Apollo

Apollo Clinic VASHI

MEDICAL SUMMARY

NAME:	Mr. Vinay Ramgonekar	UHID:	
AGE:	36	DATE OF HEALTHCHECK:	23-12-2023
GENDER:	M		

HEIGHT:	168.5	MARITAL STATUS:	M
WEIGHT:	76.5	NO OF CHILDREN:	1.
BMI:	26.9		

C/O: Lt. side pain : 2 mths

K/C/O:

PRESENT MEDICATION: - NIL

P/M/H: - NIL

P/S/H: - NIL

ALLERGY: - NIL

PHYSICAL ACTIVITY: Active/ ~~Moderate~~/ Sedentary

H/A: SMOKING:

ALCOHOL: - occ.

TOBACCO/PAN:

FAMILY HISTORY FATHER: - DM, HTN

MOTHER: - DM, HTN

O/E:

BP: 120/60 PULSE: - 72 bpm

TEMPERATURE: N SCARS:

LYMPHADENOPATHY:

PALLOR/ICTERUS/CYNOSIS/CLUBBING: NAD

OEDEMA:

S/E:

RS: AE=BE

P/A: - NAD

CVS: S1 S2 +

Extremities & Spine: - NAD

ENT: - NAD

CNS: Conscious, Oriented.

Skin: - NAD

Vision:

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

Vashi : **M/S. Indira Health & Lifestyle Pvt. Ltd.** 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

Name:	Age:	Date of Health check-up:

Findings and Recommendation:

Findings:-

Hb ↓

Recommendation:-

Diet / Iron supplements

Signature:

Consultant –

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

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OPHTHALMIC EVALUATION

UHID No.: _____ Date : 23/12/23

Name : Vinay pargaonkar. Age : 36 Gender : Male/Female

Without Correction :

Distance: Right Eye _____ Left Eye _____

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

With Correction :

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

Near : Right Eye _____ Left Eye _____

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

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.
(Consultant Ophthalmologist)

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

Apollo Clinic, Licensee : M/s. Indira Health & Lifestyle Pvt. Ltd., "The Emerald", Plot No. 195/B, Sector 12, Besides Neel Siddhi Towers, Vashi, Navi Mumbai - 400703. Tel.: (91-22) 2788 1322 / 23 / 24 82914 90000 Email: apolloclinicvashi@gmail.com

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DENTAL CHECKUP

Name: Mr. Vinay Pargaonkar.	**MR NO:**
Age/Gender : 36yrs /M.	**Date:** 23/12/23

Medical history: ☐ Diabetes ☐ Hypertension ☐ NKM.

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 ADVICED:

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: no treatment needed.

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Apollo Clinic VASHI

Name	: Mr. Vinay Vasant Pargaonkar	Gender	: Male	Age	: 36 Years
UHID	: FVAH 9959.	Bill No	:	Lab No	: V-4262-23
Ref. by	: SELF	Sample Col.Dt	: 23/12/2023 09:20		
Barcode No	: 1386	Reported On	: 23/12/2023 18:34		

TEST	RESULTS		BIOLOGICAL REFERENCE INTERVAL
CBC (Complete Blood Count)-WB (EDTA)			
Haemoglobin(Colorimetric method)	**12.9**	g/dl	13 - 18
RBC Count (Impedance)	4.44	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	39.6	%	35 - 55
MCV:(Calculated parameter)	89.2	fl	78 - 98
MCH:(Calculated parameter)	29.1	pg	26 - 34
MCHC:(Calculated parameter)	32.6	gm/dl	30 - 36
RDW-CV:	12.6	%	11.5 - 16.5
Total Leucocyte count(Impedance)	6360	/cumm.	4000 - 10500
Neutrophils:	68	%	40 - 75
Lymphocytes:	26	%	20 - 40
Eosinophils:	03	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	3.06	Lakhs/c.mm	1.5 - 4.5
MPV	7.8	fl	6.0 - 11.0
Peripheral Smear (Microscopic examination)			
RBCs:	Normochromic,Normocytic		
WBCs:	Normal		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter.		

