

MEDICAL SUMMARY

NAME:	Mr. Ashish Jadhav	UHID:	
AGE:	34	DATE OF HEALTHCHECK:	9-12-2025
GENDER:	M		

HEIGHT:	178.5	MARITAL STATUS:	M
WEIGHT:	91.1	NO OF CHILDREN:	1
BMI:	28.6		

C/O: —

K/C/O: —

PRESENT MEDICATION: — NO

P/M/H: —

P/S/H: —

ALLERGY: —

PHYSICAL ACTIVITY: Active / Moderate / Sedentary

H/A: SMOKING: —

FAMILY HISTORY FATHER: —

ALCOHOL: —

MOTHER: —

TOBACCO/PAN: —

O/E:

LYMPHADENOPATHY: —

BP: 110/80 PULSE: 80/min

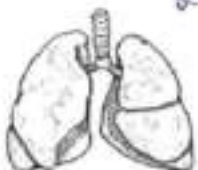
PALLOR/ICTERUS/CYNOSIS/CLUBBING: —

TEMPERATURE: — SCARS: —

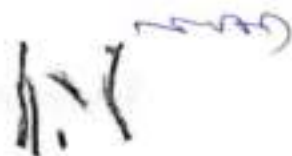
OEDEMA: —

S/E:

RS:



P/A:



CVS: —

Extremities & Spine: —

ENT: —

CNS: —

Skin: —

Vision:

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

• ANDHERI • COLABA • NASHIK • VASHI

Name: Ashish yadav Age: 34 Date of Health check-up: 9/12/2023

Findings and Recommendation:

Findings:-

Total cholesterol
Lipids
weire . Ghaus occasional
pus cells
ECC - Incomplete RBBB
Rest reports were

Recommendation:-

Low fat diet

 DR. PRADNYA P. DANI
(M.B.B.S)
Reg. No. 87541

Pradnya

Signature:

Consultant -

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 9/12/23

Name: Mr. Ashish yadav Age: 34 Gender: Male / Female

Without Correction :

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

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

With Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance										
Near										

Colour Vision : (PDE) - WNL

Anterior Segment Examination : (PDE) - WNL

Pupils : (PDE) - WNL

Fundus : (PDE) - WNL

Intraocular Pressure : _____

Diagnosis : (PDE) - 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 ■ Dermatology

DENTAL CHECKUP

Name: Ashish Yadav	MR NO:
Age/Gender : 34/M	Date: 9/12/23

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: _____

Treatment Adv:-

- Extraction 5/8
- Filling 4/4

• ANDHERI • COLABA • NASHIK • VASHI



Name : Mr. Ashish Yadav Gender : Male Age : 34 Years
UHID : FVAH 9699 Bill No : Lab No : V-2162-23
Ref. by : SELF Sample Col.Dt : 09/12/2023 9:00
Barcode No : 9285 Reported On : 09/12/2023

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

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

Haemoglobin(Colorimetric method)	14.1	g/dl	13 - 18
RBC Count (Impedance)	4.74	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	43.3	%	35 - 55
MCV:(Calculated)	91.4	fl	78 - 98
MCH:(Calculated)	29.7	pg	26 - 34
MCHC:(Calculated)	32.5	gm/dl	30 - 36
RDW-CV:	13.7	%	11.5 - 16.5
Total Leucocyte count(Impedance)	7210	/cumm.	4000 - 10500
Neutrophils:	55	%	40 - 75
Lymphocytes:	39	%	20 - 40
Eosinophils:	02	%	0 - 6
Monocytes:	04	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	3.22	Lakhs/c.mm	1.5 - 4.5
MPV	8.6	fl	6.0 - 11.0
ESR(Westergren Method)	03	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

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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)

Pooja Surve
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	94	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 :	75	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 BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.1 % 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 : 99.67 mg/dL

Correlation 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 than the routine chromatographic methods & also for the diabetic pts. having HEMOGLBINOPATHIES OR UREMIA as Hb variants 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 diabetics .
- * 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

