPHATASE	101.3 U/L	53 - 128
<u>SERUM PROTEIN</u>		
TOTAL PROTEINS	7.24 gms %	6.0 - 8.5
ALBUMIN	3.96 gms %	3.2 - 5.5
GLOBULIN	3.28 gms %	2.1 - 3.3
A:G RATIO	1.20	1.5 - 2.1:1

..... End of Report .....

CHECKED BY

LAB TECHNICIAN

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॥ आरोग्यं धनसंपदा ॥

Patient : MR. CHANDRAKANT NARAYAN AIGAL

Age/Sex : 63YRS/Male

UHID No : SHLC/3701

Date : 13.03.2024

Ref.by : DR.SELF

Bill No : 17180

Print Date : 13.03.2024 01:59:58 PM

## BIOCHEMISTRY REPORT

<u>Test Done</u>	<u>Observed values</u>	<u>Ref. Range</u>
<u>LIPID PROFILE</u>		
SERUM CHOLESTEROL	237.5 mg/dl	130 to 240 mg/dl
HDL CHOLESTEROL	52.1 mg/dl	M:35-80,F:42-88
SERUM TRIGLYCERIDES	217.4 mg/dl	0 to 200
VLDL CHOLESTEROL	43.48 mg/dl	0 - 35
LDL CHOLESTEROL	141.92 mg/dl	0 - 160
LDL/HDL CHOLESTROL (R)	2.72	0.0 - 4.0
TOTAL CHOL / HDL CHO	4.56	0.0 - 4.5

..... End of Report .....

CHECKED BY

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Patient : MR. CHANDRAKANT NARAYAN AIGAL

UHID No : SHLC/3701

Ref.by : DR.SELF

Bill No : 17180

Age/Sex : 63YRS/Male

Date : 13.03.2024

Print Date : 13.03.2024 02:06:51 PM

## CLINICAL PATHOLOGY REPORT

### Test Done

### Observed values

### Ref. Range

#### STOOL REPORT

#### PHYSICAL EXAMINATION

Colour	Brownish Yellow
Consistency	Semi-Solid
Mucus	Absent
Blood	Absent

#### CHEMICAL EXAMINATION

Reaction	6.5
Occult Blood	Negative
Reducing Substances	Absent

#### MICROSCOPIC EXAMINATION

Epithelial Cells	1-2 /hpf
Pus Cells	0-1 /hpf
RBCs	Nil /hpf
Ova	Absent
cysts	Absent

..... End of Report .....

CHECKED BY

LAB TECHNICIAN

DR. MRS. USHA V. PRIOLKAR

M.B.B.S., M.D.

Consultant Pathologist

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॥ असिमेयम् धनमपदा ॥

Patient : MR. CHANDRAKANT NARAYAN AIGAL

UHID No : SHLC/3701

Ref.by : DR.SELF

Bill No : 17180

Age/Sex : 63YRS/Male

Date : 13.03.2024

Print Date : 13.03.2024 02:04:10 PM

## CLINICAL PATHOLOGY REPORT

### Test Done

### Observed values

### Ref. Range

#### URINE ROUTINE

#### PHYSICAL EXAMINATION

Colour	Pale Yellow
Odour	Faintly Aromatic
Appearance	Slightly Hazy

#### CHEMICAL EXAMINATION

Reaction	6.0	5.5 - 7.5
Specific Gravity	1.020	1.010 - 1.025
Deposit	Absent	
Protein	Absent	
Sugar	Absent	
Ketones	Absent	

#### MICROSCOPIC EXAMINATION

Pus Cells	3-4 /hpf	0 - 5 hpf
Epithelial Cells	2-3 /hpf	
RBC's	0-1 /hpf	0 - 2hpf

..... End of Report .....

CHECKED BY

LAB TECHNICIAN

DR. MRS. USHA V. PRIOLKAR

M.B.B.S., M.D.

Consultant Pathologist

**SAVAIKAR LABORATORY**

DR. USHA V. PRIOLKAR

MD. (PATH.)

GMC REG NO. 0613

SAVAIKAR HOSPITAL & LAPROSCOPY CENTRE

# Medical Laboratory Report



Mr. CHANDRAKANT AIGAL

Salcette..

