

NAME:	Mr Anil Waghmode	UHID:	
AGE:	51	DATE OF HEALTHCHECK:	11/2/2020
GENDER:	M.		

HEIGHT:	166	MARITAL STATUS:	M
WEIGHT:	64	NO OF CHILDREN:	2
BMI:	23.2		

C/O: -

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:) No

TOBACCO/PAN:

O/E:

LYMPHADENOPATHY:

BP: 120/80 PULSE: - 60/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING:) No

TEMPERATURE: M SCARS:

OEDEMA:

S/E:

P/A:) No

RS:



CVS:) No

Extremities & Spine: - No

CNS:) No, oriented.

ENT:

Skin:) No

Vision:

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

• ANDHERI • COLABA • NASHIK • VASHI



OPHTHALMIC EVALUATION

UHID No.: _____ Date: 11/3/23.

Name: Mr Anand Age: 31 Gender: Male/Female

Without Correction:

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

Near : Right Eye N6 Left Eye N6

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 (B)

Anterior Segment Examination : _____

Pupils : NO (B)

Fundus : _____

Intraocular Pressure : 12 mmHg (B)

Diagnosis : _____

Advice : _____

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

Dr. [Signature]
(Consultant Ophthalmologist)

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

DENTAL CHECKUP

Name: Amol Waghmode	MR NO:
Age/Gender :	Date: 11/3

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				

NA

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: NA

M

• ANDHERI • COLABA • NASHIK • VASHI

Name : Mr. Amol Waghmode Gender : Male Age : 31 Years
 UHID : FVAH 5464 Bill No : Lab No : V-1345-23
 Ref. by : SELF Sample Col.Dt : 11/03/2023 8:45
 Barcode No : 8358 Reported On : 11/03/2023 18:10

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

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

Haemoglobin(Colorimetric method)	13.1	g/dl	13 - 18
RBC Count (Impedance)	6.86	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	41.5	%	35 - 55
MCV:(Calculated)	60.6	fl	78 - 98
MCH:(Calculated)	19	pg	26 - 34
MCHC:(Calculated)	31.4	gm/dl	30 - 36
RDW-CV:	19.6	%	11.5 - 16.5
Total Leucocyte count(Impedance)	5220	/cumm.	4000 - 10500
Neutrophils:	45	%	40 - 75
Lymphocytes:	42	%	20 - 40
Eosinophils:	07	%	0 - 6
Monocytes:	06	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	2.0	Lakhs/c.mm	1.5 - 4.5
MPV	8.3	fl	6.0 - 11.0
ESR(Westergren Method)	02	mm/1st hr	0 - 20

Peripheral Smear (Microscopic examination)

RBCs: Hypochromasia(++),Microcytosis(+),Anisocytosis(+),Target cells present.

WBCs: Lymphocytosis, Eosinophilia

Platelets Adequate

Remark Advised Hb electrophoresis to rule out thalassemia trait

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

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TEST

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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Ms Kaveri Gaonkar
Verified By



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

End of Report
Results are to be correlated clinically


Name : Mr. Amol Waghmode Gender : Male Age : 31 Years
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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 :	111	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 : 6.5 % 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 : 139.85 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 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
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Lipid Profile- Serum

S. Cholesterol(Oxidase)	163	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	356	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	71.2	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	36.0	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	55.8	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4.5		3.5 - 5
Ratio of LDL/HDL	1.5		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL


LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.45	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.79	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.66	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.8		0.9 - 2
S.Total Bilirubin (DPD):	0.71	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.26	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.45	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	29	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	28	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	76	U/L	40 - 129
S.GGT(IFCC Kinetic):	66	U/L	11 - 50

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	24.1 mg/dl	10.0 - 45.0
BUN (Calculated)	11.24 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.86 mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	13.07	9:1 - 23:1
S.Uric Acid(Uricase Method)	6.0 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)	2.16	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	139.3	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.52	□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

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Chief Pathologist

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
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URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	40	mL
COLOUR	Yellow	
APPEARANCE	Clear	Clear
SEDIMENT	Absent	Absent

CHEMICAL EXAMINATION(Strip Method)


REACTION(PH)	5.0	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	2 - 3 / 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
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Chief Pathologist

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End of Report
Results are to be correlated clinically

Amol, Wagmode
5464

31 Years

Male

11.03.2023 9:37:38
Apollo Clinic
1st Flr, The Emerald, Sector-12,
Vashi, Mumbai-400703.

