

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 13/1/24

Name: Mr. Deepak Age: 4 Gender: Male / Female

Without Correction: myopia

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

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

Near : Right Eye ND Left Eye 22

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>-1.25</u>					<u>-1.5</u>				
Near				<u>prism</u>		<u>prism</u>				

Colour Vision : _____

Anterior Segment Examination : (no @)

Pupils : _____

Fundus : _____

Intraocular Pressure : 12 mm (B)

Diagnosis : _____

Advice : eye glasses

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

Dr. R

(Consultant Ophthalmologist)
DR. RUCHIRA SHARMA
 M. S. (OPHTH)
 CONSULTING OPHTHALMOLOGIST
 & MICRO SURGEON
 Reg. No. 2262 / 09 / 02

DENTAL CHECKUP

Name: <u>Deepak Jha</u>	MR NO:
Age/Gender : <u>32/M</u>	Date: <u>13/1/24</u>

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: _____


- Scaling and polishing - 1500 -



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Name : Mr. Deepak Kumar Nagendra Jha Gender : Male Age : 32 Years
 UHID : FVAH 10240. Bill No : Lab No : V-1701-23
 Ref. by : SELF Sample Col.Dt : 13/01/2024 09:25
 Barcode No : 3971 Reported On : 13/01/2024 20:58

TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)		
Haemoglobin(Colorimetric method)	18.7 g/dl	13 - 18
RBC Count (Impedance)	5.18 Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	56.3 %	35 - 55
MCV:(Calculated)	108.7 fl	78 - 98
MCH:(Calculated)	36.1 pg	26 - 34
MCHC:(Calculated)	33.2 gm/dl	30 - 36
RDW-CV:	11.3 %	11.5 - 16.5
Total Leucocyte count(Impedance)	6730 /cumm.	4000 - 10500
Neutrophils:	59 %	40 - 75
Lymphocytes:	32 %	20 - 40
Eosinophils:	03 %	0 - 6
Monocytes:	06 %	2 - 10
Basophils:	00 %	0 - 2
Platelets Count(Impedance method)	1.96 Lakhs/c.mm	1.5 - 4.5
MPV	10.1 fl	6.0 - 11.0
ESR(Westergren Method)	02 mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)		
RBCs:	Macrocytosis(++)	
WBCs:	Normal	
Platelets	Adequate	
Remark	* Rechecked & confirmed. Kindly Correlate Clinically*	
Note:	Test Run on 5 part cell counter. Manual diff performed.	

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

Ms Kaveri Gaonkar
 Entered By

Ms Kaveri Gaonkar
 Verified By

End of Report
 Results are to be correlated clinically

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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)

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 4.7 %
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 : 88.19 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 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
PLASMA GLUCOSE			
Fasting Plasma Glucose :	91	mg/dL	Normal < 100 mg/dL Impaired Fasting glucose : 101 to 125 mg/dL Diabetes Mellitus : >= 126 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)
Post Prandial Plasma Glucose :	92	mg/dL	Normal < 140 mg/dL Impaired Post Prandial glucose : 140 to 199 mg/dL Diabetes Mellitus : >= 200 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)

Method : Hexokinase

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LIPID PROFILE - Serum

S. Cholesterol(Oxidase)	162	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	51	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	10.2	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	74.8	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	77	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	2.2		3.5 - 5
Ratio of LDL/HDL	1		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.46	g/dL	6.6 - 8.7
S.Albumin (BCG method)	5.09	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.37	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	2.15		0.9 - 2
S.Total Bilirubin (DPD):	0.72	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.26	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):	26	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	20	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	130	U/L	40 - 129
S.GGT(IFCC Kinetic):	26	U/L	11 - 50

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Thyroid (T3,T4,TSH)- Serum			
Total T3 (Tri-iodo Thyronine) (ECLIA)	2.26	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	99.69	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	3.41	□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 7 of 9 Chief Pathologist

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	15	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		Clear
SEDIMENT	Absent		Absent

CHEMICAL EXAMINATION(Strip Method)

REACTION(PH)	6.0	4.6 - 8.0
SPECIFIC GRAVITY	1.015	1.005 - 1.030
URINE ALBUMIN	Absent	Absent
URINE SUGAR(Qualitative)	Absent	Absent
KETONES	Absent	Absent
BILE SALTS	Absent	Absent
BILE PIGMENTS	Absent	Absent
UROBILINOGEN	Normal(<1 mg/dl)	Normal
OCCULT BLOOD	Absent	Absent
Nitrites	Absent	Absent

MICROSCOPIC EXAMINATION

PUS CELLS	Occasional	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	Occasional	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	Absent	Absent

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10240

Male

32 Years

13.01.2024 14:03:24
Apollo Clinic
1st Flr, The Emerald, Sector-12,
Vashi, Mumbai-400703.

