

NAME:	Mr. Sanjay Sehgal	UHID:	
AGE:	48	DATE OF HEALTHCHECK:	6-2-2024
GENDER:	M		

HEIGHT:	176	MARITAL STATUS:	M
WEIGHT:	71.3	NO OF CHILDREN:	—
BMI:	24.0		

C/O: *Dyslipidemia,*

K/C/O: *DM, HTN*

PRESENT MEDICATION:

*Tab - Diabur - 80  
1 - 0 - 0  
Tab - Metformin +  
Ugliser + Glucor  
1 - 0 - 1  
Tab - Piro 2 - 10  
1 - 0 - 0  
Tab - Amblygard 10  
1 - 0 - 0  
Tab - Rosuva - 20  
1 - 0 - 0  
Tab - Pantocid 30  
0 - 0 - 1*

P/M/H: *Lumbar Spinalgia*

P/S/H: *- pla*

ALLERGY: *- No*

PHYSICAL ACTIVITY: *Active/ Moderate/ Sedentary*

H/A: SMOKING:

FAMILY HISTORY FATHER:

ALCOHOL: *- occ.*

MOTHER:

TOBACCO/PAN:

O/E:

LYMPHADENOPATHY:

BP: *110/80* PULSE: *- 90/min*

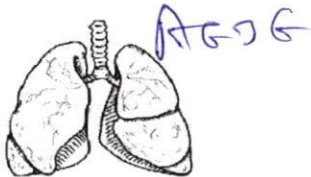
PALLOR/ICTERUS/CYNOSIS/CLUBBING: *- NA*

TEMPERATURE: *-* SCARS:

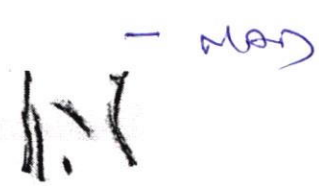
OEDEMA:

S/E:

RS:



P/A:



CVS: *S-2A*

Extremities & Spine: *- NA*

ENT: *- NA*

CNS: *Cerebrus Anisocoria*

Skin: *- NA*

Vision:

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

Name: Mr. Sanjay Sehgal | Age: 68/M | Date of Health check-up: 6/2/2024

### Findings and Recommendation:

#### Findings:-

- Hb A<sub>1c</sub>
- FBS ↑
- UAT

#### Recommendation:-

- Diet/Exercise
- T. Omeprazole 40 →
- T. Febuc 40 →

Signature:

Consultant -

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



**OPHTHALMIC EVALUATION**

UHID No.: \_\_\_\_\_

Date: 06/12/24

Name: Ganjour Sengal. Age: 42 Gender: Male/Female

Without Correction :

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

Near : Right Eye N/10 Left Eye N/10

With Correction :

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

Near : Right Eye N/6 Left Eye N/6

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>6/6</u>					<u>6/6</u>				
Near	<u>Add +1.50 sph</u>					<u>6/6</u>				

Colour Vision: (normal)

Anterior Segment Examination: \_\_\_\_\_

Pupils: \_\_\_\_\_

Fundus: normal

Intraocular Pressure: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Advice: \_\_\_\_\_

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

Dr. SHETH NIKET PRASHANT  
(Consultant Ophthalmologist)  
M.B.B.S D.O.M.S  
Regn. No 2008/10/3646

APOLLO CLINIC VASHI

CONSENT FORM FOR NONPERFORMING TESTS

NAME OF THE PATIENT - SANJAY KUMAR SEHGAL

PHONE NUMBER - 8879288731

DATE - 6-02-2024

CORPORATE NAME - Bank of Baroda (Mediwheel)

PLAN NAME - Full body health checkup

TEST NAME - ~~XXXX~~, dental, BSPP, Stool

REASON - These tests are not required due to I have done & also do on regular interval

S. K. Sehgal

CLIENT SIGNATURE


Name : Mr. Sanjay Kumar Sehgal      Gender : Male      Age : 48 Years  
UHID : FVAH 10519.      Bill No :      Lab No : V-735-23  
Ref. by : SELF      Sample Col.Dt : 06/02/2024 08:10  
Barcode No : 7413      Reported On : 06/02/2024 15:31

TEST      RESULTS      BIOLOGICAL REFERENCE INTERVAL

TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
<b>HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)</b>		
Haemoglobin(Colorimetric method)	15.2 g/dl	13 - 18
RBC Count (Impedance)	5.26 Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	45.7 %	35 - 55
MCV:(Calculated)	86.9 fl	78 - 98
MCH:(Calculated)	28.8 pg	26 - 34
MCHC:(Calculated)	33.2 gm/dl	30 - 36
RDW-CV:	13.2 %	11.5 - 16.5
Total Leucocyte count(Impedance)	6230 /cumm.	4000 - 10500
Neutrophils:	63 %	40 - 75
Lymphocytes:	27 %	20 - 40
Eosinophils:	05 %	0 - 6
Monocytes:	05 %	2 - 10
Basophils:	00 %	0 - 2
Platelets Count(Impedance method)	2.85 Lakhs/c.mm	1.5 - 4.5
MPV	9.5 fl	6.0 - 11.0
ESR(Westergren Method)	02 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.	

