

### MEDICAL SUMMARY

NAME:	Mr. Dhondu Khutekar	UHID:	3630
AGE:	53 YRS	DATE OF HEALTHCHECK:	24-12-2022
GENDER:	Male		

HEIGHT:	176 CM	MARITAL STATUS:	M
WEIGHT:	88.4	NO OF CHILDREN:	2
BMI:	28.5		

C/O: Dysentery on exertion

K/C/O:

PRESENT MEDICATION: - NO

P/M/H: - NO

P/S/H: - NO

ALLERGY: - NO

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

FAMILY HISTORY FATHER:

ALCOHOL: - NO

MOTHER: - DM

TOBACCO/PAN: - NO

O/E:

LYMPHADENOPATHY: - NO

BP: 120/78 PULSE: - 64/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING: - NO

TEMPERATURE: - SCARS:

OEDEMA:

S/E:

P/A: - NO

RS:



CVS: - ASH

Extremities & Spine: Lower Back pain

ENT: - NO

CNS: - Normal oriented

Skin: - NO

Vision:

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

## OPHTHALMIC EVALUATION

UHID No.: 3630

Date: 24/12/22

Name: Mr. Dhondurao Age: 53 Gender:  Male /  Female

Without Correction: pac eye

Distance: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

Near : Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

With Correction :

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

Near : Right Eye No Left Eye No

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	+1.5					+0.5				
Near	+3.75					+3.0				

Colour Vision: Preferes Pac NAO (BL)

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

Pupils: N.A.O (BL)

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

Intraocular Pressure: 14 mmHg (BL)

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

Advice: 6 months

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

**DR. RUCHIRA SHARMA**  
M. S. (OPHTH)  
CONSULTING OPHTHALMOLOGIST  
& MICRO SURGEON  
REG. No.: 3262 / 09/ 02

Dr. [Signature]  
(Consultant Ophthalmologist)

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

# Apollo Clinic VASHI

## DENTAL CHECKUP

Name: <u>Dhonde Chulakar</u>	MR NO: <u>3630</u>
Age/Gender: <u>53/M</u>	Date: <u>24/11/22</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: \_\_\_\_\_

  
 Dr. Namrata Patil  
 MDS, Pedodontics.  
 Reg: A-16738

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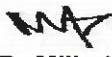
Name : Mr. Dhondu Balu Khutekar Gender : Male Age : 53 Years  
UHID : FVAH 3630 Bill No : Lab No: V-2636-19  
Ref. by : SELF Sample Col.Dt : 24/12/2022 08:00  
Barcode No : 4412 Reported On : 24/12/2022 16:31

## TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

CBC (Complete Blood Count)-WB (EDTA)			
Haemoglobin(Colorimetric method)	14	g/dl	13 - 18
RBC Count (Impedance)	4.80	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	41.3	%	35 - 55
MCV:(Calculated)	86	fl	78 - 98
MCH:(Calculated)	29.2	pg	26 - 34
MCHC:(Calculated)	33.9	gm/dl	30 - 36
RDW-CV:	13.6	%	11.5 - 16.5
Total Leucocyte/WBC count(Impedance)	7650	/cumm.	4000 - 10500
Neutrophils:	67	%	40 - 75
Lymphocytes:	24	%	20 - 40
Eosinophils:	04	%	0 - 6
Monocytes:	05	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	2.06	Lakhs/c.mm	1.5 - 4.5
MPV	8.8	fl	6.0 - 11.0
Peripheral Smear (Microscopic examination)			
RBCs:	Normochromic, Normocytic		
WBCs:	Normal		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter. Manual diff performed.		

Vasanti Gondal  
Entered By

Ms Kaveri Gaonkar  
Verified By

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

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End of Report  
Results are to be correlated clinically

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TEST

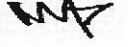
RESULTS BIOLOGICAL REFERENCE INTERVAL

**ESR(Westergren Method)**

**Erythrocyte Sedimentation Rate:-** 15 mm/1st hr 0 - 20

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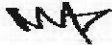
## RESULTS

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

ABO Group:      :O:  
Rh Type:      Positive  
Method :      Tube Agglutination (forward and reverse)

Shweta Unavane  
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**TEST RESULTS BIOLOGICAL REFERENCE INTERVAL**

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

(HbA1C) Glycosylated Haemoglobin : 6.1 %  
 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 : 128.37 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
<b>PLASMA GLUCOSE</b>			
Fasting Plasma Glucose :	101	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 :	71	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
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**Lipid Profile- Serum**

S. Cholesterol(Oxidase)	165	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	98	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	19.6	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<u>36.6</u>	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	108.8	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4.5		3.5 - 5
Ratio of LDL/HDL	3		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

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

S.Total Protein (Biuret method)	7.32	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.38	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.94	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.49		0.9 - 2
S.Total Bilirubin (DPD):	0.75	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.26	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.49	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	20	U/L	5 - 36
S.ALT (SGPT) (IFCC Kinetic with P5P):	23	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	97	U/L	40 - 129
S.GGT(IFCC Kinetic):	41	U/L	11 - 50

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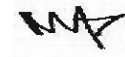
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
<b>BIOCHEMISTRY</b>		
S.Urea(Urease Method)	24.4      mg/dl	10.0 - 45.0
BUN (Calculated)	11.38      mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.99      mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	11.49	9:1 - 23:1
S.Uric Acid(Uricase Method)	5.3      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)	1.83	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	107.7	nmol/L	66 - 181 nmol/L
TSH (Thyroid-stimulating hormone) (ECLIA)	1.88	□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 :**

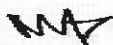
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**TSH :**

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
<b>PROSTATE SPECIFIC ANTIGEN</b>		
Prostate Specific Antigen ( ECLIA):	0.478ng/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	60	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		Clear
SEDIMENT	Absent		Absent

**CHEMICAL EXAMINATION(Strip Method)**

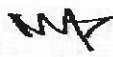
REACTION(PH)	6.0		4.6 - 8.0
SPECIFIC GRAVITY	1.010		1.005 - 1.030
URINE PROTEIN	Absent		Absent
URINE SUGAR(Qualitative)	Absent		Absent
KETONES	Absent		Absent
BILE SALTS	Absent		Absent
BILE PIGMENTS	Absent		Absent
UROBILINOGEN	Normal(<1 mg/dl)		Normal
OCCULT BLOOD	Absent		Absent
Nitrites	Absent		Absent

