

NAME:	Mr. Adarsh Dhore	UHID:	
AGE:	34	DATE OF HEALTHCHECK:	12-7-2024
GENDER:	M		

HEIGHT:	173.5	MARITAL STATUS:	M
WEIGHT:	88.3	NO OF CHILDREN:	1
BMI:	29.3		

C/O: Headache

K/C/O: Hypertension  
PRESENT MEDICATION: - abt

P/M/H: - No

P/S/H: - Pressure - Emergency  
2 yrs back

ALLERGY: - No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

FAMILY HISTORY FATHER: - DM,

ALCOHOL:

MOTHER: -

TOBACCO/PAN:

O/E:

LYMPHADENOPATHY:

BP: 120/80 PULSE: - 84/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING:

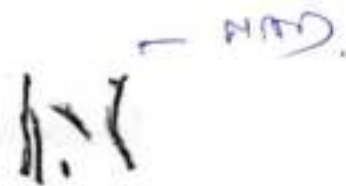
TEMPERATURE: - SCARS:

OEDEMA:

S/E:

P/A:

RS:



CVS: - Normal

Extremities & Spine: - Normal

CNS:

ENT: - Normal

Skin: Normal

Vision:

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

Name: Adarsh Dhimole | Age: 34y | Date of Health check-up: 10/02/24

### Findings and Recommendation:

#### Findings:-

HbA1c - ↑↑  
Chol - ↑↑  
FL (σ)

#### Recommendation:-

- Diet / Exercise
- T. Request W + H  
over + 1 week

Signature:

Consultant -

DR. ANIRBAN DASGUPTA  
MBBS, D.N.B MEDICINE  
DIPLOMA CARDIOLOGY  
MMC-2005/Q2/0920



**OPHTHALMIC EVALUATION**

UHID No.: \_\_\_\_\_

Date: 10/2/24

Name: M. Adwait Age: 34 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 N6 Left Eye \_\_\_\_\_

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>-1.5</u>					<u>0.75</u>	<u>0.25</u>	<u>30°</u>		
Near						<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>

Colour Vision : N100 Be

Anterior Segment Examination : N100 Be

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

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

Intraocular Pressure : 12 mm Be

Diagnosis : Refresh test 2 times.

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

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

Dr. [Signature]  
(Consultant Ophthalmologist)  
**DR. RUCHIRA SHARMA**  
M. S. (OPHTH)  
CONSULTING OPHTHALMOLOGIST  
& MICRO SURGEON  
REG. No. 3262 / 09 / 02

## DENTAL CHECKUP

<b>Name:</b> Adarsh Dhimole	<b>MR NO:</b>
<b>Age/Gender :</b> 34/M	<b>Date:</b> 10/2/24

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 - 1000.
- Replace the missing tooth.

DR. AQSA SHAIKH  
B. D. S

• ANDHERI • COLABA • NASHIK  
Reg. No: A 42611



Name : Mr. Adarsh Dhimore Gender : Male Age : 34 Years  
 UHID : FVAH 10565 Bill No : Lab No : V-1304-23  
 Ref. by : SELF Sample Col.Dt : 10/02/2024 09:15  
 Barcode No : 7982 Reported On : 10/02/2024 20:18

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
<b>HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)</b>		
Haemoglobin(Colorimetric method)	15.1 g/dl	13 - 18
RBC Count (Impedance)	5.66 Millions/cumm	4 - 6.2
PCV/Haematocrit(Calculated)	47.5 %	35 - 55
MCV:(Calculated)	83.9 fl	78 - 98
MCH:(Calculated)	26.7 pg	26 - 34
MCHC:(Calculated)	31.8 gm/dl	30 - 36
RDW-CV:	<b>12</b> %	11.5 - 16.5
Total Leucocyte count(Impedance)	6880 /cumm.	4000 - 10500
Neutrophils:	50 %	40 - 75
Lymphocytes:	40 %	20 - 40
Eosinophils:	06 %	0 - 6
Monocytes:	04 %	2 - 10
Basophils:	00 %	0 - 2
Platelets Count(Impedance method)	2.2 Lakhs/c.mm	1.5 - 4.5
MPV	9.1 fl	6.0 - 11.0
ESR(Westergren Method)	05 mm/1st hr	0 - 20

Peripheral Smear (Microscopic examination)

RBCs: Anisocytosis(+)  
 WBCs: Normal  
 Platelets: Adequate

Note: Test Run on 5 part cell counter. Manual diff performed.