LIPID PROFILE - Serum

S. Cholesterol(Oxidase)	206	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	121	mg/dL	Desirable < 150 Borderline: >150-<499 Undesirable:>500
S. VLDL:(Calculated)	24.2	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	49.1	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	132.7	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4.2		3.5 - 5
Ratio of LDL/HDL	2.7		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL


LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.00	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.69	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.31	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	2.03		0.9 - 2
S.Total Bilirubin (DPD):	0.67	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.23	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.44	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	18	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	24	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	52	U/L	40 - 129
S.GGT(IFCC Kinetic):	25	U/L	11 - 50

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M.D(Path)
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	16.2 mg/dl	10.0 - 45.0
BUN (Calculated)	7.56 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.66 mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	11.45	9:1 - 23:1
S.Uric Acid(Uricase Method)	4.8 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)	2.04	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	109.4	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	1.77	□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 :

- Decreased values of T3 (T4 and TSH normal) have minimal Clinical significance and not recommended for diagnosis of hypothyroidism.
- 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.
- Total T3 may decrease by < 25 percent in healthy older individuals

T4 :

- 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 :

- 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.
- Drugs that decrease TSH values e,g L dopa, Glucocorticoids.
- Drugs that increase TSH values e.g. Iodine,Lithium, Amiodarone

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Dr. Milind Patwardhan
 M.D(Path)

Page 7 of 9 Chief Pathologist

End of Report
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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	1.015		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
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 Dr. Milind Patwardhan
 M.D(Path)
 Chief Pathologist

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 Results are to be correlated clinically

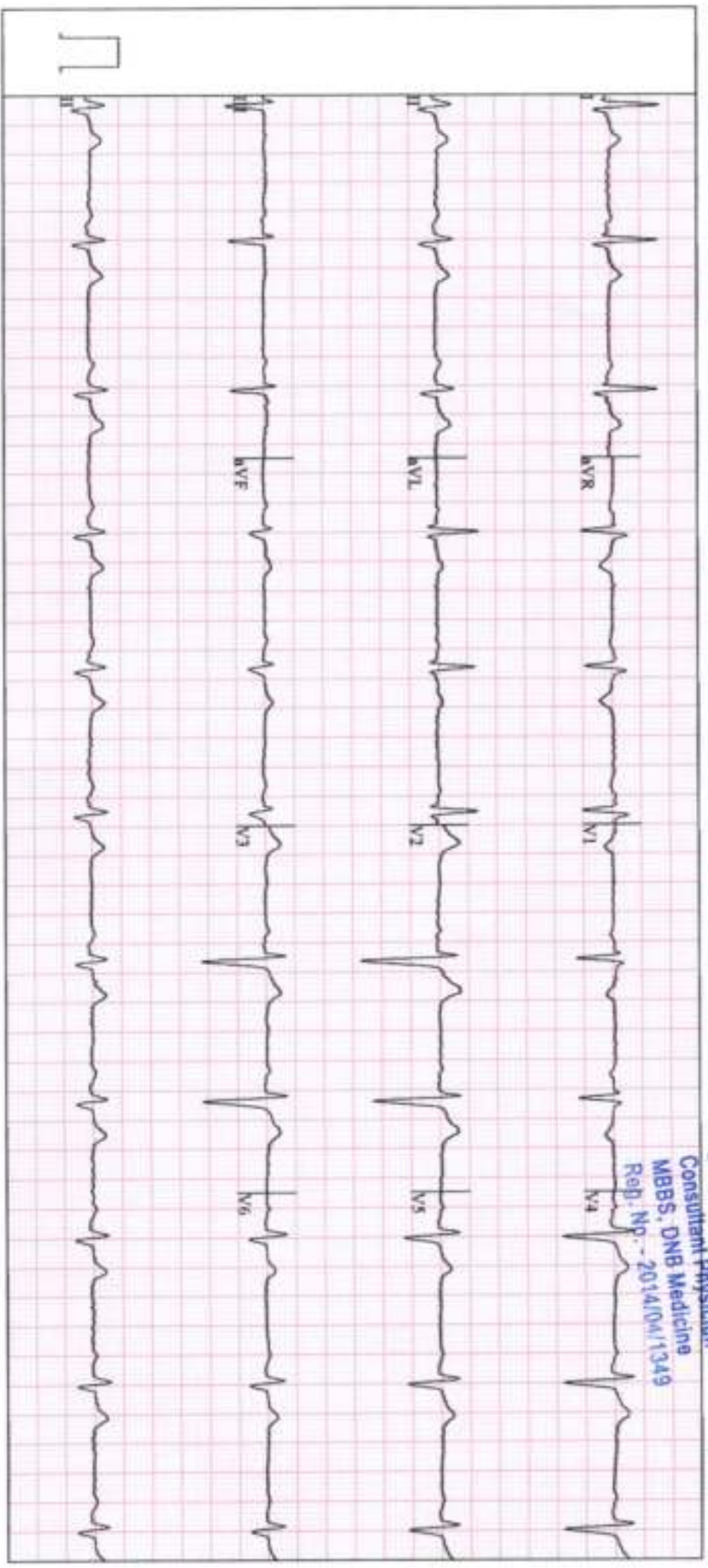
QRS : 100 ms
QT / QTc/ Baz : 372 / 377 ms
PR : 176 ms
P : 110 ms
RR / PP : 97b / 967 ms
P / QRS / T : 38 / -19 / 32 degrees

