Hospital /Clinic/Doctor's Letterhead

ASHOK MEDICOVER HOSPITALS

A Unit of Sahrudaya Health Care Private Limited

DATE: - 22/03/24.

NAME: - Sanjay Shirsat **AGE/SEX: -** 56 yrs M.

OPHTHALMIC CHEAK UP

VISION	NEAR RIGHT EYE:	HC
	NEAR LEFT EYE:	HC
	FAR RIGHT EYE:	6/6
	FAR LEFT EYE:	6/6
	WITH SPECT:	6/6
	WITHOUT SPECT:	6/6
COLOUR VISION:	NORMAL.	

- Adv
  Dsn = PACS (primary angle closure suspect).
- Adv
  1. Tonometry
  2. Gonioscopy
  3. Fundoscopy.

Name & Signature of Ophthalmologist.

Stamp with registration Number.

UHID : _____

NAME : _____

AGE : _____ SEX : _____

Doctor In Charge: _____

ASHOKA MEDICOVER HOSPITALS

A Unit of Sahrudaya Health Care Private Limited

OPD Nursing Assessment - Adult

Date :

Name: Sanjay Shirsh Date of Birth : 59 y Age/Sex: M UMR No.: 135078

Assessment :

Height: 163 cms Weight: 73. kg. BMI: _____ Respiration: 98 /min Pulse H/R : 84 /min

BP: 120/80 mmHG Temperature : _____ SpO2 98 % BSR _____ mg/dl

Chief Complaints : H. C

Nutritional Screening :

Diet : Mix diet

Remark : _____

Status : Weight Loss / Gain in Last 3 Months ☐ Yes ☑ No

If Weight Loss / ain-Dietary Referral ☐ Yes ☑ No

Psychological Assessment Agitated Anxious ☐ Yes ☑ No
(If Agitated, Inform Physician) Irritable

Any Allergies Known Including Drugs : No

Past History: Any Surgeris Explain : No

Any Other illness: Explain Calcium B B.

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

Need to be seen immediately by the Doctor CMO 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
Mukta	10372	Mukta.	22/3/24

DEPARTMENT OF HAEMATOLOGY

Patient Name	: Mr. SANJAY VITTHALRAO SHIRSAT	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: NSB277108/NSU135078	**Referred By**	: Dr. ER PHYSICIAN
Received Dt	: 22-Mar-24 09:45 am	**Report Date**	: 22-Mar-24 11:07 am

FINAL REPORT

Parameters	Specimen	Result	Biological Reference Intervals	Method
COMPLETE BLOOD COUNT				
HAEMOGLOBIN	Blood	13.9	13.1 - 17.2 g/dL	Automated Cell Counter cyanmethemoglobin
RED BLOOD CELLS		4.83	4.5 - 6 mill/cumm.	Automated Cell Counter Electrical Impedance
PCV (PACKED CELL VOLUME)		42.1	39 - 50 % 35 - 47 %	Automated Cell Counter Calculated
MCV (MEAN CORPUSCULAR VOLUME)		87	82 - 95 fl	Automated Cell Counter Calculated
MCH (Mean Corpuscular Hemoglobin)		28.9	27 - 31 pg	Automated cell counter calculated
MCHC (Mean Corpuscular Hemoglobin Concentration)		33.1	32 - 36 g/dL	Automated cell counter calculated
RDW (Red cell Distribution Width)		12.2	11.5 - 14.0 %	Automated Cell Counter Calculated
WHITE BLOOD CELLS (WBC)		7900	4000 - 11000 Cells/cumm.	Automated Cell Counter Electrical Impedance
NEUTROPHILS		63	50 - 75 %	Microscopy
LYMPHOCYTES		32	20 - 40 %	Microscopy
MONOCYTES		02	0 - 10 %	Microscopy
EOSINOPHILS		03	0 - 6 %	Microscopy
BASOPHILS		00	0 - 1 %	Microscopy
PLATELET COUNT		334000	150000 - 450000 /cumm.	Automated Cell Counter Electrical Impedance
MPV(Mean Platelet Volume)		7.4	6 - 9.5 fL	Automated cell counter calculated
BLOOD GROUPING RH TYPING				
BLOOD GROUP		AB		
RH (D) TYPING		Positive		
Erythrocyte Sedimentation Rate (ESR)		26	0 - 20 mm at 1 hr	westergren's

*** End Of Report ***

Ashoka Medicover Hospitals, Indira Nagar, Wadala Road, Nashik, Maharashtra - 422009. 0253 6660 066
Contact : 0253 6660 000 / 040 6833 4455 @ Info@medicoverhospitals.in www.medicoverhospitals.in

DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. SANJAY VITTHALRAO SHIRSAT	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: NSB277108/NSU135078	**Referred By**	: Dr. ER PHYSICIAN
Received Dt	: 22-Mar-24 09:45 am	**Report Date**	: 22-Mar-24 11:05 am