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Verified By

Page 3 of 3  
Dr. Milind Patwardhan  
M.D(Path)  
Chief Pathologist

End of Report  
Results are to be correlated clinically

Name : Mr. Adarsh Dhimole      Gender : Male      Age : 34 Years  
UHID : FVAH 10565.      Bill No :      Lab No : V-1304-23  
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**TEST**

**RESULTS**

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

ABO Group:      **:B:**  
Rh Type:      **Positive**  
Method :      Matrix gel card method (forward and reverse)

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Sheetal Nakate  
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Chief Pathologist

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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

**PLASMA GLUCOSE**

Fasting Plasma Glucose :      108      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 guidelines 2016)

Post Prandial Plasma Glucose :      **143**      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 guidelines 2016)

Method :      Hexokinase

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## TEST      RESULTS      BIOLOGICAL REFERENCE INTERVAL

## HbA1c(Glycosylated Haemoglobin )WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 6.2 %      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 : 131.24 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 HEMOGLOBINOPATHIES 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)	211	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable: >240
S. Triglyceride(GPO-POD)	<b>210</b>	mg/dL	Desirable < 150 Borderline: >150-<499 Undesirable: >500
S. VLDL:(Calculated)	<b>42</b>	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<b>29.3</b>	mg/dL	Desirable > 60 Borderline: >40-<59 Undesirable: <40
S. LDL:(calculated)	139.7	mg/dL	Desirable < 130 Borderline: >130-<159 Undesirable: >160
Ratio Cholesterol/HDL	<b>7.2</b>		3.5 - 5
Ratio of LDL/HDL	<b>4.8</b>		2.5 - 3.5

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Name : Mr. Adarsh Dhimole      Gender : Male      Age : 34 Years  
UHID : FVAH 10565      Bill No :      Lab No : V-1304-23  
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
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**LFT(Liver Function Tests)-Serum**

S.Total Protein (Biuret method)	7.24	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.59	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.65	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.73		0.9 - 2
S.Total Bilirubin (DPD):	0.48	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.19	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.29	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	25	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	48	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	94	U/L	40 - 129
S.GGT(IFCC Kinetic):	16	U/L	11 - 50

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	<b>BIOCHEMISTRY</b>	
S.Urea(Urease Method)	19.1      mg/dl	10.0 - 45.0
BUN (Calculated)	8.91      mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.97      mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	9.19	9:1 - 23:1
S.Uric Acid(Uricase Method)	6.8      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)	2.19	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	103.7	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	<b>8.02</b>	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), Nephrosis 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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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)	6.5		4.6 - 8.0
SPECIFIC GRAVITY	1.010		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

