

NAME:	Mr. Ashok Patil	UHID:	
AGE:	44	DATE OF HEALTHCHECK:	27-1-2024
GENDER:	M		

HEIGHT:	169	MARITAL STATUS:	M
WEIGHT:	65.6	NO OF CHILDREN:	2
BMI:	23.5		

C/O: Chest pain 7 days back  
white spots on hands.

K/C/O:  
PRESENT MEDICATION: - No

P/M/H: - Keckhi - 2008  
Renal Calculi - 2018.

P/S/H: - No

ALLERGY: - No.

PHYSICAL ACTIVITY: Active / Moderate / Sedentary

H/A: SMOKING:

ALCOHOL:

TOBACCO/PAN:

FAMILY HISTORY FATHER: - HTN, DM

MOTHER: - HTN

O/E:

BP: 110/60 PULSE: - 84/min

LYMPHADENOPATHY:

PALLOR/ICTERUS/CYNOSIS/CLUBBING:

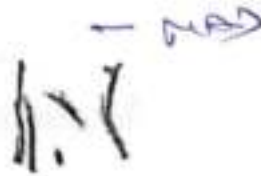
TEMPERATURE: - SCARS:

OEDEMA:

S/E:  
RS:



P/A:



CVS: S1, S2

Extremities & Spine: - 2/AD

ENT: - 1/AD

CNS: Conscious, oriented

Skin: - 1/AD

Vision:

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

Name:	Age:	Date of Health check-up:
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### Findings and Recommendation:

#### Findings:-

Repeat

#### Recommendation:-

ft

Signature:

Consultant -

  
DR. ANIRBAN DASGUPTA  
MBBS, D.N.B MEDICINE  
DIPLOMA CARDIOLOGY  
MMC- 2005/02/0920



Name : Mr. Ashok Balaji Paounikar      Gender : Male      Age : 44 Years  
UHID : FVAH 10408.      Bill No :      Lab No : V-3588-23  
Ref. by : SELF      Sample Col.Dt : 27/01/2024 09:35  
Barcode No : 5858      Reported On : 27/01/2024 19:11

**TEST**

**RESULTS**

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

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

Pooja Surve  
Entered By

Ms Kaveri Gaonkar  
Verified By



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

End of Report  
*Results are to be correlated clinically*

Name : Mr. Ashok Balaji Paounikar      Gender : Male      Age : 44 Years  
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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

**PLASMA GLUCOSE**


Fasting Plasma Glucose :      99      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 :      100      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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**LIPID PROFILE - Serum**

S. Cholesterol(Oxidase)	198	mg/dL	Desirable < 200 Borderline: >200- <240 Undesirable: >240
S. Triglyceride(GPO-POD)	111	mg/dL	Desirable < 150 Borderline: >150- <499 Undesirable: >500
S. VLDL:(Calculated)	22.2	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	44.3	mg/dL	Desirable > 60 Borderline: >40- <59 Undesirable: <40
S. LDL:(calculated)	131.5	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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
**LFT(Liver Function Tests)-Serum**

S.Total Protein (Biuret method)	6.78	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.22	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.56	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.65		0.9 - 2
S.Total Bilirubin (DPD):	0.76	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.24	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.52	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	21	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	22	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	95	U/L	40 - 129
S.GGT(IFCC Kinetic):	14	U/L	11 - 50

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
<b>BIOCHEMISTRY</b>		
S.Urea(Urease Method)	21.3      mg/dl	10.0 - 45.0
BUN (Calculated)	9.94      mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.93      mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	10.69	9:1 - 23:1
S.Uric Acid(Uricase Method)	4.2      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)	1.79	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	109.7	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	1.79	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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Page 9 of 9 Chief Pathologist