Neha More  
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Verified By

Page 8 of 90  
  
Milind Patwardhan  
M.D(Path)  
Chief Pathologist

End of Report  
Results are to be correlated clinically

Name : Mr. Sanjay Kumar Sehgal      Gender : Male      Age : 48 Years  
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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)

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin )WB-EDTA

(HbA1C) Glycosylated Haemoglobin : **8.6** % 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 : 200.12 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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Page 3 of 3  
Dr. M. M. Patwardhan  
M.D(Path)  
Chief Pathologist

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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

**PLASMA GLUCOSE**

Fasting Plasma Glucose :      **213**      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)

Method :      Hexokinase

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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

**LIPID PROFILE - Serum**

S. Cholesterol(Oxidase)	171	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	158	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	31.6	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<b><u>37.2</u></b>	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	102.2	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4.6		3.5 - 5
Ratio of LDL/HDL	2.7		2.5 - 3.5

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Page 6 of 10

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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

**LFT(Liver Function Tests)-Serum**

S.Total Protein (Biuret method)	7.04	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.68	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.36	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.98		0.9 - 2
S.Total Bilirubin (DPD):	0.61	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.23	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.38	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	24	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	33	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	98	U/L	40 - 129
S.GGT(IFCC Kinetic):	35	U/L	11 - 50

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Page 5 of 10



Dr. Milind Patwardhan  
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	<b>BIOCHEMISTRY</b>	
S.Urea(Urease Method)	20.5      mg/dl	10.0 - 45.0
BUN (Calculated)	9.56      mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.64      mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	14.94	9:1 - 23:1
S.Uric Acid(Uricase Method)	<b>3.2</b> mg/dl	3.4 - 7.0

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Thyroid (T3,T4,TSH)- Serum</b>			
Total T3 (Tri-iodo Thyronine) (ECLIA)	1.90	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	111.2	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	1.85	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 9 of 9 Chief Pathologist

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
<b>PROSTATE SPECIFIC ANTIGEN</b>		
Prostate Specific Antigen ( ECLIA):	0.754ng/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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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

**PHYSICAL EXAMINATION**

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

**CHEMICAL EXAMINATION(Strip Method)**


REACTION(PH)	7.0	4.6 - 8.0
SPECIFIC GRAVITY	1.005	1.005 - 1.030
URINE ALBUMIN	Absent	Absent
URINE SUGAR(Qualitative)	<b>Present (++)</b>	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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Page 1 of Chief Pathologist