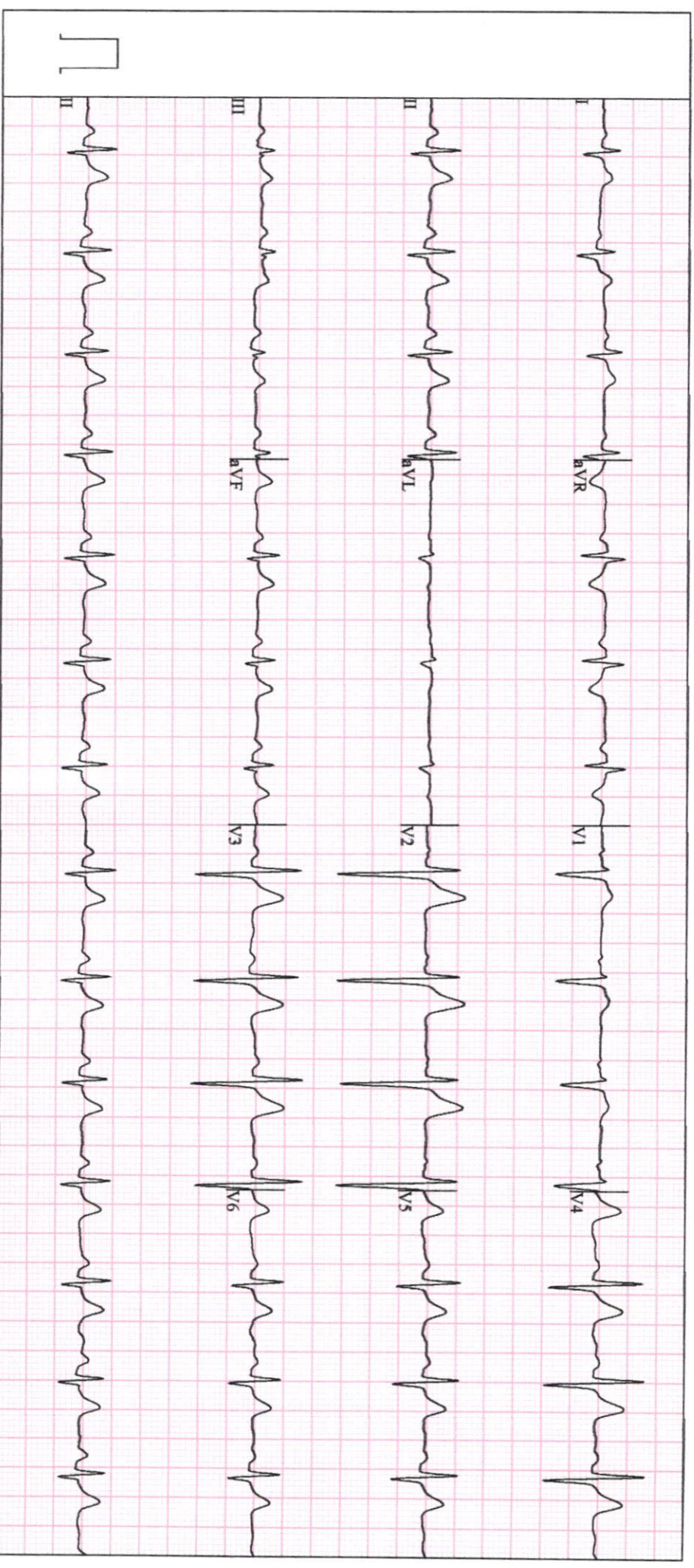
86 bpm
--/-- mmHg

QRS : 82 ms
QT/QTcBaz : 300 / 359 ms
PR : 140 ms
P : 96 ms
RR/PP : 698 / 697 ms
P/QRS/T : 68 / 88 / 63 degrees

Normal sinus rhythm
Normal ECG

NORMAL ECG

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



PATIENT'S NAME	DEEPAK KUMAR JHA	AGE :- 32Y/M
UHID	10240	DATE :- 13-01-24

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

Preserved 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.

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Measurements

Aorta annulus	19 mm
Left Atrium	26 mm
LVID(Systole)	19 mm
LVID(Diastole)	35 mm
IVS(Diastole)	08 mm
PW(Diastole)	09 mm
LV ejection fraction.	55%

Conclusion

- Preserved biventricular function
- No RWMA
- Valves – Structurally normal
- No diastolic dysfunction
- No PAH

Dasgupta

Performed by: Dr. Anirban Dasgupta
D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).

PATIENT'S NAME	DEEPAK KUMAR JHA	AGE :- 32Y/M
UHID	10240	DATE :- .15 Jan. 24

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	DEEPAK KUMAR JHA	AGE :- 32y/M
UHID NO	10240	13 Jan 2024

SONOGRAPHY OF ABDOMEN AND PELVIS

Liver is normal in size, shape and echotexture. There is no focal lesion seen. The portal vein and common bile duct are normal in course and caliber. There is no evidence of intra-hepatic biliary duct dilatation seen.

Gall Bladder is physiologically distended. No calculus, abnormal wall thickening or pericholecystic fluid collection is seen.

The visualized **Pancreas** is normal in size, shape and echotexture. There is no focal lesion seen.

Spleen is normal in size, shape and echotexture. There is no focal lesion seen.

Right Kidney measures 8.5 x 3.9 cm. **Left Kidney** measures 9.5 x 4.7 cm. Both kidneys are normal in size, shape and echotexture. No evidence of any focal lesion is noted. No hydronephrosis, hydroureter or calculus is noted in both kidneys. Cortico medullary differentiation is well maintained.

Urinary Bladder is well distended. There is no evidence of focal lesion. No evidence of any calculus is seen.

Prostate gland is normal in size, shape and echopattern.

There is no free fluid or abdominal lymphadenopathy.

IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED AT PRESENT STUDY.

Clinico-haematological correlation and imaging follow-up is recommended.

Thanking you for the referral,
With regards,



DR. SIDDHI PATIL
Con. Radiologist