**MICROSCOPIC EXAMINATION**

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

Anushka Chavan  
Entered By

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# NORMAL ECG

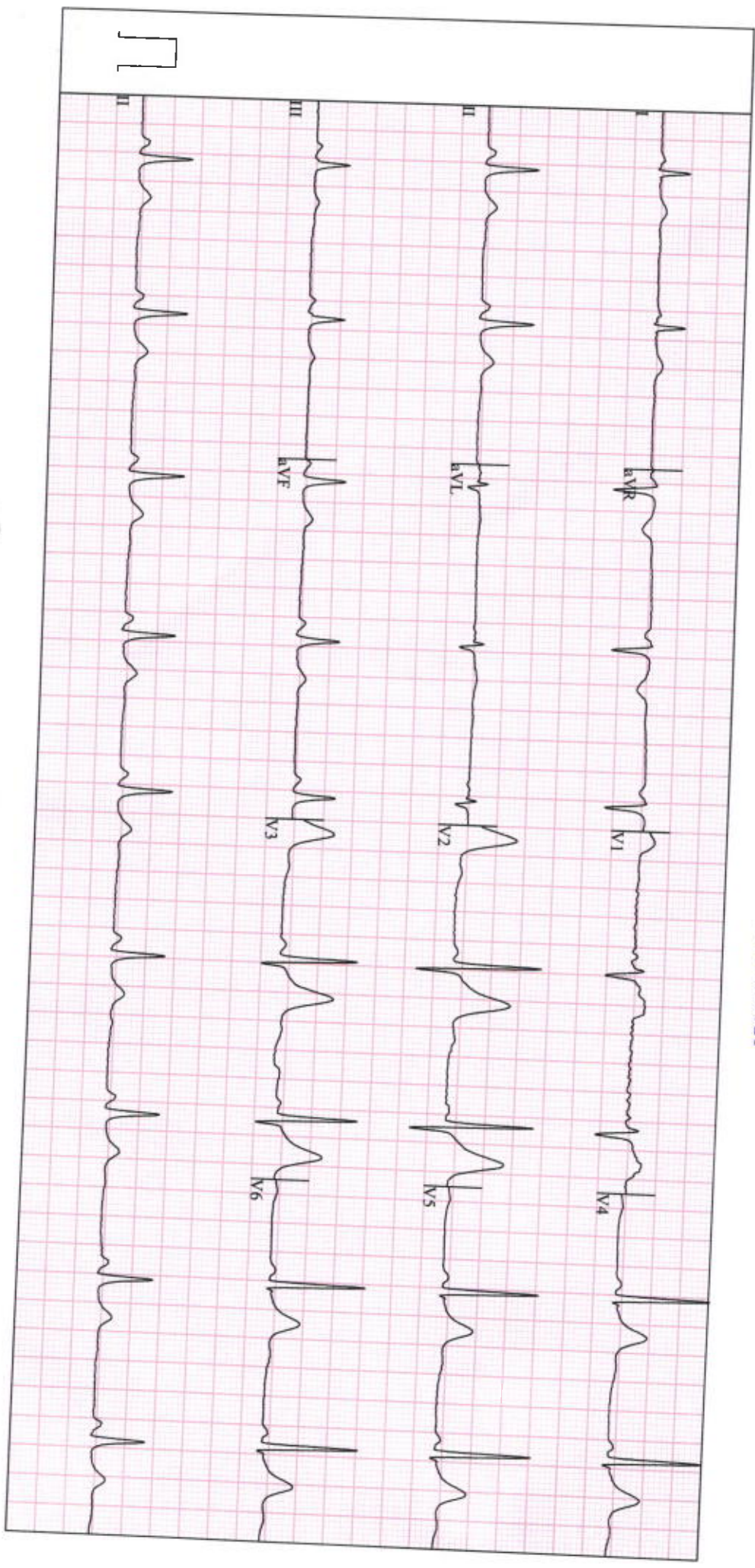
54 bpm  
--/-- mmHg

QRS : 92 ms  
QT / QTcBaz : 410 / 388 ms  
PR : 120 ms  
P : 96 ms  
RR / PP : 1114 / 1111 ms  
P / QRS / T : 62 / 65 / 50 degrees

Sinus bradycardia  
Otherwise normal ECG

WNL

**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: DHONDU , KHUTEKAR  
Patient ID: 3630  
Height:  
Weight:

DOB: 06.06.1969  
Age: 53yrs  
Gender: Male  
Race: Asian

Study Date: 24.12.2022  
Test Type: Treadmill Stress Test  
Protocol: BRUCE

Referring Physician: -  
Attending Physician: DR.ANIRBAN DASGUPTA  
Technician: Anu Salve

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	00:11	0.00	0.00	54	120/80	
	STANDING	00:15	0.00	0.00	55	120/80	
	HYPERV.	00:16	0.00	0.00	55		
	WARM-UP	00:07	0.00	0.00	55		
EXERCISE	STAGE 1	03:00	1.70	10.00	146	140/80	
	STAGE 2	01:18	2.50	12.00	160	140/80	
RECOVERY		01:28	0.00	0.00	109	190/90	

The patient exercised according to the BRUCE for 4:17 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 55 bpm rose to a maximal heart rate of 160 bpm. This value represents 95 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg , rose to a maximum blood pressure of 190/90 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: ST DEPRESSION NOTED.  
Overall impression: Positive stress test.