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	<b>PROSTATE SPECIFIC ANTIGEN</b>	
Prostate Specific Antigen ( ECLIA):	0.246 ng/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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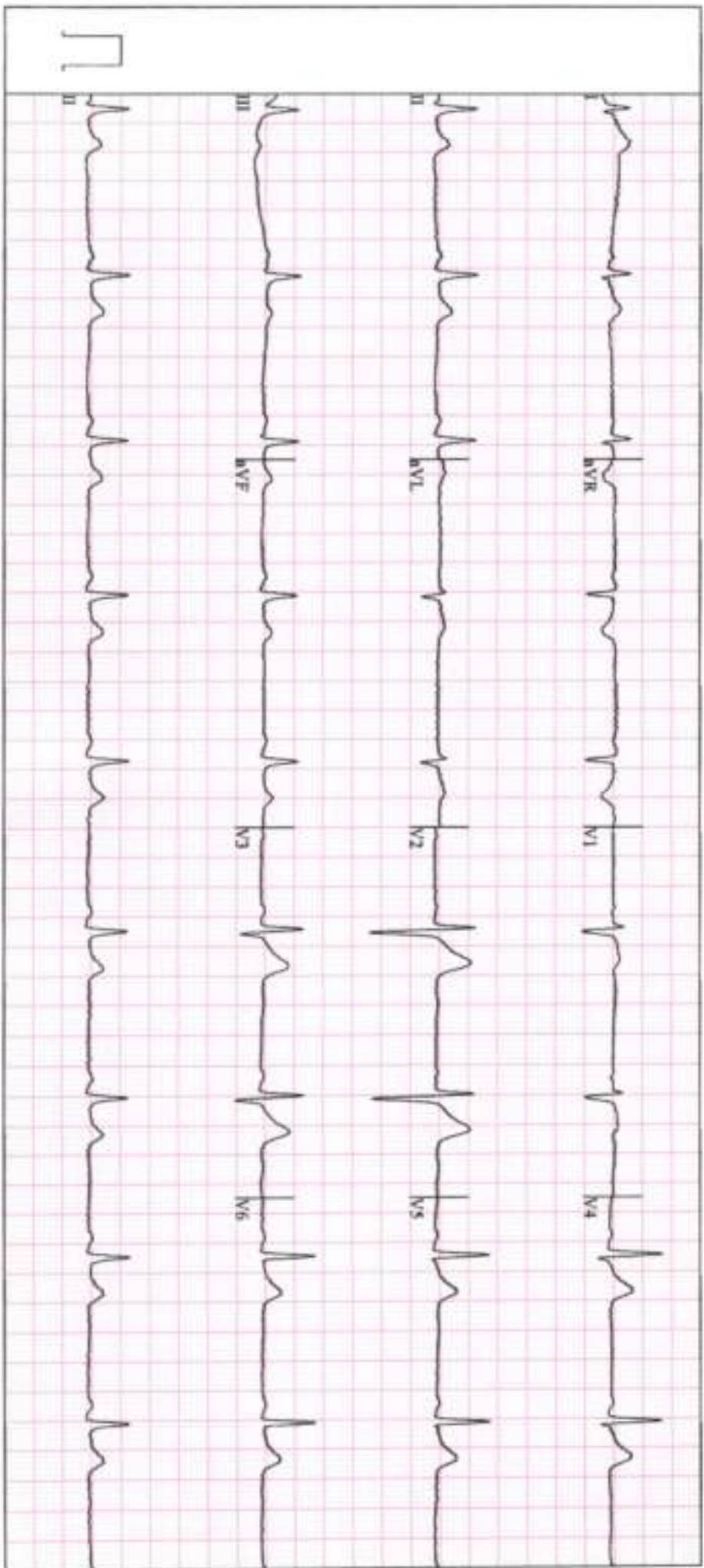


QRS : 82 ms  
QT / QTcBaz : 382 / 362 ms  
PR : 138 ms  
P : 80 ms  
RR / PP : 1114 / 1111 ms  
P / QRS / T : 64 / 71 / 37 degrees

Sinus brady cardia  
Otherwise normal ECG

Sr. Rudhyanandan

  
DR. ANIRBAN DASGUPTA  
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Diploma Cardiology  
MNC - 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: ASHOK, PAOUNIKAR  
Patient ID: 10408  
Height:  
Weight:

DOB: 01.06.1979  
Age: 44yrs  
Gender: Male  
Race: Asian

Study Date: 27.01.2024  
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	00:19	0.00	0.00	72	110/70	
	STANDING	00:13	0.00	0.00	68		
	HYPERV.	00:13	0.00	0.00	68		
	WARM-UP	00:08	0.00	0.00	70		
EXERCISE	STAGE 1	03:00	1.70	10.00	110	120/80	
	STAGE 2	03:00	2.50	12.00	125	130/80	
	STAGE 3	01:31	3.40	14.00	153	140/80	
RECOVERY		01:23	0.00	0.00	106	180/90	

The patient exercised according to the BRUCE for 7:31 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 79 bpm rose to a maximal heart rate of 155 bpm. This value represents 88 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 180/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

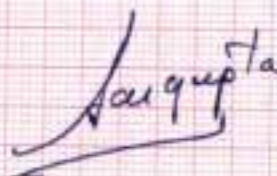
### Interpretation

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



PATIENT'S NAME	ASHOK B PAOUNIKAR	AGE: 44YRS/M
UHID NO	10408	27 Jan 2024

**DIGITAL RADIOGRAPH OF CHEST (PA VIEW)**

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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

• ANDHERI • COLABA • NASHIK • VASHI

PATIENT'S NAME	ASHOK B POUNIKAR	44YRS /M
UHID NO	10408	25 Jan 2024

### 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 10.4 x 4.3 cm. **LEFT KIDNEY** measures 10.5 x 4.4 cm.

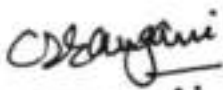
**Urinary Bladder** is adequately distended; no e/o any obvious wall thickening or mass or calculi seen.

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

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

### IMPRESSION –

- No significant abnormality detected.



DR.CHHAYA S. SANGANI  
CONSULTANT SONOLOGIST  
Reg: No. 073826

## DENTAL CHECKUP

<b>Name:</b> Ma. Ashok Pournikar	<b>MR NO:</b>
<b>Age/Gender :</b> 44 yrs / M	<b>Date:</b> 30/1/24.

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)	14		45, 46	
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	14		45, 46	
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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*APL*  
123226

• ANDHERI • COLABA • NASHIK • VASHI

## OPHTHALMIC EVALUATION

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

Date: 27/1/24

Name: Ashok Pawilkar Age: 44 Gender:  Male /  Female

Without Correction:

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

Near: Right Eye N/10 Left Eye N/10

With Correction:

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

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

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>6/6</u>					<u>6/6</u>				
Near				<u>Add</u>	<u>+1.50</u>					

Colour Vision: (Normal)

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

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

Fundus: OK

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

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

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

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

**DR. SHETH NIKET PRASHANT**  
 M.B.B.S D.O.M.S  
 Regn. No. 2008/10/3545  
 Consultant Ophthalmologist