FINAL REPORT

Parameters	Specimen	Result	Biological Reference Intervals	Method
PROSTATE SPECIFIC ANTIGEN (PSA)		1.04	0.0 - 4.0 ng/mL	Chemiluminescent Microparticle Immunoassay
T3 T4 TSH				
TRI IODO THYRONINE (T3)		1.07	0.8 - 2.0 ng/mL	ECLIA
THYROXINE (T4)		7.00	5.1 - 14.1 µg/dL	ECLIA
THYROID STIMULATING HORMONE (TSH)		1.35	0.27 - 4.2 µIU/mL	ECLIA
SERUM CREATININE				
SERUM CREATININE		0.81	0.70 - 1.20 mg/dL	Kinetic Jaffe's reaction (Roche)
BLOOD UREA NITROGEN (BUN)		8.03	6.0 - 20.0 mg/dL	Calculated
LIVER FUNCTION TEST (LFT)				
TOTAL SERUM PROTEINS		7.51	6.4 - 8.3 g/dL	Biuret reaction
SERUM ALBUMIN		4.45	3.5 - 5.2 g/dL	Colorimetric (BCG)
GLOBULINS		3.06	1.8 - 3.6 g/dl	Calculated
A/G RATIO		1.45	0.8 - 2.0	Calculated
SGPT (ALT)		15.40	0 - 41 U/L	Kinetic (IFCC)
SGOT (AST)		16.70	0 - 48 U/L	Kinetic (IFCC)
TOTAL BILIRUBIN		0.55	0.1 - 1.2 mg/dL	Colorimetric (Diazo)
DIRECT BILIRUBIN		0.20	0.0 - 0.4 mg/dL	Colorimetric (Diazo)
INDIRECT BILIRUBIN		0.35	0.2 - 1.5 mg/dL	Calculated
ALKALINE PHOSPHATASE(ALP)		93.00	40 - 129 U/L	Colorimetric (IFCC)
ALBUMIN / GLOBULIN (A/G) RATIO				
TOTAL SERUM PROTEINS		7.51	6.4 - 8.3 g/dL	Biuret reaction
SERUM ALBUMIN		4.45	3.5 - 5.2 g/dL	Colorimetric (BCG)
GLOBULINS		3.06	1.8 - 3.6 g/dl	Calculated
ALBUMIN / GLOBULIN (A/G) RATIO		1.45	0.8 - 2.0	Calculated
LIPID PROFILE				
TOTAL CHOLESTEROL		191.80	Desirable : < 200 mg/dL Borderline high : 200 - 239 mg/dL High : >= 240 mg/dL 0 - 200 mg/dL	CHOD-PAP

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DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. SANJAY VITTHALRAO SHIRSAT	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: NSB277108/NSU135078	**Referred By**	: Dr. ER PHYSICIAN
Received Dt	: 22-Mar-24 09:45 am	**Report Date**	: 22-Mar-24 11:05 am

Parameters	Specimen	Result	Biological Reference In	Methoc
SERUM TRYGLYCERIDES		165.20	Desirable : < 200 mg/dL High : > 400 mg/dL Border line : 200 - 240 mg/dL 0 - 200 mg/dL	Lipoprotein Lipase
HDL CHOLESTEROL		43.90	40 - 60 mg/dL Desirable : >= 40 mg/dL	Direct Measure - PEG
LDL CHOLESTEROL		132.90	Border line : 100 - 130 mg/dL High : > 130 mg/dL Desirable : < 100 mg/dL	Direct Estimation
VLDL		33.04	0 - 40 mg/dL	Calculated
LDL/HDL RATIO		3.03	2.5 - 3.5	
CHOL/HDL RATIO		4.37	3.5 - 5	
SERUM URIC ACID		3.60	3.4 - 7.0 mg/dL	Enzymatic Colorimetric Assay (Uricase)
GAMMA GT				
GAMMA GLUTAMYL TRANSFERASE(GGT)		27.00	< 55 U/L	Enzymatic IFCC
GLYCOSYLATED HAEMOGLOBIN (HbA1c)		6.91	NORMAL : 4.0 - 6.0 % increased risk of diabetes : 6.0 - 6.4 % indicate diabetes : > 6.5 %	Enzymatic
FASTING PLASMA /SERUM GLUCOSE (FBS)		122.8	70 - 110 mg/dL	
POST PRANDIAL PLASMA / SERUM GLUCOSE(PPBS)		171.7	80 - 140 mg/dL	Hexokinase

*** End Of Report ***

Lab Incharge

Dr. PRATIKSHA JOSHI, MBBS, DIPLOMA IN CLINICAL PATHOLOGY
CONSULTANT PATHOLOGIST

Ashoka Medicover Hospitals, Indira Nagar, Wadala Road, Nashik, Maharashtra - 422009. 24/7 Emergency Services 0253 6660 066
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ASHOKA MEDICOVER HOSPITALS