### Conclusions

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

Physician-DR.ANIRBAN DASGUPTA

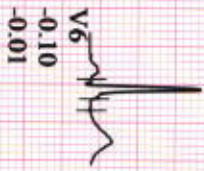
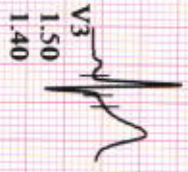
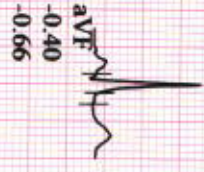
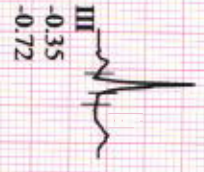
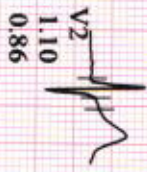
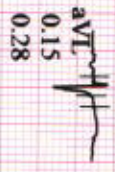
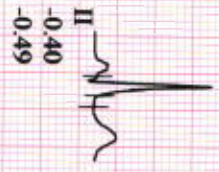
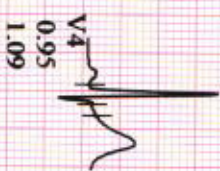
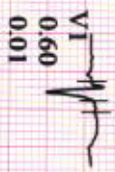
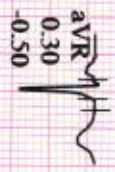
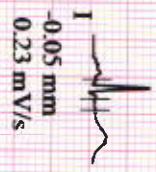
*Dasgupta*

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



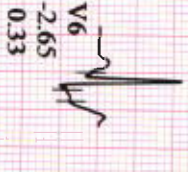
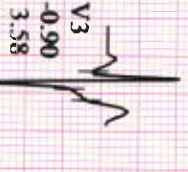
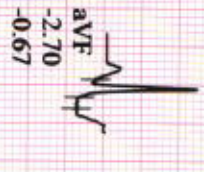
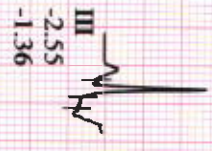
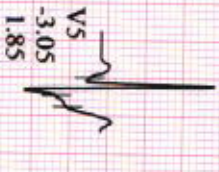
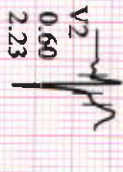
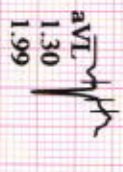
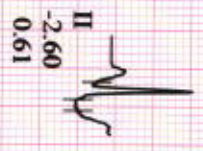
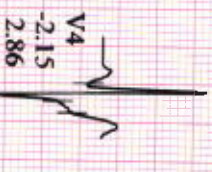
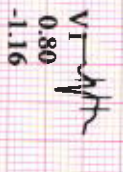
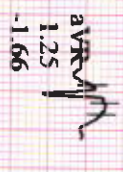
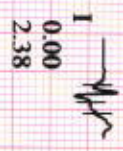
**BASELINE**

EXERCISE STAGE 1 55 bpm  
 1.0 METS 120/80 mmHg  
 ST @ 10mm/mV 60ms post J



**PEAK EXERCISE**

EXERCISE 4:18 STAGE 2 160 bpm  
 7.0 METS 140/80 mmHg  
 ST @ 10mm/mV 60ms post J



GE CASE V6.73 (2)  
 25mm/s 10mm/mV 50Hz 0.01Hz FRF+ HEART V5.4

Unconfirmed

Attending M DR ANIRBAN DASGUPTA

**DHONDU, KHUTTEKAR**

Patient ID 3630

24.12.2022

10:39:08

Male

53yrs Asian

Medc: NIL

Test Reason: Screening for CAD  
Medical History: NIL

BRUCE: Total Exercise Time 04:17

Max HR: 160 bpm 95% of max predicted 167 bpm HR at rest: 55

Max BP: 190/90 mmHg BP at rest: 120/80 Max RPP: 25460 mmHg\*bpm

Maximum Workload: 7.00 METS

Max ST: 3.05 mm, 0.00 mV/s in II; EXERCISE STAGE 2 04:00

Arhythmia: PSVC:1

ST/HR index: 2.90 μV/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to

Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate

response. Chest Pain: none. Arhythmias: none. ST Changes: ST DEPRESSION

NOTED. Overall impression: Positive stress test

Conclusion: TMT IS POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHAEMIA AT THE WORKLOAD ACHIEVED.

Ref. MD: Ordering MD:  
Technician: Anu Salve Test Type: Treadmill Stress Test  
Comment:

**Prognosis:**

Duke Treadmill Score: -8

Risk Category: moderate

5 Year Survival: 84.0%

Average Annual Mortality: 3.2%

Location Number: \* 0 \*

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (II mm)	Comment
PRETEST	SUPINE	00:11	0.00	0.00	1.0	54	120/80	6480	0	-0.25	
	STANDING	00:15	0.00	0.00	1.0	55	120/80	6600	0	-0.40	
	HYPERV. WARM-UP	00:16	0.00	0.00	1.0	55			0	-0.40	
EXERCISE	STAGE 1	00:07	0.00	0.00	1.0	55			0	-0.40	
	STAGE 2	03:00	1.70	10.00	4.6	146	140/80	20440	0	-1.95	
RECOVERY		01:18	2.50	12.00	7.0	160	140/80	22400	0	-2.60	
		01:28	0.00	0.00	1.0	109	190/90	20710	0	-0.90	

GE CASE V6.73 (2)