Vasanti Gondal
Entered By

Ms Kaveri Gaonkar
Verified By

Dr. Milind Patwardhan
M.D(Path)

End of Report
Results are to be correlated clinically

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL	
ESR(Westergren Method)			
Erythrocyte Sedimentation Rate:-	07	mm/1st hr	0 - 20

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Verified By

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

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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
Entered By

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Dr. Milind Patwardhan
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Chief Pathologist

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TEST	RESULTS		BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin :	5.2	%	Normal <5.7 % Pre Diabetic 5.7 - 6.5 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evalution of therapy > 8.0 %
Mean Blood Glucose :	102.54	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

Vasanti Gondal
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Ref. by	: SELF	Sample Col.Dt	: 23/12/2023 09:20		
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Fasting Plasma Glucose :	90	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 guidlines 2016)
Post Prandial Plasma Glucose :	92	mg/dL	Normal < 140 mg/dL Impaired Post Prandial glucose : 140 to 199 mg/dL Diabetes Mellitus : >= 200 mg/dL (on more than one occasion) (American diabetes association guidlines 2016)

Method : Hexokinase

Neha More
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
LIPID PROFILE - Serum			
S. Cholesterol(Oxidase)	124	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	66	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	13.2	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	**35.8**	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	75	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	3.5		3.5 - 5
Ratio of LDL/HDL	**2.1**		2.5 - 3.5

Alsaba Shaikh
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
LFT(Liver Function Tests)-Serum			
S.Total Protein (Biuret method)	6.76	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.27	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.49	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.71		0.9 - 2
S.Total Bilirubin (DPD):	0.71	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.27	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):	17	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	15	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	78	U/L	40 - 129
S.GGT(IFCC Kinetic):	19	U/L	11 - 50

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Apollo Clinic VASHI

Name	: Mr. Vinay Vasant Pargaonkar	Gender	: Male	Age	: 36 Years
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TEST	RESULTS		BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY		
S.Urea(Urease Method)	14.9	mg/dl	10.0 - 45.0
BUN (Calculated)	6.95	mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.79	mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	8.8		9:1 - 23:1
S.Uric Acid(Uricase Method)	5.6	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)	1.97	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	111.1	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.02	□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 hypothyrodism.
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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URINE REPORT

TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
PHYSICAL EXAMINATION		
QUANTITY	15 mL	
COLOUR	Yellow	
APPEARANCE	Clear	Clear
SEDIMENT	Absent	Absent
CHEMICAL EXAMINATION(Strip Method)		
REACTION(PH)	6.5	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	1 - 2/hpf	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	**8 - 10 / 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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Chief Pathologist

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23.12.2023 10:21:36
Apollo Clinic
1st Flr,The Emerald,Sector-12,
Vashi, Mumbai-400703.