403601

PIN No:

PID NO: P38923520143383

Age: 63 Year(s) Sex: Male



Reference: DR.MEGHA SAVAIKAR

Sample Collected At:

Savoikar Nursing Home

Sr. No. 30/3, Varkhandem Ponda, Goa-403401

Processing Location:- Metropolis

Healthcare Ltd. HI-Life

Building,Borda,Margao,Goa-403 601.

VID: 230321505435656

Registered On:

11/03/2024 02:04 PM

Collected On:

11/03/2024 2:01PM

Reported On:

11/03/2024 03:10 PM

## Investigation

PSA- Prostate Specific Antigen

(Serum,CLIA)

Observed Value

0.788

Unit

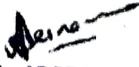
ng/mL

Biological Reference Interval

0-4.5

## INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

  
Dr. ADORA FERNANDES  
MBBS,MD(PATHOLOGY)





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 Salcette..  
 403601  
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**Sample Collected At:**  
 Savoikar Nursing Home  
 Sr. No. 30/3, Varkhandem Ponda, Goa-403401  
 Processing Location:- Metropolis Healthcare Ltd. Hi-Life Building,Borda,Margao,Goa-403 601.

**VID: 230321505435656**  
 Registered On:  
 11/03/2024 02:04 PM  
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 Reported On:  
 11/03/2024 03:10 PM

Investigation	Observed Value	Unit	Biological Reference Interval
<u>Thyroid panel-1 (T3/T4/TSH)</u> (Serum,ELFA)			
<b>T3 (Total)</b>	99.884	ng/dL	70-204
<b>T4 (Total)</b>	7.903	µg/dL	4.87-11.72
<b>TSH(Ulttrasensitive)</b>	2.75	µIU/mL	0.45-4.5

### INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

- References:** 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001  
 2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011,vol. 59

-- End of Report --

**Dr. Adora Fernandes**  
 MBBS,MD(PATHOLOGY)



Warkhandem, Ponda, Goa 403 401

Hosp. Reg. No. T/0/412

Tel. No. 2312603, 2319202 OPD.: 2311031 OPD APPOINTMENT NO : 9579259359

website : [www.savaikarhospital.com](http://www.savaikarhospital.com)

email : [drsavaikar@gmail.com](mailto:drsavaikar@gmail.com)

NAME: CHANDRAKANT AIGAL 65Y/M

REF BY: HEALTH CHECK UP

DATE: 09/03/2024

## ABDOMINO-PELVIC ULTRASONOGRAPHY

Real time USG of the abdomen and pelvis was performed.

The **LIVER** – is normal in size and shows mildly raised parenchymal echotexture, suggestive of **Grade I steatosis**. No obvious focal lesions. There is no dilatation of the intrahepatic biliary radicals.

PV is normal in course and caliber.

The **GALL BLADDER** is well distended and shows normal wall thickness . There is no evidence of calculus . CBD- normal.

**PANCREAS**: is normal in size and echotexture. There is no duct dilatation.  
There is no obvious upper abdominal lymphadenopathy

**SPLEEN** is normal in size and echotexture. No focal lesion is seen within.

Both kidneys are normal in size, position and contour and show normal cortico medullary differentiation

**RIGHT KIDNEY**- no calculus or hydronephrosis

**LEFT KIDNEY**- no calculus or hydronephrosis.

The **URINARY BLADDER** is well distended and shows normal wall thickness . No calculus/ mass.

The **PROSTATE** is marginally enlarged in size and measures 25cc in volume. It appears normal echotexture for age.

**Prevoid bladder volume: 268ml**

**Post void residual urine: 58ml**

There is no free fluid in the abdomen or pelvis.

There is no bowel dilatation or obvious thickening

### OPINION:

- **Grade I hepatic steatosis.**
- **Grade I prostatomegaly. Post void residual urine: 58ml**