Unconfirmed

At King MD: DR. ANIRBAN DASGUPTA

12-LEAD REPORT

Apollo Clinic

DHONDU KHUTEKAR  
Patient ID: 3630  
24.12.2022  
10:39:32

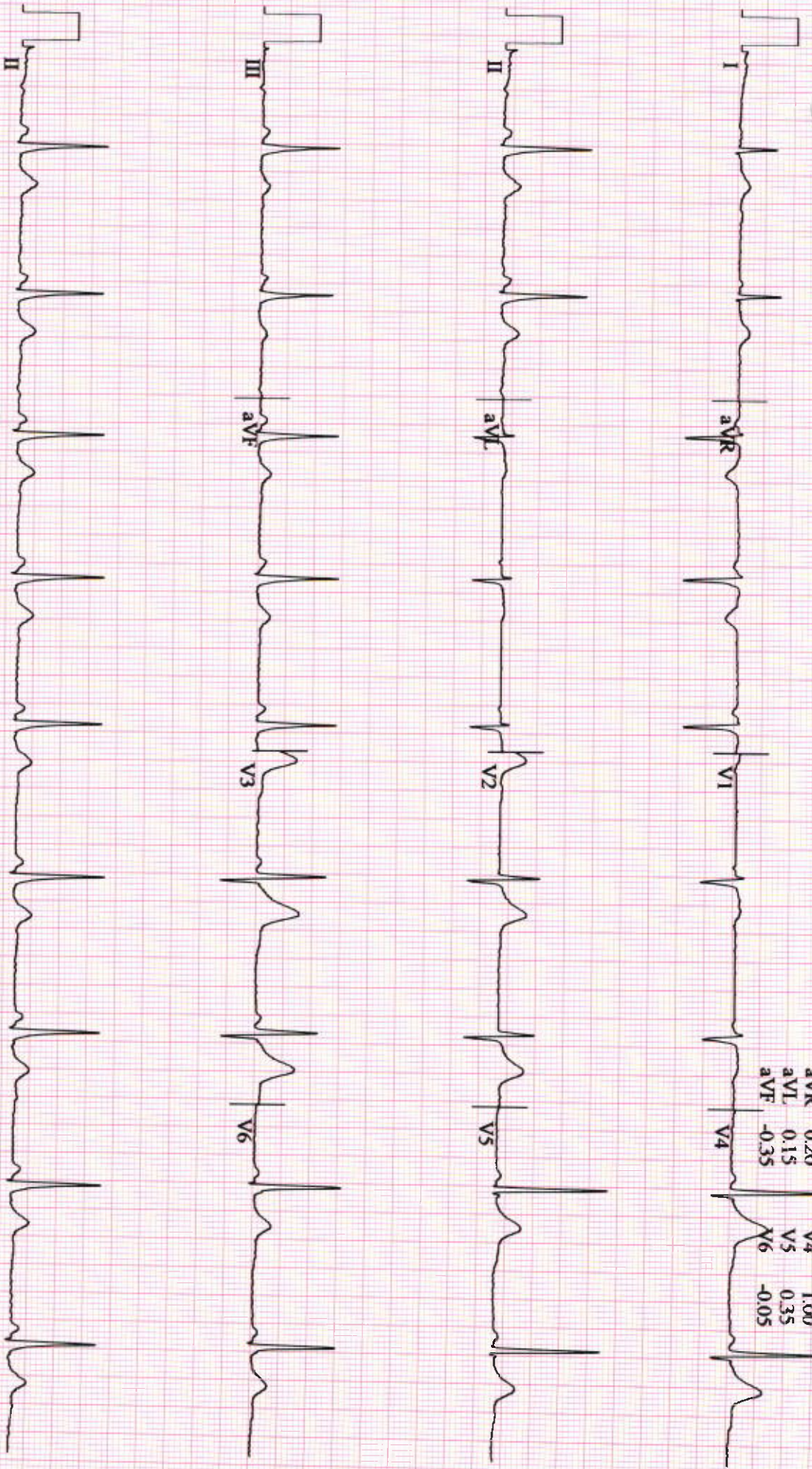
54 bpm  
120/80 mmHg

PRETEST  
STANDING  
00:23

BRUCE  
0.0 mph  
0.0 %

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.05	V1	0.60
II	-0.35	V2	1.15
III	-0.35	V3	1.50
aVR	0.20	V4	1.00
aVL	0.15	V5	0.35
aVF	-0.35	V6	-0.05