DEPARTMENT OF HAEMATOLOGY

Sahrudaya Health Care Private Limited

Patient Name	: Mr. SANJAY VITTHALRAO SHIRSAT	**Age /Gender**	:59 Y(s)/Male
Bill No/ UMR No	: NSB277110/NSU135078	**Referred By**	:Dr. ER PHYSICIAN
Received Dt	: 22-Mar-24 10:06 am	**Report Date**	:22-Mar-24 10:11 am
		Service No	:NSB277110

FINAL REPORT

BLEEDING AND CLOTTING TIME

Parameters	Specimen	Result	Biological Reference Intervals	Method
BLEEDING TIME	BLOOD	**01 MIN 45 SEC**	1 - 3 minutes	DUKE METHOD
CLOTTING TIME		**04 MIN 00 SEC**	3 - 7 Minutes	SLIDE/CAPILLARY METHOD

*** End Of Report ***

Lab Incharge

Dr. KAVITA GITE, MBBS, MD Path
CONSULTANT PATHOLOGIST

DEPARTMENT OF LABORATORY

Patient Name	: Mr. SANJAY VITTHALRAO SHIRSAT	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: NSB277108/NSU135078	**Referred By**	: Dr. ER PHYSICIAN
Received Dt	: 22-Mar-24 10:04 am	**Report Date**	: 22-Mar-24 01:00 pm

FINAL REPORT

Parameters	Specimen	Result	Biological Reference Intervals	Method
COMPLETE URINE TEST				
PHYSICAL EXAMINATION				
COLOUR	Urine	Pale yellow		
APPEARANCE		Clear		
PH		6.0	4.6 - 8.0	Dipstick
SP. GRAVITY		1.030	1.005 - 1.030	Dipstick
CHEMICAL EXAMINATION				
PROTEIN	Urine	Absent		
SUGAR		Absent		
KETONE BODIES		Absent		
BILE SALTS		Absent		
BILE PIGMENTS		Absent		
BLOOD		Absent		
NITRITE		Absent		
MICROSCOPIC EXAMINATION				
PUS CELLS	Urine	0-1		Microscopy
EPITHELIAL CELLS		1-2		Microscopy
RBC		Absent		
CASTS		Absent		
CRYSTALS		Absent		
BACTERIA		Absent		

*** End Of Report ***

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ASHOKA MEDICOVER HOSPITALS

A Unit of Sahrudaya Health Care Private Limited

Transthoracic Echocardiography Report

Name: Mr. Sanjay Shirsat **Age / Sex:**59yea- /M

UMR No: 135078 **Date:**22/03/2024

Comments on Echo Doppler evaluation

DIMENSIONS			
	In mm		In mm
Left Ventricle (ED)	42	Left Ventricle (ES)	26
Aorta	28	Left Atrium	27
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.

135078 SANJAY SHIRSAT 22-Mar-24 10:29:16 AM

Male

ASHOKA MEDICOVER HOSPITAL NASHIK

OPD

Rate	87	. Age not entered, assumed to be 50 years old for purpose of ECG interpretation
		. Sinus rhythm.....normal P axis, V-rate 50- 99
PR	155	. Abnormal R-wave progression, early transition.....QRS area>0 in V2
QRSD	108	
QT	370	
QTc	445	

