

Name: Gajanan Tawale Age: 53 Date of Health check-up: 08/08/2024

Findings and Recommendation:

Findings:-

CBC - eosinophilia
HbA1c - 7.1% (high)
BRep < P - 146 mg/dl
 PP - 234 mg/dl
USG - ga - fatty liver
Ref reports were

Recommendation:-

Consult Diabetologist

DR. PRADNYA P. DAMI
(M.D.B.S.)
Reg. No. 87541
Pradnya

Signature:

Consultant -

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 8/3/24

Name: GAJANAN TAWADE Age: 53y Gender: Male/Female

Without Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

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

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

| | RIGHT | | | | | LEFT | | | | |
|----------|-------|-------|------|-------|-----|-------|-------|------|-------|-----|
| | SPH | CYL | AXIS | PRISM | VA | SPH | CYL | AXIS | PRISM | VA |
| Distance | -5.50 | -0.75 | 70 | | 6/6 | -5.50 | -1.00 | 100 | | 6/6 |
| Near | -3.00 | -0.75 | 70 | | N-6 | -3.00 | -1.00 | 100 | | N-6 |

Colour Vision : (BE) - WNL

Anterior Segment Examination : (BE) - WNL

Pupils : (BE) - WNL

Fundus : (BE) - WNL

Intraocular Pressure : _____

Diagnosis : (BE) - WNL

Advice : _____

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

Dr. Sagorika Dey
DR. SAGORIKA DEY (Consultant Ophthalmologist)
 MBBS, DOMS
 REGN NO: 2008/04/1182

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

DENTAL CHECKUP

| | |
|------------------------------------|----------------------------|
| Name: <u>Gajanan Tawade</u> | MR NO: |
| Age/Gender : <u>53 / M</u> | Date: <u>8/3/24</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 & polishing - 1300.
 - Extraction & fr.

DR. AQSA SHAIKH
 B. D. S
 Reg. No: A 42611

• ANDHERI • COLABA • NASHIK • VASHI




Name : Mr. Gajanan Jagannath Tawade Gender : Male Age : 53 Years
 UHID : FVAH 10881. Bill No : Lab No : V-763-23
 Ref. by : SELF Sample Col.Dt : 08/03/2024 08:30
 Barcode No : 1241 Reported On : 08/03/2024 17:42

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

| TEST | RESULTS | BIOLOGICAL REFERENCE INTERVAL |
|--|---|-------------------------------|
| HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA) | | |
| Haemoglobin(Colorimetric method) | 14.6 g/dl | 13 - 18 |
| RBC Count (Impedance) | 5.19 Millions/cumm. | 4 - 6.2 |
| PCV/Haematocrit(Calculated) | 44.6 % | 35 - 55 |
| MCV:(Calculated) | 85.8 fl | 78 - 98 |
| MCH:(Calculated) | 28.1 pg | 26 - 34 |
| MCHC:(Calculated) | 32.7 gm/dl | 30 - 36 |
| RDW-CV: | 13.5 % | 11.5 - 16.5 |
| Total Leucocyte count(Impedance) | 8380 /cumm. | 4000 - 10500 |
| Neutrophils: | 61 % | 40 - 75 |
| Lymphocytes: | 29 % | 20 - 40 |
| Eosinophils: | 08 % | 0 - 6 |
| Monocytes: | 02 % | 2 - 10 |
| Basophils: | 00 % | 0 - 2 |
| Platelets Count(Impedance method) | 2.62 Lakhs/c.mm | 1.5 - 4.5 |
| MPV | 9.9 fl | 6.0 - 11.0 |
| ESR(Westergren Method) | 05 mm/1st hr | 0 - 20 |
| Peripheral Smear (Microscopic examination) | | |
| RBCs: | Normochromic, Normocytic | |
| WBCs: | Eosinophilia | |
| Platelets | Adequate | |
| Note: | Test Run on 5 part cell counter. Manual diff performed. | |

Vasanti Gondal
Entered By

Ms Kaveri Gaonkar
Verified By

Page 8 of 10  Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically

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TEST

RESULTS

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

ABO Group: **:A:**
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 : **7.1** %
 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 : 157.07 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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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE


Fasting Plasma Glucose : **146** 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 : **234** 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