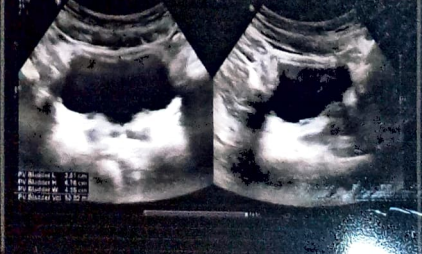
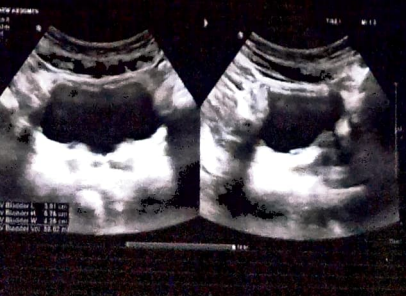
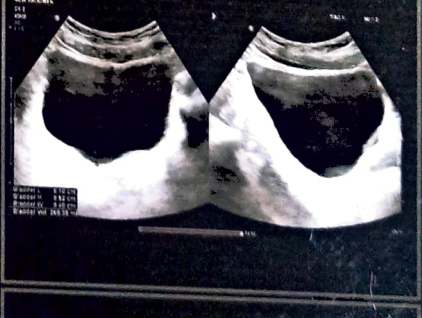
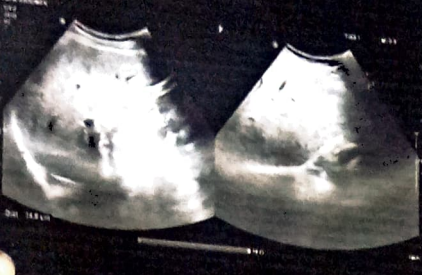
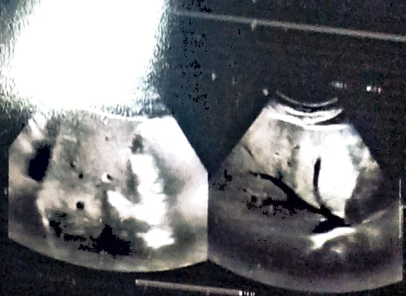
With warm regards.

Consulting Radiologist

**Dr. Ruchika Prabhu**

GMC Reg No:3843





PV Bladder L: 5.1 cm  
PV Bladder M: 6.75 cm  
PV Bladder W: 7.28 cm  
PV Bladder V: 32.50 ml

PV Bladder L: 5.1 cm  
PV Bladder M: 6.75 cm  
PV Bladder W: 7.28 cm  
PV Bladder V: 32.50 ml

PV Bladder L: 5.1 cm  
PV Bladder M: 6.75 cm  
PV Bladder W: 7.28 cm  
PV Bladder V: 32.50 ml



HEALTH CHECK UP  
Born 7/17/1958 65 Years

ALGAL CHANDRIKANT  
Male

3/9/2024 12:47:49 PM

SAVAIKAR HOSPITAL PONDA

Rate 79 . Sinus rhythm.....normal P axis, V-rate 50-99  
. Abnormal R-wave progression, early transition.....QRS area >0 in V2