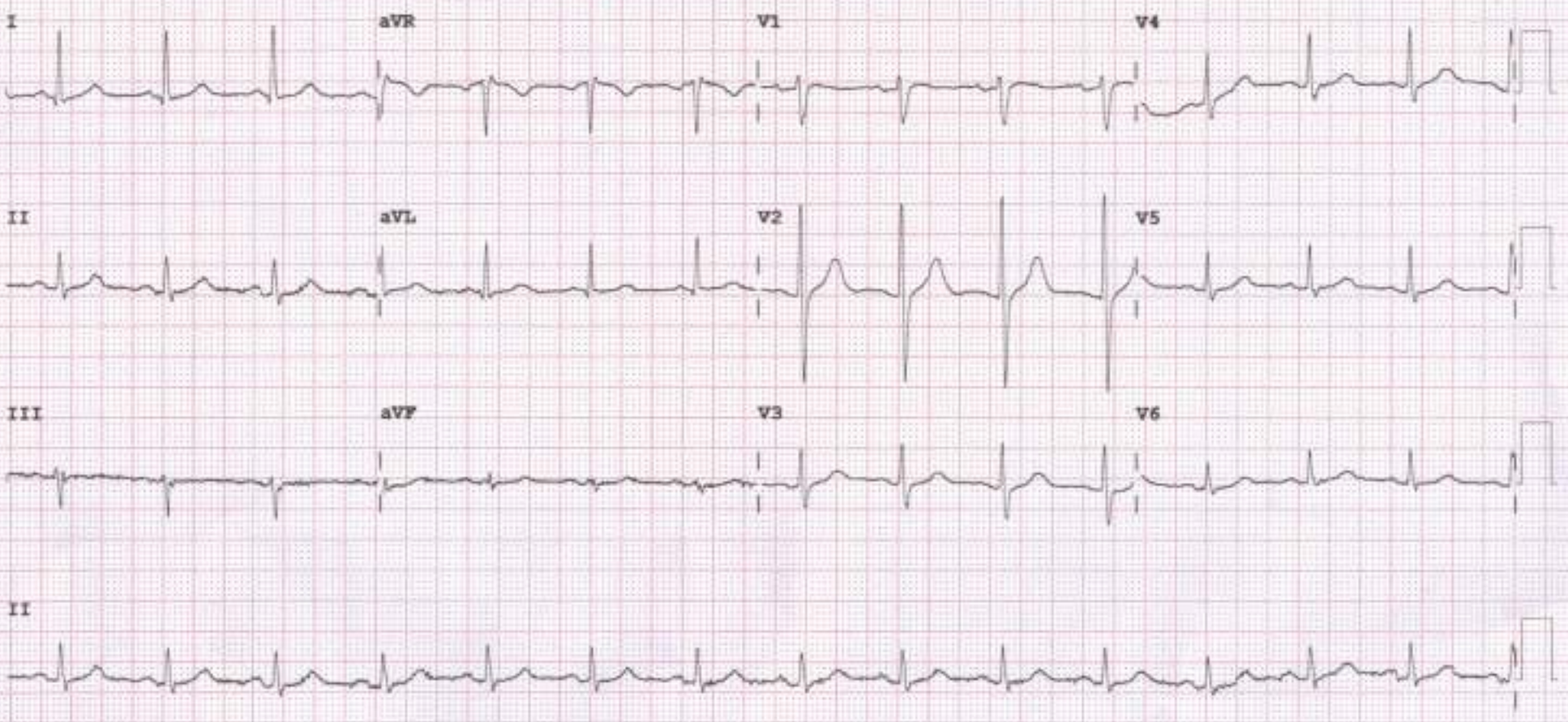
--AXIS--

P	40
QRS	6
T	30

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 60~ 0.15-100 Hz 100B CL P?

Patient ID:	NSU135078	Patient Name:	SANJAY VITTHALRAO SHIRSAT
Age:	59 Years	Sex:	M
Accession Number:	NSB277108	Modality:	US
Referring Physician:	DR.ER PHYSICIAN	Study:	USG ABDOMEN WITH PELVIS
Study Date:	22-Mar-2024		

ULTRASOUND REPORT – ABDOMEN & PELVIS

LIVER: Is normal in size with normal parenchymal echotexture. No mass lesion. No IHBRD. Portal vein is normal. CBD is normal.

GALL BLADDER: Is distended. Luminal surface is regular. No gall stones. No pericholecystic collection. Wall thickness is normal.

SPLEEN: Is normal in size and shows normal echotexture. No focal lesion.

PANCREAS: Head and body appear normal. Tail is obscured by bowel gases. Para aortic region appears normal.

KIDNEYS:

Both kidneys are normal in size & show normal parenchymal echogenicity with maintained CMD.

Right kidney measures 10.5x5.5 cm. No calculus identified. No hydronephrosis. Ureter is not dilated.

Left kidney measures 10.5x5.0 cm. No calculus identified. No hydronephrosis. Ureter is not dilated.

URINARY BLADDER: Is empty.

PROSTATE : Could not be assessed due to empty bladder.

Bowel loops not dilated.

No ascites.

IMPRESSION:

- **No significant abnormality.**

Clinical correlation is suggested.

DR. SUNIL KALYANRAO PATIL
MBBS, M.D. (RADIO DIAGNOSIS)
Consultant Radiologist.

Date: 22-Mar-2024 10:09:23

Patient ID:	NSJ135078	Patient Name:	SANJAY SHIRSAT 57Y/M HC0
Age:		Sex:	M
Accession Number:		Modality:	DX
Referring Physician:		Study:	Chest
Study Date:	22-Mar-2024		

X RAY CHEST PA VIEW

FINDINGS :

Kyphoscoliotic deformity noted in dorsal spine.

Lungs are normal.

Hila are normal.

Cardiac size normal.

CP angles are normal.

Domes of the diaphragm are normal.

Bony cage and soft tissues are normal.

IMPRESSION :

- **No significant abnormality.**

DR. KUNAL KALYANRAO PATIL
MBBS, M.D. (RADIO DIAGNOSIS)
Consultant Radiologist

Date: 22-Mar-2024 10:33:56