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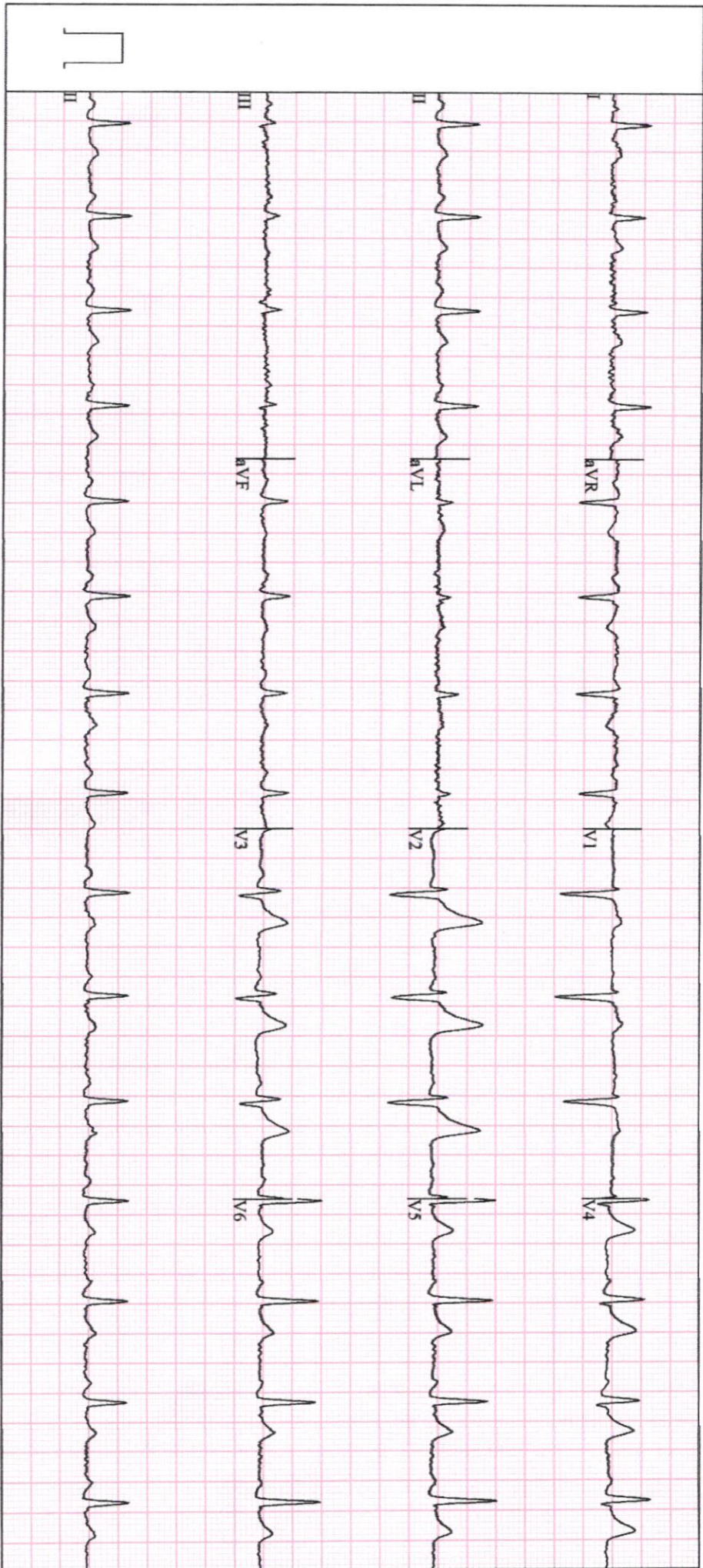
QRS : 68 ms  
QT / QTcBaz : 310 / 379 ms  
PR : 144 ms  
P : 102 ms  
RR / PP : 666 / 666 ms  
P / QRS / T : 63 / 37 / 27 degrees

Normal sinus rhythm  
Normal ECG

WNL

# NORMAL ECG

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



<b>PATIENT'S NAME</b>	<b>SANJAY KUMAR SEHGAL</b>	<b>AGE :- 48Y/M</b>
<b>UHID</b>	<b>10519</b>	<b>DATE :- 06-02-24</b>

### **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

#### **Trivial TR**

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.

No diastolic dysfunction.

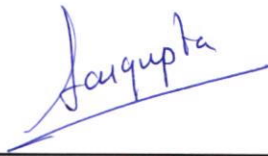


### Measurements

Aorta annulus	19 mm
Left Atrium	32 mm
LVID(Systole)	19 mm
LVID(Diastole)	38 mm
IVS(Diastole)	09 mm
PW(Diastole)	10 mm
LV ejection fraction.	55-60%

### Conclusion

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



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

PATIENT'S NAME	SANJAY K SEHGAL	AGE :-48Y/M
UHID NO	10519	6 Feb 2024

**DIGITAL RADIOGRAPH OF CHEST (PA VIEW)**

---

The lung fields are clear.  
Heart and aorta appears normal.  
Both hila appear normal.  
Both costo-phrenic angles are clear.  
Visualized bony thorax appears normal.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED IN CURRENT RADIOGRAPH.**

Clinico-haematological correlation is recommended.

Thanking you for the referral,  
With regards,



**DR. SIDDHI PATIL**  
Cons. Radiologist

PATIENT'S NAME	SANJAY KUMAR SEHGAL	AGE :- 48y/M
UHID NO	10519	6 Feb 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. No hydronephrosis or calculi or mass seen.  
**RIGHT KIDNEY** measures 10.2 x 4.6 cm. **LEFT KIDNEY** measures 10.9 x 4.6 cm.

**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 18 gms.

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

**IMPRESSION** –

- **Grade I fatty liver.**
- **No other significant abnormality detected.**

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE.THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CO-RELATION BEFORE ANY APPLICATION.



**DR. DISHA MINOCHA**  
**DMRE (RADIOLOGIST)**