GE  
CASE V6.73  
25 mm/s 10 mm/mV SOLTz 0.01Hz FR+ IR(V5, V4)  
ARROW CE

Start of Test: 10:39:08

12-LEAD REPORT

54 bpm  
120/80 mmHg

PRETEST  
SUPINE  
00:08

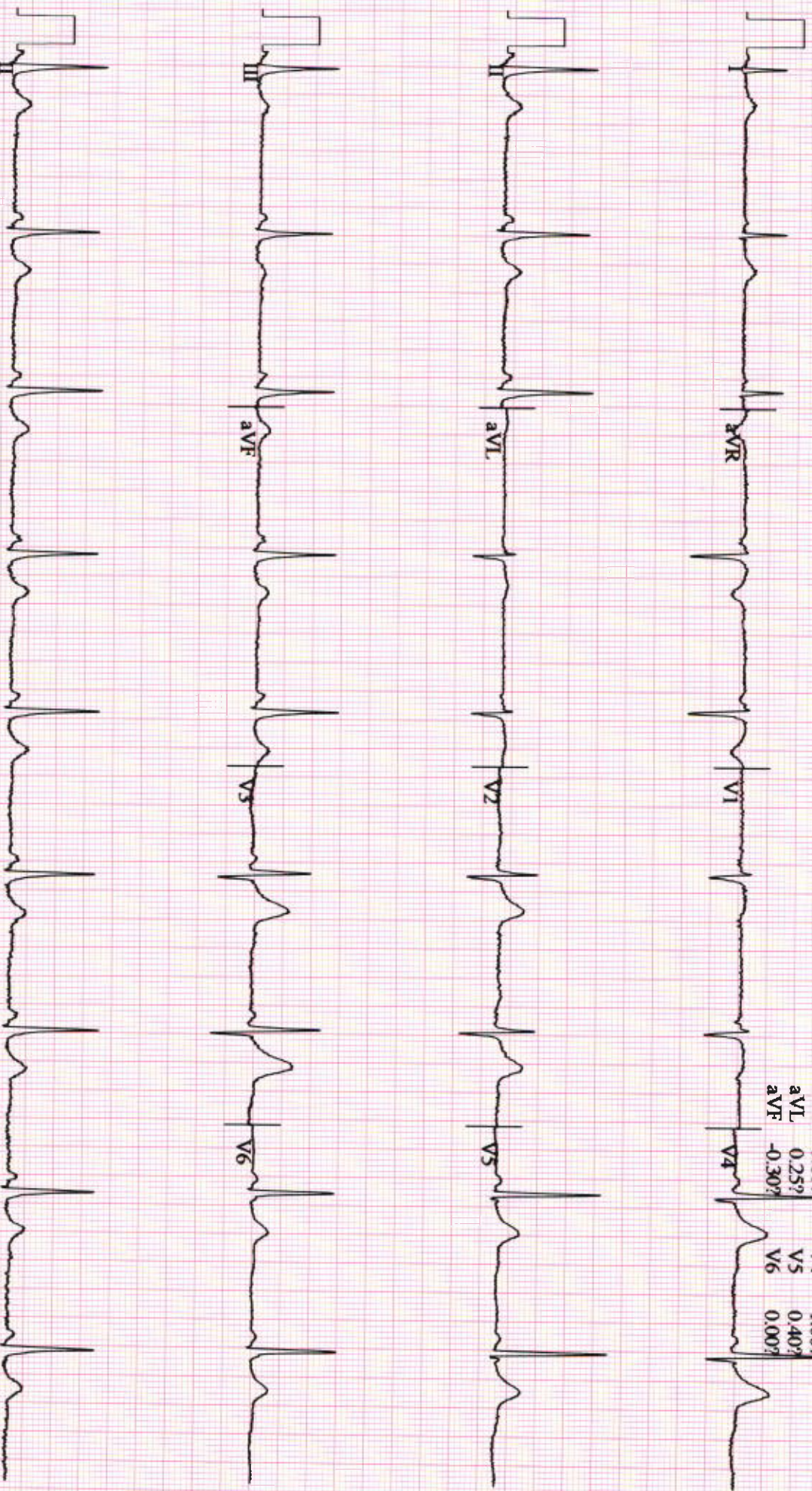
BRUCE  
0.0 mph  
0.0%

Apollo Clinic

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.10?	V1	0.55?
II	-0.30?	V2	1.20?
III	-0.35?	V3	1.55?
aVR	0.10?	V4	1.00?
aVL	0.25?	V5	0.40?
aVF	-0.30?	V6	0.00?



12-LEAD REPORT

Apollo Clinic

DHONDU KHUTEKAR  
Patient ID: 3630  
24.12.2022  
10:42:43

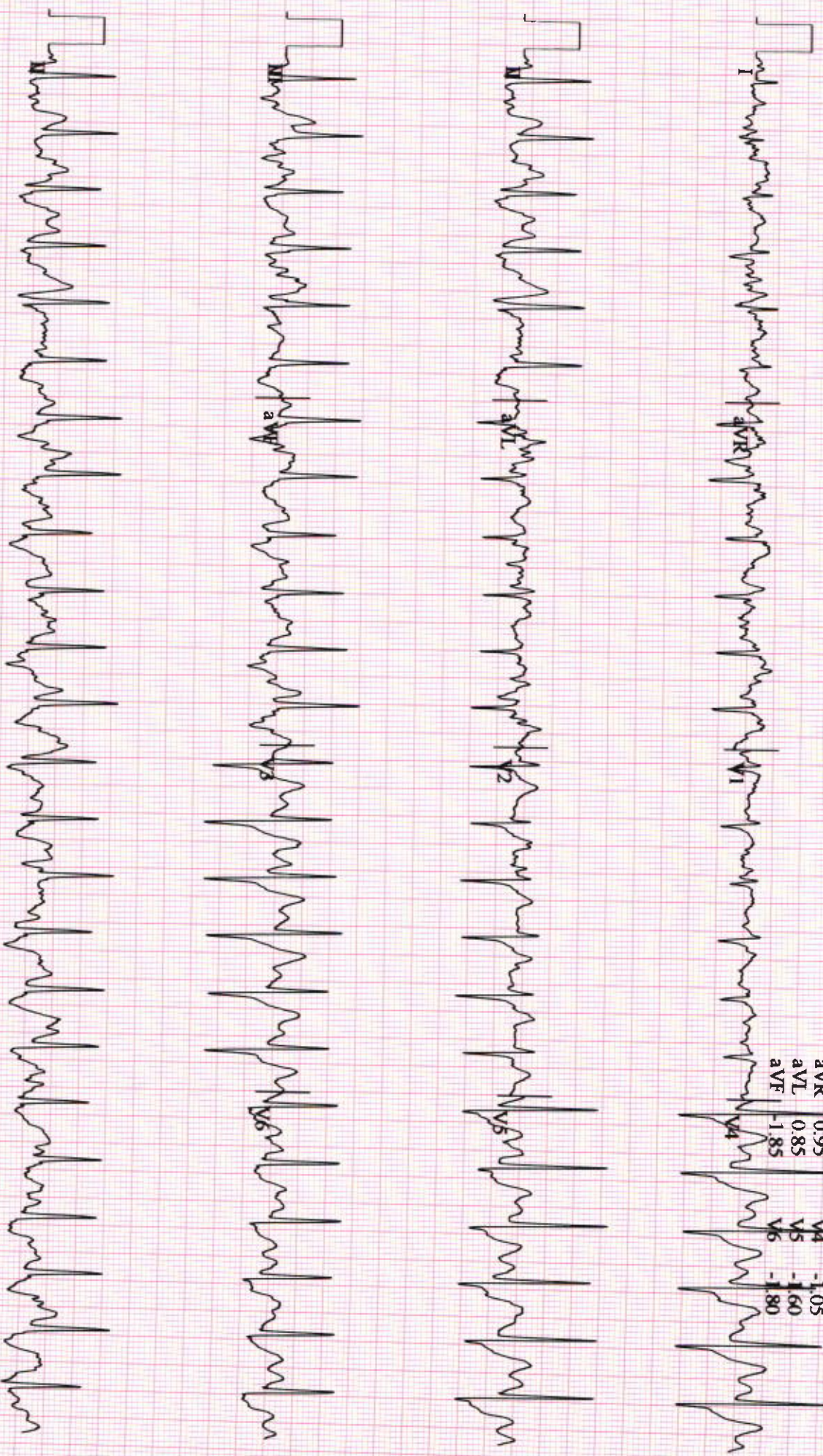
146 bpm  
140/80 mmHg

EXERCISE  
STAGE 1  
02:50

BRUCE  
1.7 mph  
10.0%

Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.10	V1	0.60
II	-1.90	V2	0.60
III	-1.75	V3	-0.15
aVR	0.95	V4	-1.05
aVL	0.85	V5	-1.60
aVF	-1.85	V6	-1.80



GE  
CASE V6.73

25 mm/s 10 mm/mV 50Hz 0.01Hz FR+ IR(V5,V4)