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LIPID PROFILE - Serum

| | | | |
|----------------------------|------------|-------|---|
| S. Cholesterol(Oxidase) | 172 | mg/dL | Desirable < 200 Borderline:>200-<240 Undesirable:>240 |
| S. Triglyceride(GPO-POD) | 108 | mg/dL | Desirable < 150 Borderline:>150-<499 Undesirable:>500 |
| S. VLDL:(Calculated) | 21.6 | mg/dL | Desirable <30 |
| S. HDL-Cholesterol(Direct) | 55.8 | mg/dL | Desirable > 60 Borderline:>40-<59 Undesirable:<40 |
| S. LDL:(calculated) | 94.6 | mg/dL | Desirable < 130 Borderline:>130-<159 Undesirable:>160 |
| Ratio Cholesterol/HDL | <u>3.1</u> | | 3.5 - 5 |
| Ratio of LDL/HDL | <u>1.7</u> | | 2.5 - 3.5 |

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LFT(Liver Function Tests)-Serum

| | | | |
|---------------------------------------|------|-------|-----------|
| S.Total Protein (Biuret method) | 7.29 | g/dL | 6.6 - 8.7 |
| S.Albumin (BCG method) | 4.55 | g/dL | 3.5 - 5.2 |
| S.Globulin (Calculated) | 2.74 | g/dL | 2 - 3.5 |
| S.A/G Ratio:(Calculated) | 1.66 | | 0.9 - 2 |
| S.Total Bilirubin (DPD): | 0.62 | mg/dL | 0.1 - 1.2 |
| S.Direct Bilirubin (DPD): | 0.22 | mg/dL | 0.1 - 0.3 |
| S.Indirect Bilirubin (Calculated) | 0.4 | mg/dL | 0.1 - 1.0 |
| S.AST (SGOT)(IFCC Kinetic with P5P): | 19 | U/L | 5 - 40 |
| S.ALT (SGPT) (IFCC Kinetic with P5P): | 27 | U/L | 5 - 41 |
| S.Alk Phosphatase(pNPP-AMP Kinetic): | 92 | U/L | 40 - 129 |
| S.GGT(IFCC Kinetic): | 27 | U/L | 11 - 50 |

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| TEST | RESULTS | BIOLOGICAL REFERENCE INTERVAL |
|------------------------------|-------------|-------------------------------|
| BIOCHEMISTRY | | |
| S.Urea(Urease Method) | 24.2 mg/dl | 10.0 - 45.0 |
| BUN (Calculated) | 11.29 mg/dL | 5 - 20 |
| S.Creatinine(Jaffe's Method) | 0.85 mg/dl | 0.50 - 1.3 |
| BUN / Creatinine Ratio | 13.28 | 9:1 - 23:1 |
| S.Uric Acid(Uricase Method) | 6.1 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) | 1.46 | nmol/L | 1.3 - 3.1 nmol/L |
| Total T4 (Thyroxine) (ECLIA) | 91.54 | nmol/L | 66 - 181 nmol/L |
| TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA | 2.88 | µIU/ml | Euthyroid : 0.35 - 5.50 µIU/ml Hyperthyroid : < 0.35 µIU/ml Hypothyroid : > 5.50 µIU/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): | 1.25 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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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

| | | | |
|------------|-------------|----|--------|
| QUANTITY | 30 | mL | |
| COLOUR | Pale Yellow | | |
| APPEARANCE | Clear | | Clear |
| SEDIMENT | Absent | | Absent |

CHEMICAL EXAMINATION(Strip Method)

| | | |
|--------------------------|------------------|---------------|
| REACTION(PH) | 5.0 | 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 |

