

NAME:	Mr. Ajay Gadhur	UHID:	4597
AGE:	20 Yrs	DATE OF HEALTHCHECK:	24-1-2023
GENDER:	Male		

HEIGHT:	173 cm	MARITAL STATUS:	M
WEIGHT:	68.4 kg	NO OF CHILDREN:	1
BMI:	22.9		

C/O: Headache,

K/C/O:  
PRESENT MEDICATION:

P/M/H: - NO

P/S/H: - NO

ALLERGY: - NO

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary ✓

H/A: SMOKING:

FAMILY HISTORY FATHER: - ) NAD  
MOTHER: - ) NAD


ALCOHOL: - ) NAD  
TOBACCO/PAN: - ) NAD

O/E:

LYMPHADENOPATHY:  
PALLOR/ICTERUS/CYNOSIS/CLUBBING: - ) NAD  
OEDEMA:

BP: 110/80 PULSE: - 80/min  
TEMPERATURE: 7 SCARS:

S/E:  
RS: 

P/A: 

CVS: S.N.R

Extremities & Spine: - Lower Back pain

CNS: cerebros overactive

ENT:  
Skin: - NAD

Vision:

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

## OPHTHALMIC EVALUATION

UHID No.: 4597 Date: 24/1/23  
 Name: Ajay Yadav Age: 30 Gender: Male/Female

Without Correction :

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

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: (Normal)

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

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

Fundus: \_\_\_\_\_

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

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

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

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

**DR. SHETH NIKET PRASHANT**  
 M.B.B.S DOMS  
 Regn. No 2008/10/3616  
 \_\_\_\_\_  
 (Consultant Ophthalmologist)

## DENTAL CHECKUP

<b>NAME:</b> Mr. Ajay	<b>MR NO:</b>
<b>AGE:</b> 30y <b>GENDER:</b> Male	<b>DATE:</b> 24/7/23

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				8
Missing Tooth				
Existing Denture				

### TREATMENT ADVISED:

TREATMENT	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling				
Root Canal Therapy				
Crown				
Extraction				8 if needed.

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: \_\_\_\_\_

**APOLLO CLINIC**  
 First Floor, Sec-12,  
 Plot No. 195/B, Vashi,  
 Navi Mumbai - 03.

  
 Dr. SNEHA

• ANDHERI • COLABA • NASHIK • VASHI



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The Emerald, 1st Floor, Plot No. 195, Sector-12,  
Besides Neel Siddhi Tower, Vashi-Navi Mumbai-400703.  
Tel.: (022) - 2788 1322 / 23 / 24 ☎ 8291490000  
Email: apolloclinicvashi@gmail.com

**Apollo Clinic**  
**VASHI**

Name : Mr. Ajay Singh Yadav  
UHID : FVAH 4597  
Ref. by : SELF  
Barcode No : 8675

Gender : Male Age : 30 Years  
Bill No : Lab No: V-3509-19  
Sample Col.Dt : 24/01/2023 09:15  
Reported On : 24/01/2023 16:16

TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	<b>CBC (Complete Blood Count)-WB (EDTA)</b>	
Haemoglobin(Colorimetric method)	14.7 g/dl	13 - 18
RBC Count (Impedance)	4.74 Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	43.8 %	35 - 55
MCV:(Calculated)	92.3 fl	78 - 98
MCH:(Calculated)	31 pg	26 - 34
MCHC:(Calculated)	33.6 gm/dl	30 - 36
RDW-CV:	12.7 %	11.5 - 16.0
Total Leucocyte/WBC count(Impedance)	4960 /cumm.	4000 - 10500
Neutrophils:	56 %	40 - 75
Lymphocytes:	32 %	20 - 40
Eosinophils:	<b>08</b> %	0 - 6
Monocytes:	04 %	2 - 10
Basophils:	00 %	0 - 2
Platelets Count(Impedance method)	2.06 Lakhs/c.mm	1.5 - 4.5
MPV	10.8 fl	6.0 - 11.0
Peripheral Smear (Microscopic examination)	Normochromic, Normocytic	
RBCs:	Eosinophilia	
WBCs:	Adequate	
Platelets		
Note:	Test Run on 5 part cell counter. Manual diff performed.	

Vasanti Gondal  
Entered By

Ms Kaveri Gaonkar

Verified By

End of Report  
Results are to be correlated clinically

Dr. Milind Patwardhan

M.D(Pathologist)  
Chief Pathologist



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TEST      RESULTS      BIOLOGICAL REFERENCE INTERVAL

**ESR(Westergren Method)**

**Erythrocyte Sedimentation Rate:-**      02      mm/1st hr      0 - 20

Vasanti Gondal  
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Chief Pathologist

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**TEST**

**RESULTS**

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

ABO Group:

**:A:**

Rh Type:

**Negative**

Method :

Tube Agglutination (forward and reverse)