Normal sinus rhythm
Incomplete right bundle branch block
Borderline ECG

*Incomplete RBBB
for now
Co-relate clinically*

Dr. Chaitanya K. Kulkarni
Consultant Physician

MBBS, DNB Medicine
Reg. No. - 2014/104/1349



Apollo Clinic
The Emerald, Plot No-195/B, Sector-12,
Neel Siddhi Towers, Vashi-400703

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: ASHISH, YADAV
Patient ID: 9699
Height:
Weight:

DOB: 30.06.1989
Age: 34yrs
Gender: Male
Race: Asian

Study Date: 09.12.2023
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR. ANIRBAN DASGUPTA
Technician: SWAPNALI LAKHIMALE

Medications:
NIL

Medical History:
NIL

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	02:17	0.00	0.00	90	110/80	
	STANDING	00:15	0.00	0.00	88		
	HYPERV.	00:25	0.00	0.00	80		
	WARM-UP	00:05	0.00	0.00	83		
	EXERCISE	STAGE 1	03:00	1.70	10.00	127	130/80
	STAGE 2	03:00	2.50	12.00	148	140/90	
	STAGE 3	01:01	3.40	14.00	162	150/90	
RECOVERY		01:04	0.00	0.00	121	150/90	

The patient exercised according to the BRUCE for 7:00 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 82 bpm rose to a maximal heart rate of 162 bpm. This value represents 87% of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 150/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

TMT IS NEGATIVE FOR INDUCIBLE MYOCARDIAL ISCHAEMIA AT THE WORKLOAD ACHIEVED.

Physician-DR. ANIRBAN DASGUPTA
Interventional Cardiologist
Reg. No. 2006/10/3327

DR. PRASHANT D. PAWAR
M.B.B.S., D.N.B (MEDICINE)
D.N.B. (CARDIOLOGY)

PATIENT'S NAME	ASHISH YADAV	AGE :- 34 Y/M
UHID	9699	9 Dec 2023

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.

Clinico-haematological correlation is recommended.

Thanking you for the referral,
With regards,



DR. SIDDHI PATIL
Cons. Radiologist

PATIENT'S NAME	ASHISH YADAV	AGE :- 34 y/M
UHID NO	9699	9 Dec 2023

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. PV = 13 mm. CBD = 4 mm.

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 9 x 5.4 cm. **Left Kidney** measures 11.4 x 6 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