

NAME:	Mr. Vijay More	UHID:	
AGE:	56	DATE OF HEALTHCHECK:	29/13/2024
GENDER:	M		

HEIGHT:	173	MARITAL STATUS:	M
WEIGHT:	82.5	NO OF CHILDREN:	2
BMI:	27.6		

C/O:

K/C/O: T2DM, HTN,

PRESENT MEDICATION: Tab - Telma - AM

P/M/H: - No

P/S/H: - No

Tab - Digoxin 1mg - 1

ALLERGY: - No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

FAMILY HISTORY FATHER: - Glucosm

ALCOHOL:

MOTHER: - Asthma

TOBACCO/PAN: - No

O/E:

LYMPHADENOPATHY: - No

BP: 130/80 PULSE: - 92/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING: - No

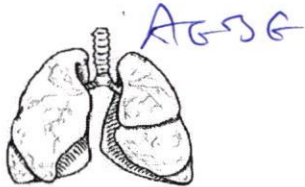
TEMPERATURE: - Normal SCARS: - No

OEDEMA: - No

S/E:

P/A: - No

RS:



CVS: - No

Extremities & Spine: - No

CNS: - No

ENT: - No

Skin: - No

Vision:

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

• ANDHERI • COLABA • NASHIK • VASHI

Name: Mr. Vilas Mose | Age: 56/M | Date of Health check-up: 29/03/2024

Findings and Recommendation:

Findings:-

- Sugar ↑
- Renal Calculi.

Recommendation:-

- Urologist ref
- Diet / Exer
- T. Sitaram 50 Hz x 1 wk

Signature:

Consultant -


DR. ANIRBAN DASGUPTA
MBBS, D.N.B MEDICINE
DIPLOMA CARDIOLOGY
MMC- 2005/02/0920

OPHTHALMIC EVALUATION

UHID No.: _____

Date : 29/03/24

Name : Mr. Vilas more Age : 56y Gender : Male/Female

Without Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

Distance: Right Eye 6/6 Left Eye 6/12

Near : Right Eye N-6 Left Eye N-6

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	+0.50	—	—	—	6/6	-2.50	—	—	—	6/12
Near	+3.00	—	—	—	N-6	PLANO	—	—	—	N-6

Colour Vision : (BE) - WNL

Anterior Segment Examination : (BE) - WNL (BE) Cat L & R.

Pupils : (BE) - WNL

Fundus : (BE) - WNL

Intraocular Pressure : _____

Diagnosis : (BE) - WNL

Advice : _____

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

Dr. Sagorika Dey
(Consultant Ophthalmologist)

DR. SAGORIKA DEY
MBBS, DOMS
REGN NO: 2008/04/1182

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

DENTAL CHECKUP

Name: Vilas More	MR NO:
Age/Gender : 56 M	Date: 29/3/24

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 & polishing - 1200
DR. AQSA SHAIKH
 B. D. S
 Reg. No: A 42611



• ANDHERI • COLABA • NASHIK • VASHI

Name : Mr. Vilas P More Gender : Male Age : 56 Years
 UHID : FVAH 11181. Bill No : Lab No : V-3468-23
 Ref. by : SELF Sample Col.Dt : 29/03/2024 08:15
 Barcode No : 3946 Reported On : 29/03/2024 14:56


TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)

TEST	RESULTS	UNIT	BIOLOGICAL REFERENCE INTERVAL
Haemoglobin(Colorimetric method)	12.8	g/dl	13 - 18
RBC Count (Impedance)	4.60	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	38.7	%	35 - 55
MCV:(Calculated)	84.2	fl	78 - 98
MCH:(Calculated)	27.9	pg	26 - 34
MCHC:(Calculated)	33.1	gm/dl	30 - 36
RDW-CV:	14	%	11.5 - 16.5
Total Leucocyte count(Impedance)	7950	/cumm.	4000 - 10500
Neutrophils:	73	%	40 - 75
Lymphocytes:	21	%	20 - 40
Eosinophils:	03	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	2.77	Lakhs/c.mm	1.5 - 4.5
MPV	9.7	fl	6.0 - 11.0
ESR(Westergren Method)	23	mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)			
RBCs:	Normochromic, Normocytic		
WBCs:	Normal		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter. Manual diff performed.		