Arrow CE

Start of Test: 10:39:08

12-LEAD REPORT

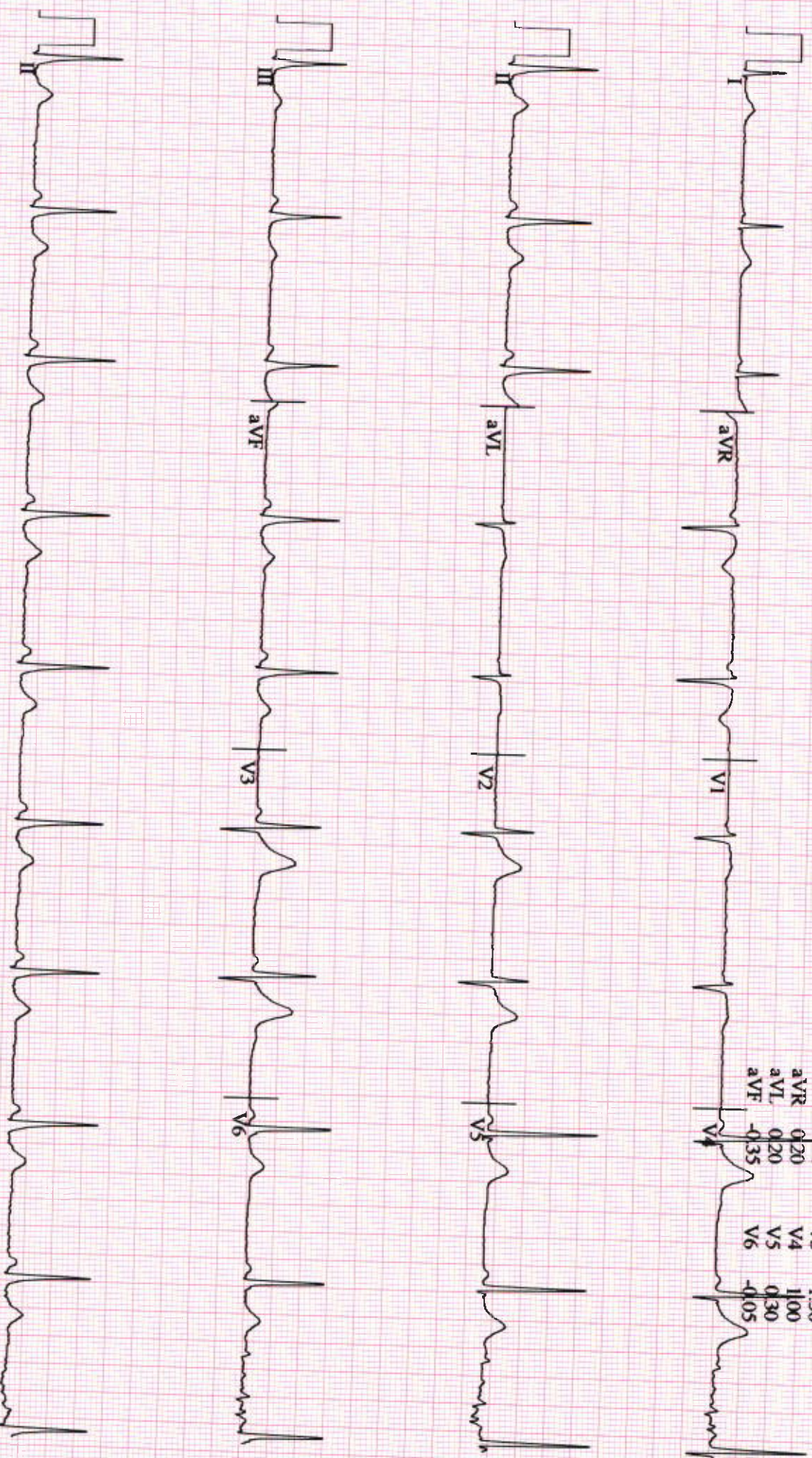
55 bpm  
120/80 mmHg

PRETEST  
HYPERV.  
00:38

BRUCE  
0.0 mph  
0.0 %

Apollo Clinic  
Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.00	V1	0.60
II	-0.35	V2	1.10
III	-0.35	V3	1.50
aVR	0.20	V4	1.00
aVL	0.20	V5	0.30
aVF	-0.35	V6	-0.05



GE  
CASE V6.73

25 mm/s 10 mm/mV 50Hz 0.01Hz FRT+ IIR(V5,V4)