Male
36 Years

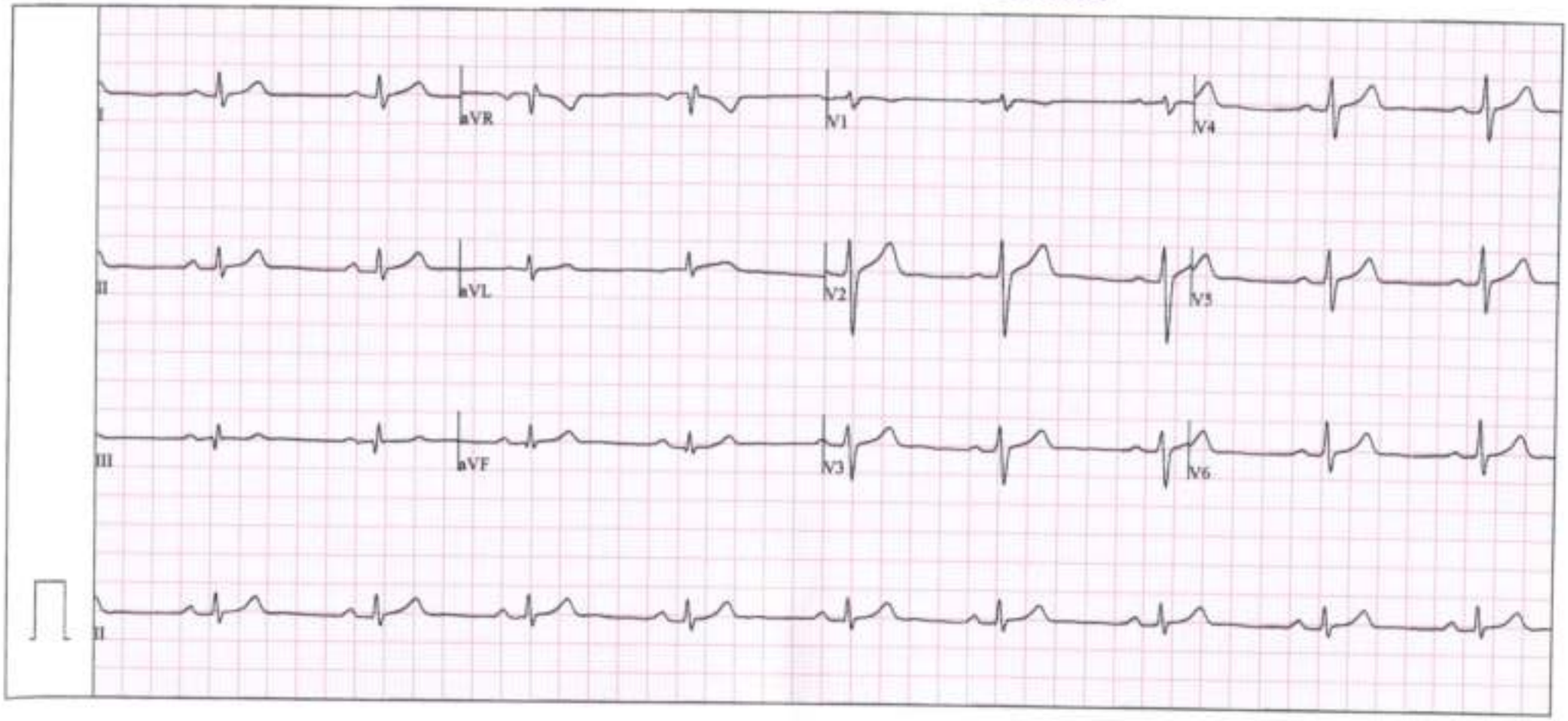
55 bpm
-- / -- mmHg

QRS :	92 ms
QT / QTcBaz :	406 / 388 ms
PR :	186 ms
P :	102 ms
RR / PP :	1080 / 1090 ms
P / QRS / T :	58 / 40 / 40 degrees

Sinus bradycardia
Otherwise normal ECG

- Sinus Bradycardia
- Corelate clinically

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



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz Unconfirmed 4x2.5x3_25_R1 1/1

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

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: VINAY, PARGAONKAR
Patient ID: 09959
Height:
Weight:

DOB: 12.01.1987
Age: 36yrs
Gender: Male
Race: Asian

Study Date: 23.12.2023
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	00:09	0.00	0.00	62	120/70	
	STANDING	00:15	0.00	0.00	68		
	HYPERV.	00:16	0.00	0.00	62		
	WARM-UP	00:06	0.00	0.00	60		
EXERCISE	STAGE 1	03:00	1.70	10.00	98	130/80	
	STAGE 2	03:00	2.50	12.00	117	140/80	
	STAGE 3	02:37	3.40	14.00	160	150/80	
RECOVERY		01:04	0.00	0.00	104	170/90	

The patient exercised according to the BRUCE for 8:36 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 61 bpm rose to a maximal heart rate of 160 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/70 mmHg , rose to a maximum blood pressure of 170/90 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

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Apollo Clinic
VASHI

PATIENT'S NAME	VINAY V PARGAONKAR	AGE :- 36 y/M
UHID	9959	DATE :-25-12-23

X-RAY LEFT SHOULDER AP AND LAT VIEWS

OBSERVATION:

Head of the humerus and proximal third of the shaft appear normal.

Visualized portions of scapula, clavicle and ribs appear normal.

No lytic or sclerotic lesion is noted.

Joint space appears normal.

Soft tissues appear normal.

IMPRESSION:

- **No significant abnormality seen.**

DR. DISHA MINOCHA
DMRE (RADIOLOGIST)

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TOUCHING LIVES

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VASHI

PATIENT'S NAME	VINAY PARGAONKAR	AGE :- 36 Y/M
UHID	9959	DATE :-.23 Dec. 23

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.**

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Reg No. 073826

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Apollo

Apollo Clinic
VASHI

PATIENT'S NAME	VINAY V PARGAONKAR	AGE :- 36y/M
UHID NO	9959	23 Dec 2023

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 9.6 x 4.2 cm. **LEFT KIDNEY** measures 9.9 x 5.2 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.

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

IMPRESSION –

- **No significant abnormality detected.**

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