PR 157  
QRSD 82  
QT 375  
QTc 430

*Eca certain normal limits*

--AXIS--  
P 65  
QRS 52  
T 58

- OTHERWISE NORMAL ECG -

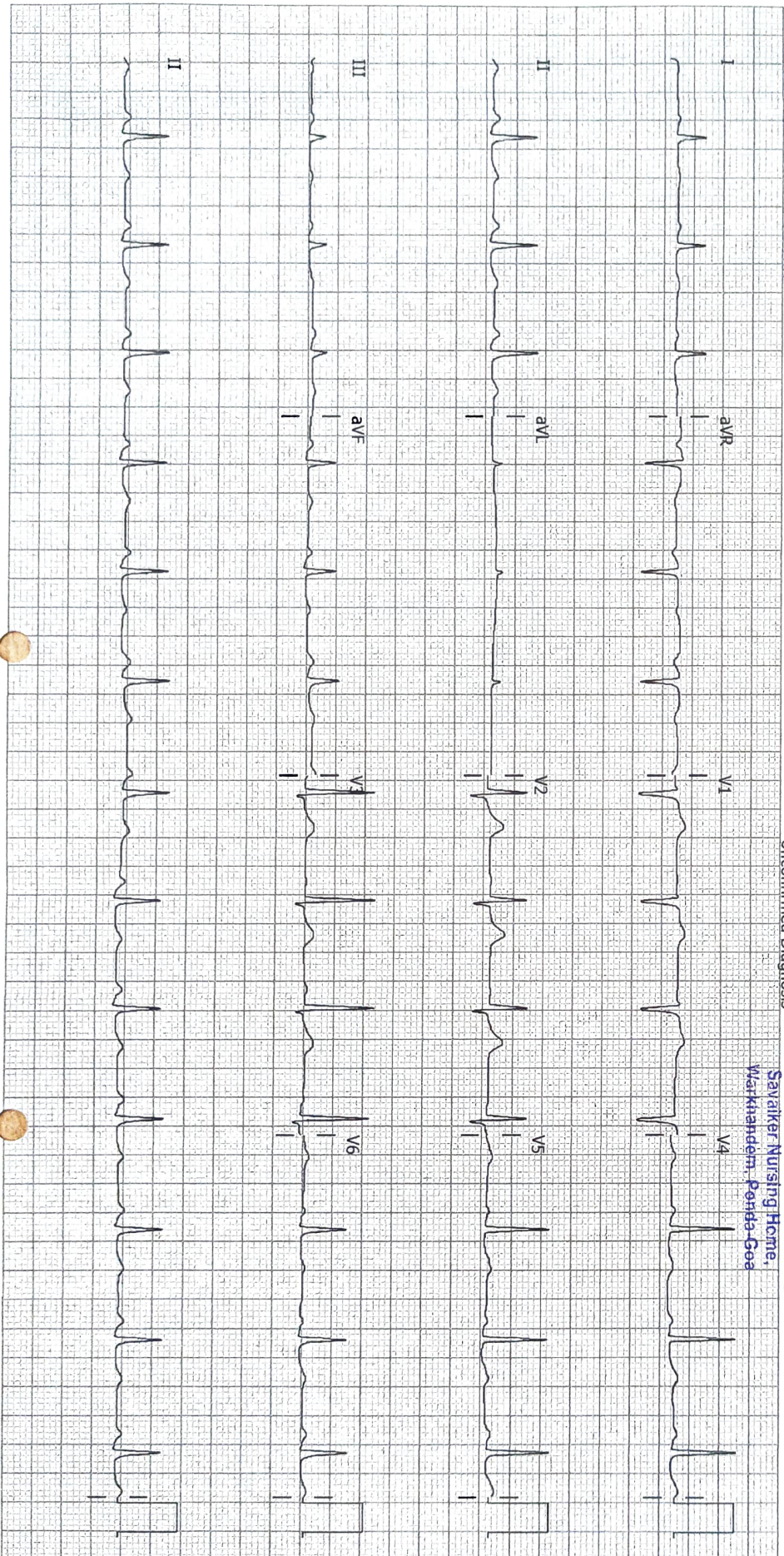
12 Lead: Standard Placement

Unconfirmed Diagnosis

Consulting Physician & Cardiologist

Savalker Nursing Home,  
Warikhandem, Ponda-Goa

DR(MRS.) *[Signature]* BAKHALE  
Reg. No. GMC 0920



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10 mm/mV

F 50~0.50-40 Hz W

PH100B CL

P?





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॥ आरोग्यम् धनसंपदा ॥

NAME : CHANDRAKANT AIGAL

REF BY: HEALTH CHECK UP

DATE: 09/03/2024

## RADIOGRAPH OF THE CHEST-PA VIEW

The trachea is central

The lung fields are clear

Both CP angles are clear

Cardiothoracic ratio is within normal limits

The rib cage is normal

Both the diaphragm contours are normal

With warm regards.

DR(Mrs.) LALANA BAKHALE  
Reg. No. GMC 0920  
Consulting Physician & Cardiologist  
Savaikar Nursing Home,  
Warkhandem, Ponda-Goa



# SAVAIKAR HOSPITAL & LAPAROSCOPY CENTRE



Warkhandem, Ponda, Goa 403 401

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website : www.savaikarhospital.com

email : drsavaikar@gmail.com

॥ अस्मिन्मन्त्रेण ॥



Date: 09/03/2024

NAME:- Mr. Chandrakant Narayan Argal.

AGE:- 65

SEX:- Male

COMPANY NAME :- \_\_\_\_\_

## OPHTHALMIC EXAMINATION:

VISION	DISTANT		NEAR	
	RIGHT	LEFT	RIGHT	LEFT
VISUAL ACUITY				
WITH SPECTS	6/6	6/6	M/6	M/6
WITHOUT SPECTS	6/24	6/6	M/18	M/18
COLOUR VISION	NORMAL			
SIGNS OF NIGHT BLINDNESS:- Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			PHORIAS :- Nil	

*Argal*

SIGNATURE OF THE EMPLOYEE