Arrow CC

Start of Test: 10:39:08

DHONDU KHUTEKAR  
 Patient ID: 3630  
 24.12.2022  
 10:44:11

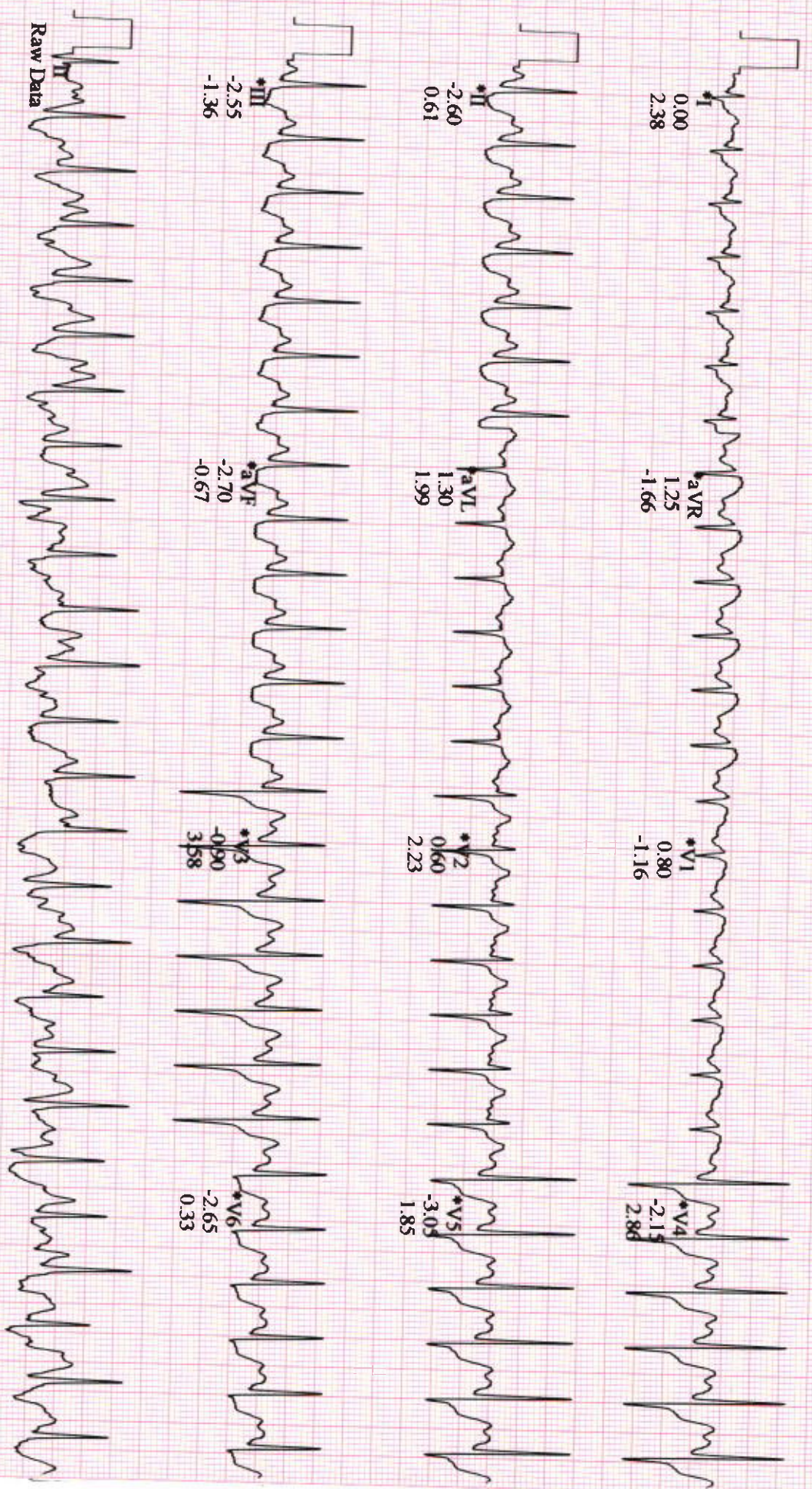
160 bpm  
 140/80 mmHg

LINKED MEDIANS (PEAK EXERCISE)  
 EXERCISE STAGE 2  
 04:18  
 BRUCE 2.5 mph  
 12.0%

Apollo Clinic

ST @ 10mm/mV  
 60 ms post J

Lead  
 ST Level (mm)  
 ST Slope (mV/s)



GE  
 CASE V6.73  
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ IIR(V5,V4)  
 AxiW CE

\*Computer Synthesized Rhythms

Start of Test: 10:39:08

134 bpm  
190/90 mmHg

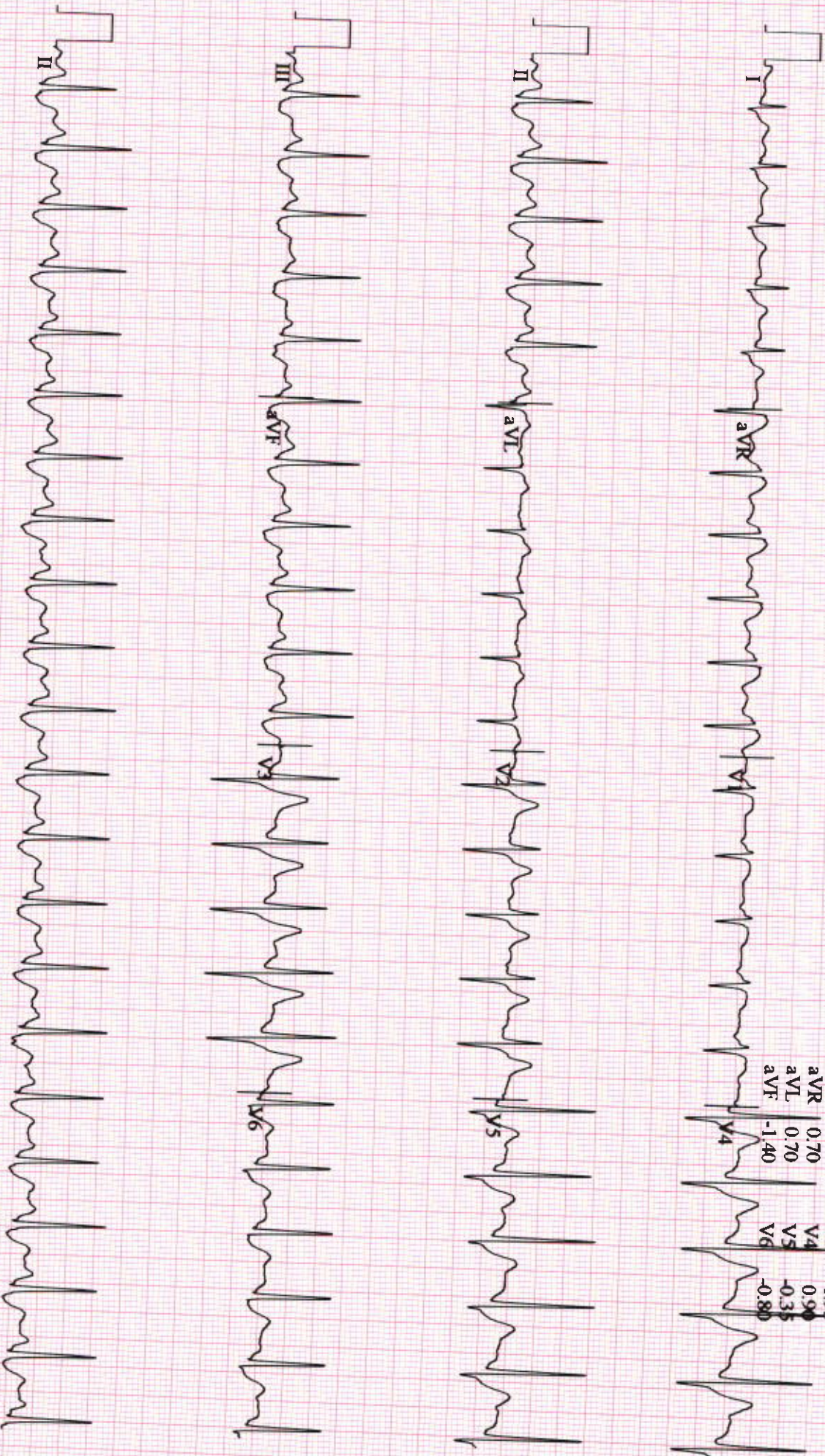
12-LEAD REPORT

RECOVERY #1  
00:50

BRUCE  
0.0 mph  
0.0 %

Apollo Clinic  
Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	0.05	V1	0.85
II	-1.35	V2	1.45
III	-1.40	V3	1.95
aVR	0.70	V4	0.90
aVL	0.70	V5	-0.35
aVF	-1.40	V6	-0.80