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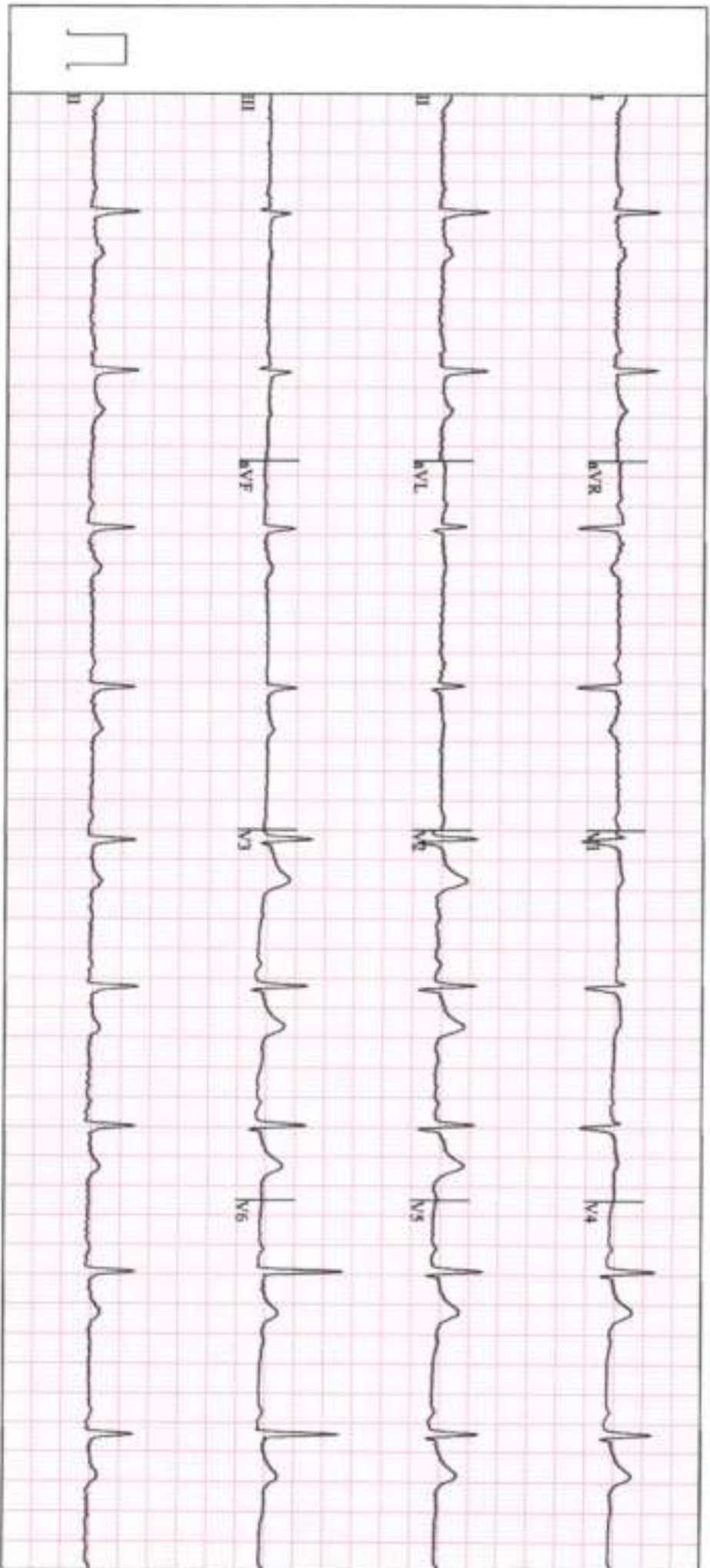
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QRS : 76 ms  
QT / QTc/QTcB : 426 / 418 ms  
PR : 152 ms  
P : 78 ms  
RR / PP : 1034 / 1034 ms  
P / QRS / T : 9 / 39 / 25 degrees

Sinus brady-cardia  
Otherwise normal ECG

*Sinus Brady-cardia*

*Dr. ANIRBAN DASGUPTA*  
M.S., S. D. J. B. Medicine  
Diploma Cardiology  
MMC - 2005/02/09920



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

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: ADARSH, DHIMOLE  
Patient ID: 10565  
Height:  
Weight:

DOB: 09.11.1989  
Age: 34yrs  
Gender: Male  
Race: Asian

Study Date: 10.02.2024  
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	00:05	0.00	0.00	88	120/80	
	STANDING	00:16	0.00	0.00	72		
	HYPERV.	00:16	0.00	0.00	80		
EXERCISE	WARM-UP	00:07	0.00	0.00	79		
	STAGE 1	03:00	1.70	10.00	108	130/80	
	STAGE 2	03:00	2.50	12.00	134	130/80	
	STAGE 3	02:39	3.40	14.00	160	150/90	
RECOVERY		01:12	0.00	0.00	122	170/90	

The patient exercised according to the BRUCE for 8:38 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 90 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 120/80 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

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

PATIENT'S NAME	ADARSH DHIMOLE	AGE :- 34 Y/M
UHID NO	10565	10 Feb 2024

**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 IN CURRENT RADIOGRAPH.**

Clinico-haematological correlation is recommended.

Thanking you for the referral,  
With regards,



**DR. SIDDHI PATIL**  
Cons. Radiologist



PATIENT'S NAME	ADARSH DHIMOLE	AGE :- 34y/M
UHID NO	10565	10 Feb 2024

### 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 10.5 x 3.6 cm. **LEFT KIDNEY** measures 10.3 x 4.7 cm.

**Urinary Bladder** is adequately distended; no e/o any obvious wall thickening or mass or calculi seen.

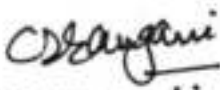
**PROSTATE** is normal in size, shape & echotexture.

Visualized 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.



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