Anushka Chavan
Entered By

Ms Kaveri Gaonkar
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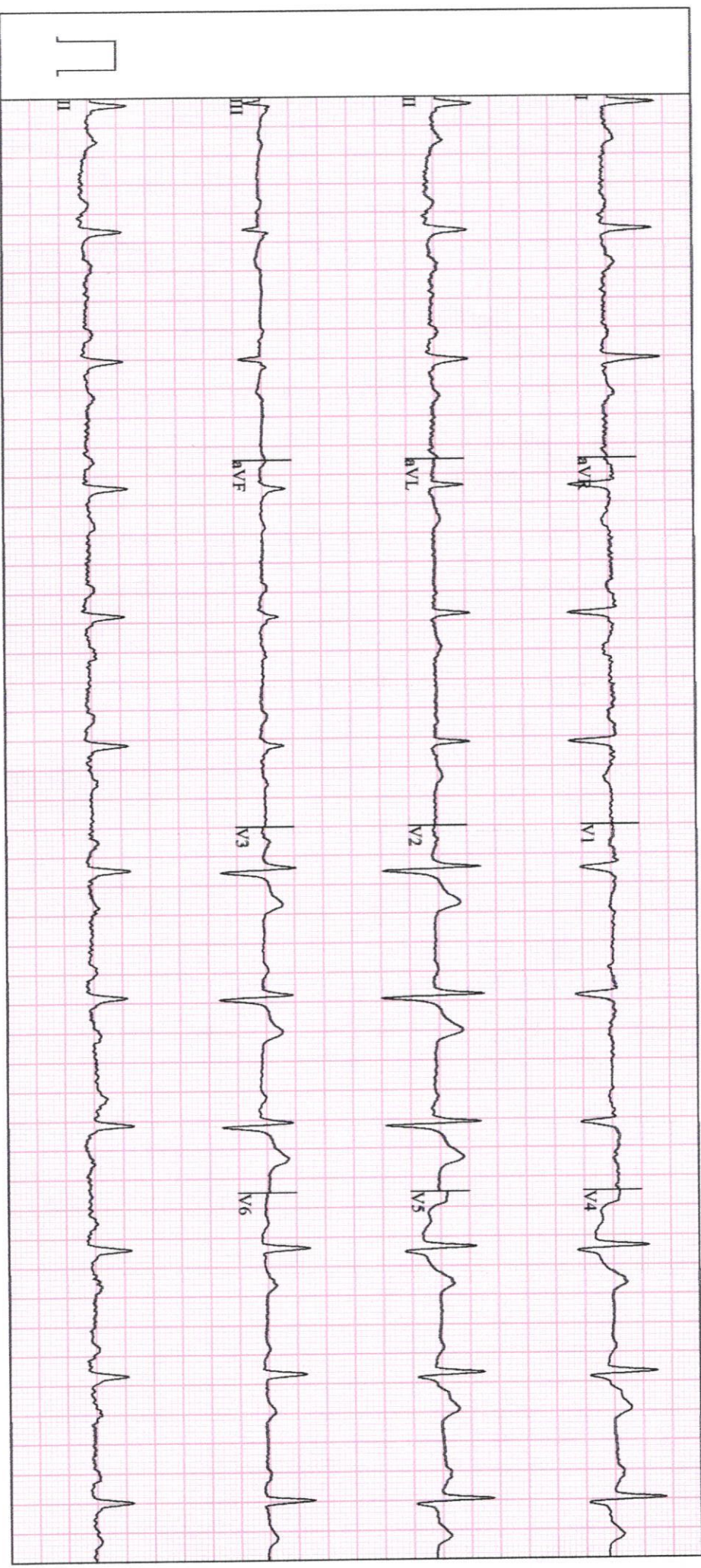
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NORMAL ECG

Normal sinus rhythm
Normal ECG

QRS : 112 ms
QT / QTc Baz : 396 / 424 ms
PR : 174 ms
P : 114 ms
RR / PP : 866 / 869 ms
P / QRS / T : 45 / 16 / 22 degrees

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



| | | |
|-----------------------|-------------------------|-------------------------|
| PATIENT'S NAME | GAJANAN J TAWADE | AGE :- 53Y/M |
| UHID | 10881 | DATE :- 08-03-24 |

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 | 18 mm |
| Left Atrium | 32 mm |
| LVID(Systole) | 19 mm |
| LVID(Diastole) | 34 mm |
| IVS(Diastole) | 11 mm |
| PW(Diastole) | 12 mm |
| LV ejection fraction. | 55-60% |

Conclusion

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

Dasgupta

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

| | | |
|----------------|------------------|--------------|
| PATIENT'S NAME | GAJANAN J TAWADE | AGE :- 53y/M |
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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 | GAJANAN J TAWADE | AGE :- 53y/M |
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SONOGRAPHY OF ABDOMEN AND PELVIS

Liver is normal in size measuring about 15.4 cm in cranio-caudal dimension. It shows increased echogenicity and reflectivity. 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 8.8 x 4.9 cm. **Left Kidney** measures 9.3 x 4.3 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: FINDINGS ARE SUGGESTIVE OF

- **DIFFUSE FATTY INFILTRATION OF LIVER.**
- **NO OTHER SIGNIFICANT ABNORMALITY IS DETECTED.**

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

Thanking you for the referral,
With regards,



DR. SIDDHI PATIL
Cons. Radiologist