Shweta Unavane  
Entered By

Ms Kaveri Gaonkar  
Verified By

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Chief Pathologist

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TEST      RESULTS      BIOLOGICAL REFERENCE INTERVAL

**HbA1c(Glycosylated Haemoglobin )WB-EDTA**

(HbA1C) Glycosylated Haemoglobin :      4.8      %      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 :      91.06      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

Vasanti Gondal

Ms Kaveri Gaonkar

 Dr. M.D. Patwardhan

Entered By

Verified By

M.D(Pathologist)  
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
	<b>PLASMA GLUCOSE</b>		
Fasting Plasma Glucose :	88	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 :	81	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

Sushant Gaikwad

Entered By

Ms Kaveri Gaonkar

Verified By

End of Report

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M.D(Pathologist)  
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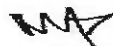
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Lipid Profile- Serum</b>			
S. Cholesterol(Oxidase)	152	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	91	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	18.2	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	46.2	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	87.6	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	<u>3.3</u>		3.5 - 5
Ratio of LDL/HDL	<u>1.9</u>		2.5 - 3.5

Sushant Gaikwad  
Entered By

Ms Kaveri Gaonkar  
Verified By

  
Dr.Milind Patwardhan  
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**TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL**

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

S.Total Protein (Biuret method)	7.51	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.63	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.88	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.61		0.9 - 2
S.Total Bilirubin (DPD):	0.39	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.13	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.26	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	22	U/L	5 - 36
S.ALT (SGPT) (IFCC Kinetic with P5P):	25	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	112	U/L	40 - 129
S.GGT(IFCC Kinetic):	22	U/L	11 - 50

**Sushant Gaikwad**  
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	<b>BIOCHEMISTRY</b>	
S.Urea(Urease Method)	15.5      mg/dl	10.0 - 45.0
BUN (Calculated)	7.23      mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.79      mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	9.15	9:1 - 23:1
S.Uric Acid(Uricase Method)	5.8      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)	1.63	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	84.17	nmol/L	66 - 181 nmol/L
TSH (Thyroid-stimulating hormone) (ECLIA)	2.89	□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

Sushant Gaikwad  
Entered By

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Verified By



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M.D(Pathologist)  
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End of Report  
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Name : Mr. Ajay Singh Yadav      Gender : Male      Age : 30 Years  
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
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**URINE REPORT**

**PHYSICAL EXAMINATION**

QUANTITY	50	mL
COLOUR	Pale Yellow	
APPEARANCE	Clear	Clear
SEDIMENT	Absent	Absent

**CHEMICAL EXAMINATION(Strip Method)**

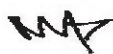
REACTION(PH)	6.0	4.6 - 8.0
SPECIFIC GRAVITY	1.005	1.005 - 1.030
URINE PROTEIN	Absent	Absent
URINE SUGAR(Qualitative)	Absent	Absent
KETONES	Absent	Absent
BILE SALTS	Absent	Absent
BILE PIGMENTS	Absent	Absent
UROBILINOGEN	Normal(<1 mg/dl)	Normal
OCCULT BLOOD	Absent	Absent
Nitrites	Absent	Absent

**MICROSCOPIC EXAMINATION**

PUS CELLS	1 - 2 / hpf	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	2 - 3 /hpf	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	Absent	Absent