Vasanti Gondal
Entered By

Ms Kaveri Gaonkar
Verified By

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

End of Report
 Results are to be correlated clinically

Name	: Mr. Vilas P More	Gender	: Male	Age	: 56 Years
UHID	: FVAH 11181.	Bill No	:	Lab No	: V-3468-23
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TEST

RESULTS

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

ABO Group:

:B:

Rh Type:

Positive

Method :

Matrix gel card method (forward and reverse)

Sheetal Nakate
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 6.1 %
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 : 128.37 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 corelate 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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
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	<u>112</u>	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 :	<u>172</u>	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

Pooja Surve
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
LIPID PROFILE - Serum			
S. Cholesterol(Oxidase)	143	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	93	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	18.6	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	33.6	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	90.8	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4.3		3.5 - 5
Ratio of LDL/HDL	2.7		2.5 - 3.5

Alsaba Shaikh
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
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
LFT(Liver Function Tests)-Serum			
S.Total Protein (Biuret method)	8.36	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.76	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.6	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.32		0.9 - 2
S.Total Bilirubin (DPD):	0.45	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.21	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.24	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	28	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	30	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	49	U/L	40 - 129
S.GGT(IFCC Kinetic):	41	U/L	11 - 50

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
BIOCHEMISTRY		
S.Urea(Urease Method)	29.7 mg/dl	10.0 - 45.0
BUN (Calculated)	13.86 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.75 mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	18.48	9:1 - 23:1
S.Uric Acid(Uricase Method)	9.3 mg/dl	3.4 - 7.0

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Thyroid (T3,T4,TSH)- Serum			
Total T3 (Tri-iodo Thyronine) (ECLIA)	1.96	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	94.35	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.91	□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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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
PROSTATE SPECIFIC ANTIGEN		
Prostate Specific Antigen (ECLIA):	1.63 ng/mL	0.03 - 3.5 ng/ml

INTERPERETATION

Serum PSA is a useful diagnostic tool for diagnosis of prostatic cancer. PSA levels should always be assessed in conjunction with the patient's medical history, clinical examination, prostatic acid phosphatase and radiological findings. Elevated levels are indicative of pathologic conditions of prostatitis, Benign hyperplasia or Prostatic adenocarcinoma. Rate of the fall of PSA levels to non detectable levels can occur following radiotherapy, hormonal therapy or radical surgical removal of the prostate & provides information of the success of treatment. Inflammation or trauma of prostate can lead to elevated PSA levels of varying magnitude and duration.

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Chief Pathologist

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	20	mL	
COLOUR	Pale Yellow		
APPEARANCE	Slightly Hazy		Clear
SEDIMENT	Absent		Absent

CHEMICAL EXAMINATION(Strip Method)

REACTION(PH)	5.0	4.6 - 8.0
SPECIFIC GRAVITY	1.020	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	0 - 1 / hpf	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	Occasional	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	<u>Calcium Oxalate (Few)</u>	Absent
BACTERIA	Absent	Absent

Anushka Chavan
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Dr. Milind Patwardhan
M.D(Path)

Page 1 of 1 Chief Pathologist

End of Report
Results are to be correlated clinically

Vilas, More
11181

56 Years

Male

29.03.2024 9:06:21
Apollo Clinic
1st Flr, The Emerald, Sector-12,
Vashi, Mumbai-400703.