58 bpm
--/-- mmHg

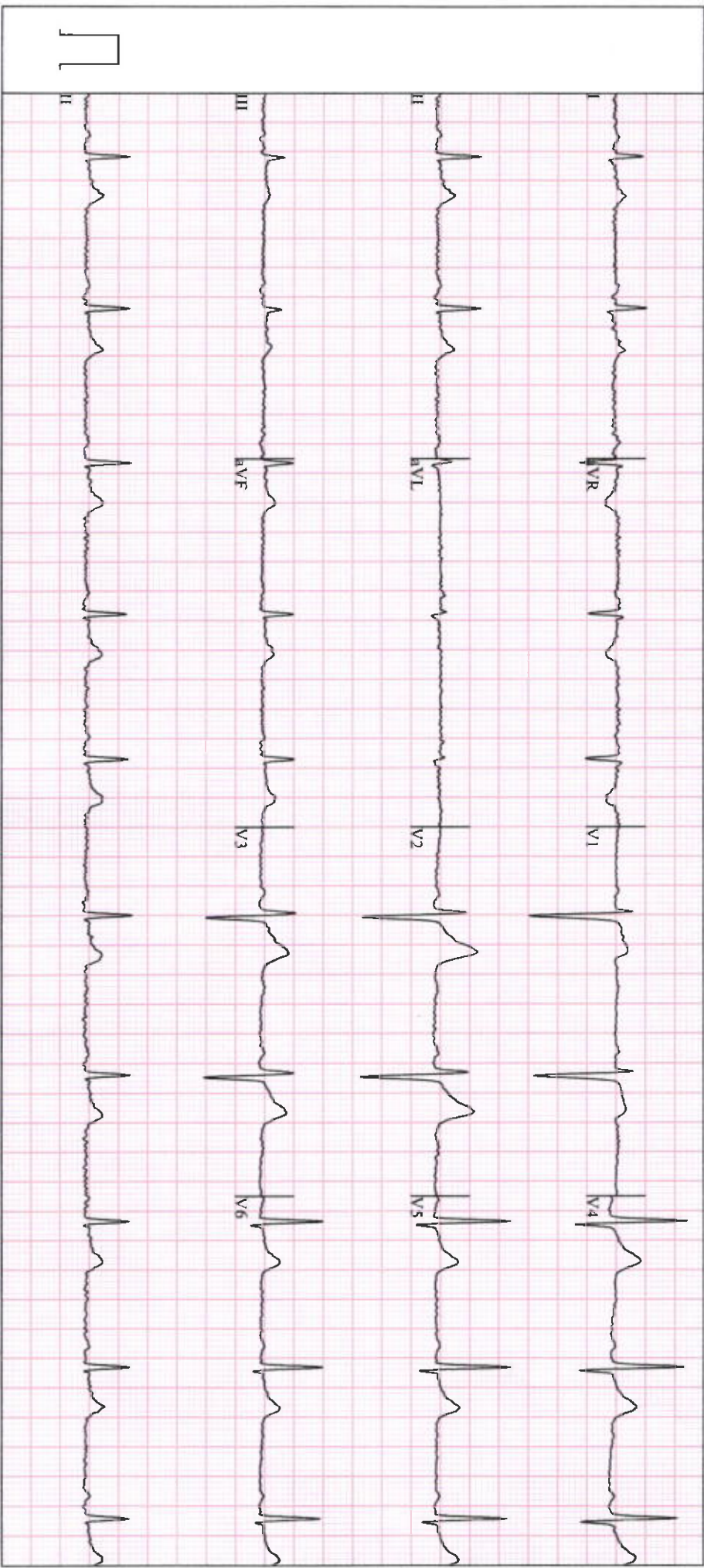
QRS : 88 ms
QT / QTcBaz : 404 / 396 ms
PR : 144 ms
P : 100 ms
RR / PP : 1026 / 1034 ms
P / QRS / T : 15 / 54 / 53 degrees

Sinus bradycardia
Otherwise normal ECG

NORMAL ECG

WAC

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: AMOL, WAGHMODE
Patient ID: 5464
Height:
Weight:

DOB: 01.07.1991
Age: 31yrs
Gender: Male
Race: Asian

Study Date: 11.03.2023
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	00:04	0.00	0.00	68	120/80	
	STANDING	00:01	0.00	0.00	68		
	HYPERV.	00:18	0.00	0.00	68	120/80	
	WARM-UP	00:13	0.60	0.00	66	120/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	104	120/80	
	STAGE 2	03:00	2.50	12.00	125	150/80	
	STAGE 3	03:00	3.40	14.00	144	160/80	
	STAGE 4	01:30	4.20	16.00	166	160/80	
RECOVERY		01:06	0.00	0.00	121	150/80	

The patient exercised according to the BRUCE for 10:30 min:s, achieving a work level of Max. METS: 13.40. The resting heart rate of 67 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 120/80 mmHg, rose to a maximum blood pressure of 160/80 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
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MMC -2005/02/0920

PATIENT'S NAME	AMOL WAGHMODE	AGE :- 31y/M
UHID NO	5464	11 Mar 2023

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. CHHAYA S. SANGANI
CONSULTANT SONOLOGIST
Reg No. 073826

PATIENT'S NAME	AMOL WAGHMODE	AGE :-31y/M
UHID NO	5464	11 Mar 2023

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 11.0 x 4.2cm. **LEFT KIDNEY** measures 11.0 x 4.4 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 approximately 15 gms.

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)

Name: Mr. Amol Waghmode

Age: 31

Date of Health check-up: 11/03/2013

Findings and Recommendation:

Findings:-

- HbA1c - 6.5
- Trigly - 356
- GGT - 66
- USG. Abd - Gr. I fatty liver

Recommendation:-

- Low fat, fibre diet
- Regular exercise
- Food rich in Omega 3 fatty acids in diet
- Tab - Rosuvastatin 20
0-0-1 x 2 month
- Repeat Lipid profile & 2 month
- Diet Consultation

Signature:



Consultant -



**DR MAHESH NAIK
PHYSICIAN**