12-LEAD REPORT

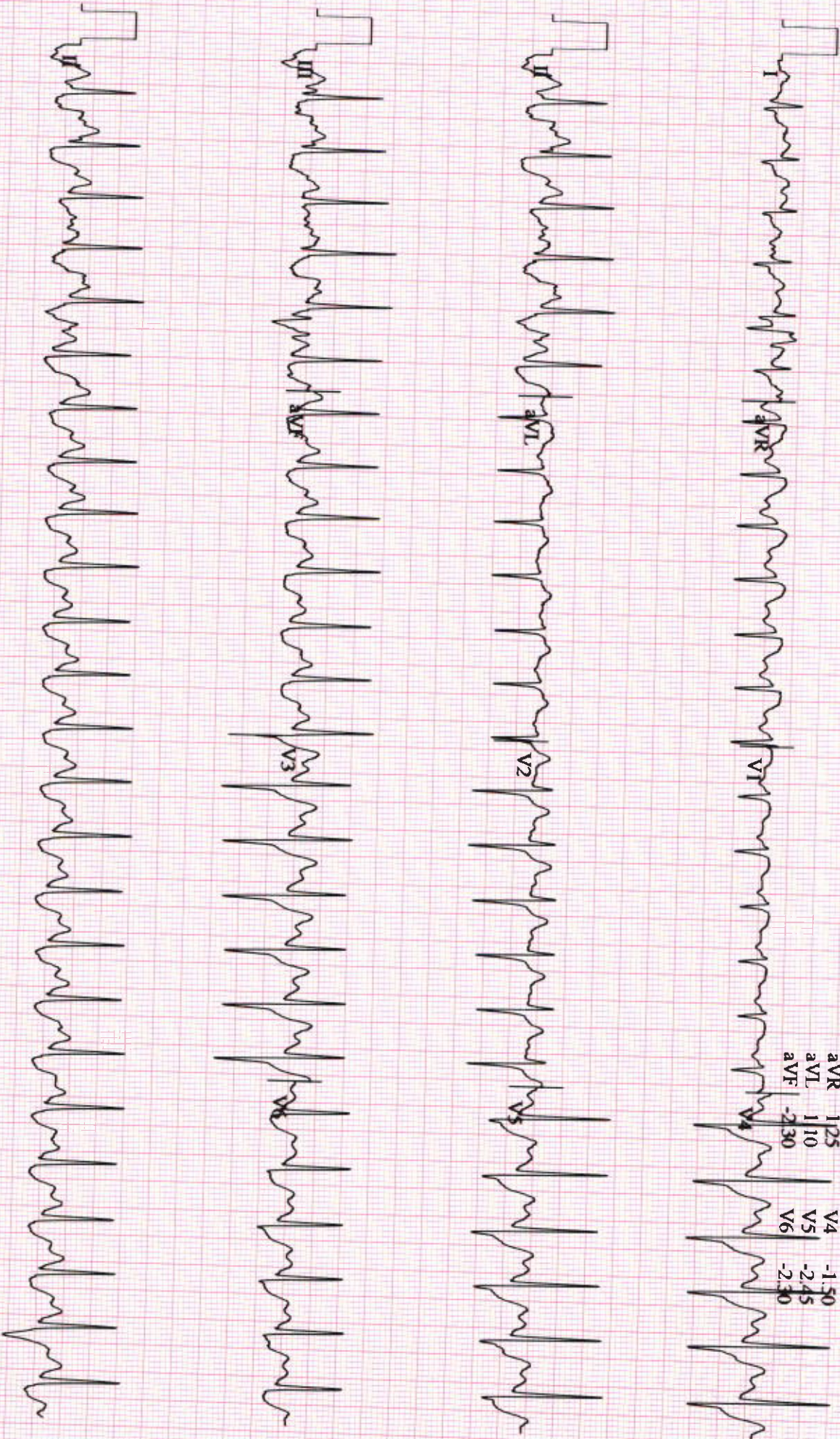
157 bpm  
140/80 mmHg

RECOVERY #1  
00:16

BRUCE  
0.0 mph  
0.0%

Apollo Clinic  
Measured at 60ms Post J (10mm/mV)  
Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.15	V1	0.85
II	-2.35	V2	0.75
III	-2.20	V3	-0.40
aVR	1.25	V4	-1.50
aVL	1.10	V5	-2.45
aVF	-2.30	V6	-2.30



GE  
CASE V6.73  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRT+ IIR(V5,V4)

AutoW CE

Start of Test: 10:39:08

PATIENT'S NAME	DHONDU B KHUTEKAR	AGE : 53Y/M
UHID NO	3630	DATE :- 24-12-22

## 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)

PATIENT'S NAME	DHONDU KHUTEKAR	AGE :- 53 y/M
UHID NO	3630	24 Dec 2022

## 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 10.0 x 4.4 cm. **LEFT KIDNEY** measures 11.1 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.  
It measures (Vol: 18 ml)

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)**

• ANDHERI • COLABA • NASHIK • VASHI

Name: Mr. Dhondy. B. Khutekar Age: 53Y Date of Health check-up: 24/12/22

### Findings and Recommendation:

#### Findings:-

- HbA1c - 6.1.
- TMT - Ave
- USG Abd - Gr. I Fatty Liver

#### Recommendation:-

- Cardiologist opinion - Urgent
- Weight loss, Regular exercise
- Low fat, Abore diet

Signature:

Consultant -

Dr. Mahesh Naik

**DR MAHESH NAIK  
PHYSICIAN**