82 bpm

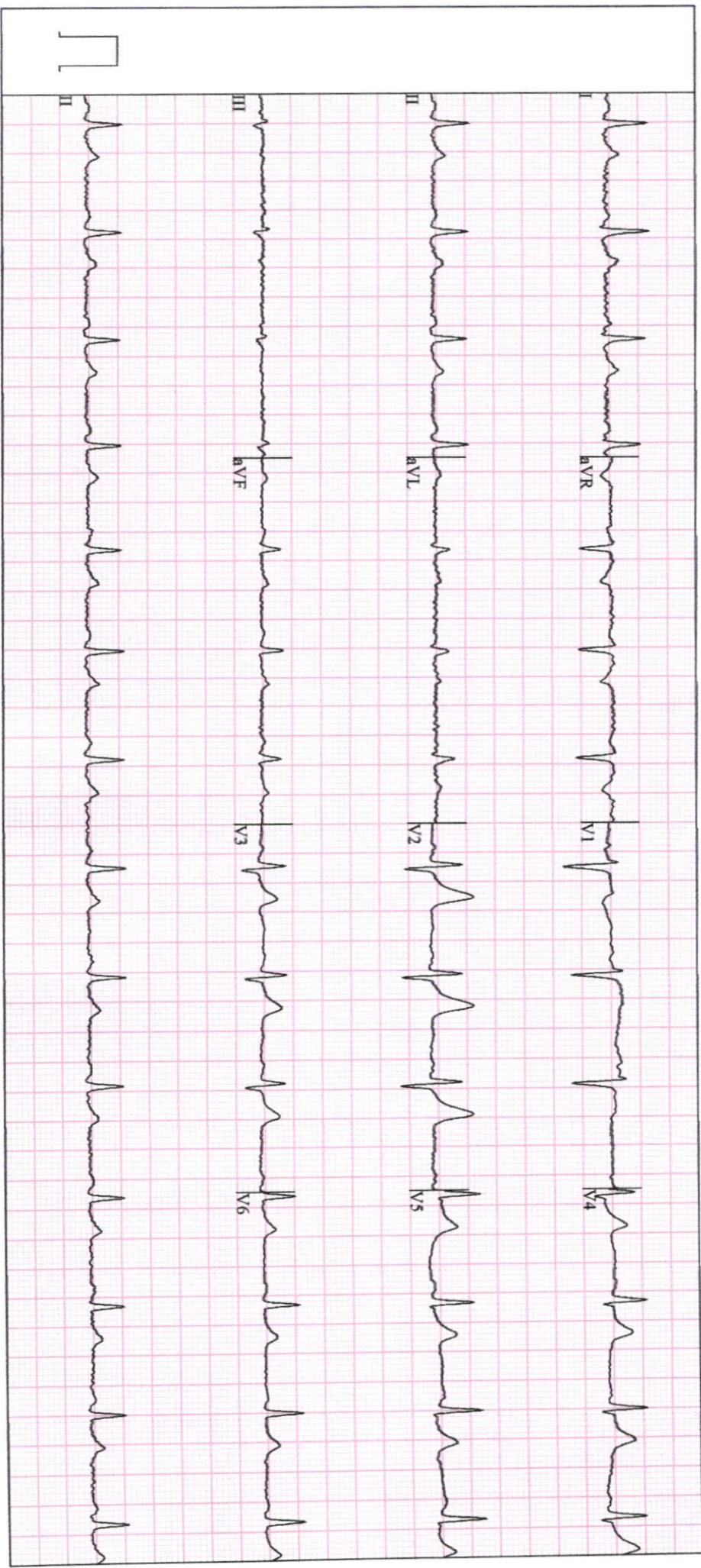
--/-- mmHg

NORMAL ECG

Normal sinus rhythm
Normal ECG

QRS : 70 ms
 QT/QTcBaz : 324/378 ms
 PR : 120 ms
 P : 86 ms
 RR/PP : 732/731 ms
 P/QRS/T : 31/29/36 degrees

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



GE MAC2000

I.1

12SL™ v241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

Unconfirmed
4x2.5x3_25_R1

1/1

PATIENT'S NAME	VILAS P MORE	AGE :- 56Y/M
UHID	11181	DATE :- 29-03-24

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

Good 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.

Grade I diastolic dysfunction.

Measurements

Aorta annulus	16 mm
Left Atrium	35 mm
LVID(Systole)	16 mm
LVID(Diastole)	37 mm
IVS(Diastole)	09 mm
PW(Diastole)	09 mm
LV ejection fraction.	55-60%

Conclusion

- Good biventricular function
- No RWMA
- Valves – Structurally normal
- Grade I diastolic dysfunction
- No PAH

Anirban Dasgupta

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

PATIENT'S NAME	VILAS P MORE	AGE :- 56 Y/M
UHID	11181	DATE :- .29 Mar. 24

X-RAY CHEST PA VEIW

OBSERVATION:

Patient is in positional obliquity.
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.CHHAYA S. SANGANI
CONSULTANT SONOLOGIST
Reg No. 073826

PATIENT'S NAME	VILAS P MORE	AGE :- 56y/M
UHID NO	11181	29 Mar 2024

USG WHOLE ABDOMEN

LIVER is normal in size, shape and shows bright echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepatopetal flow. No evidence of intra-hepatic biliary duct dilatation.

Gall Bladder appears well distended with normal wall thickness. There is no calculus or pericholecystic collection or free fluid noted. CBD appears normal.

Visualised parts of head & body of pancreas appear normal. PD is not dilated.

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

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation.

RIGHT KIDNEY measures 10.1 x 4.6 cm. There is 3.5 mm calculus in lower calyx of right kidney.

LEFT KIDNEY measures 9.8 x 4.7 cm. There is 3.1 mm calculus in mid calyx of left kidney.

Urinary Bladder is adequately distended; no e/o any obvious wall thickening or mass or calculi seen.

PROSTATE is normal in size, shape & echotexture.
It measures approximately 25 gms.

Visualised bowel loops appear normal. There is no free fluid seen.

IMPRESSION –

- Grade I fatty liver.
- Bilateral renal calculi.
- No other significant abnormality detected.



DR. NITESH PATEL
DMRE (RADIOLOGIST)