Anushka Chavan  
Entered By

Ms Kaveri Gaonkar  
Verified By

  
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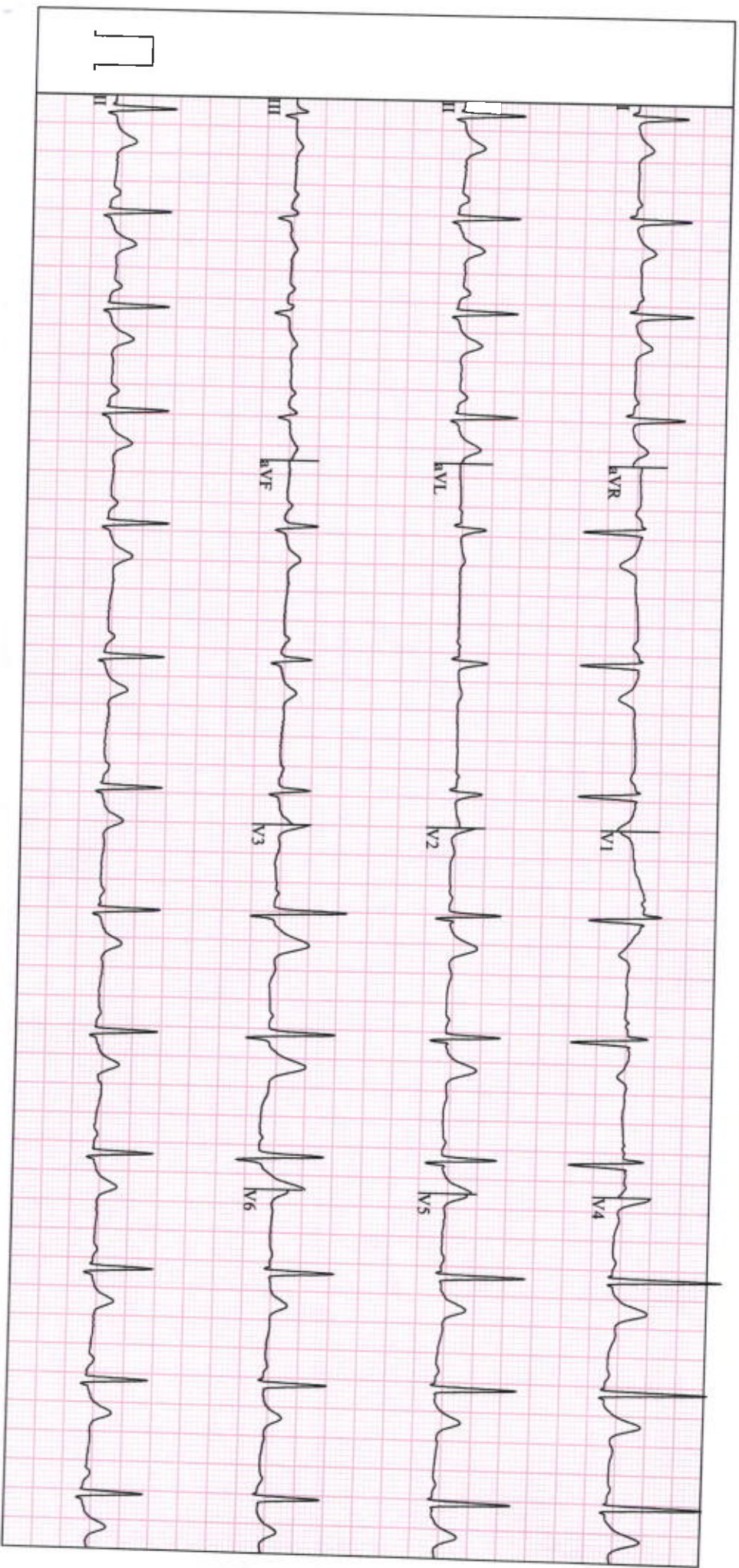
End of Report  
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QRS : 82 ms  
QT / QTcBaz : 350 / 393 ms  
PR : 134 ms  
P : 88 ms  
RR / PP : 794 / 789 ms  
P / QRS / T : 54 / 32 / 48 degrees

Normal sinus rhythm with sinus arrhythmia  
Normal ECG

Sinus Arrhythmia

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



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

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: AJAY, YADAV  
Patient ID: 04597  
Height:  
Weight:

DOB: 15.07.1992  
Age: 30yrs  
Gender: Male  
Race: Asian

Study Date: 24.01.2023  
Test Type: Treadmill Stress Test  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: DR. ANIRBAN DASGUPTA  
Technician: Anita Gaikwad

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	00:37	0.00	0.00	104	110/80	
	STANDING	00:15	0.00	0.00	96		
	HYPERV.	00:16	0.00	0.00	78		
	WARM-UP	00:04	0.00	0.00	80		
EXERCISE	STAGE 1	03:00	1.70	10.00	129	130/80	
	STAGE 2	03:00	2.50	12.00	160	150/90	
	STAGE 3	00:11	3.40	14.00	164	150/90	
RECOVERY		01:04	0.00	0.00	125	160/90	

The patient exercised according to the BRUCE for 6:10 min:s, achieving a work level of Max. METS: 7.50. The resting heart rate of 96 bpm rose to a maximal heart rate of 166 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 160/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

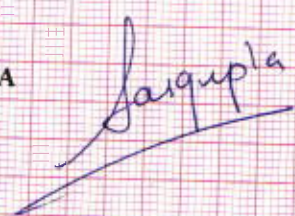
### Interpretation

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



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

<b>PATIENT'S NAME</b>	<b>AJAY SINGH YADAV</b>	<b>AGE :- 30 y/M</b>
<b>UHID NO</b>	<b>4597</b>	<b>24 Jan 2023</b>

**X-RAY CHEST PA VIEW**

**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)**



<b>PATIENT'S NAME</b>	<b>AJAY SINGH YADAV</b>	<b>AGE :- 30y/M</b>
<b>UHID NO</b>	<b>4597</b>	<b>24 Jan 2023</b>

**USG WHOLE ABDOMEN**

**LIVER** is normal in size, shape and 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 10.3 x 4.2 cm. **LEFT KIDNEY** measures 9.4 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 (Vol: 9gms)

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

**IMPRESSION** –

- **No 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.CHHAYA S. SANGANI**  
**CONSULTANT SONOLOGIST**  
Reg: No. 073826

• ANDHERI • COLABA • NASHIK • VASHI

Name: <u>Ajay Yadav</u>	Age: <u>30y</u>	Date of Health check-up: <u>22/11/23</u>
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### Findings and Recommendation:

#### Findings:-

— WNL

#### Recommendation:-

- Balanced diet
- Regular exercise

Signature: [Signature]  
Consultant

Dr. Mahesh Naik

**DR MAHESH NAIK.**  
**PHYSICIAN**