

NAME:	Mr. Anil Waghmode	UHID:	
AGE:	32	DATE OF HEALTHCHECK:	8/3/2024
GENDER:	M		

HEIGHT:	165.5	MARITAL STATUS:	M
WEIGHT:	64.2	NO OF CHILDREN:	2
BMI:	23.4		

C/O: Acidity, Gurgling

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:

MOTHER: — D.M.T2

TOBACCO/PAN:

O/E:

LYMPHADENOPATHY:

BP: 130/70 PULSE: 82/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING:

TEMPERATURE: SCARS:

OEDEMA:

S/E:

RS:



P/A:

H.T. Exaggerated Pain  
J.H.

CVS: H.T.

Extremities & Spine: — No

CNS: Gravid, orientated

ENT: — No

Skin: — No

Vision:

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

Name: Mr. Amol Waghmode Age: 52/M Date of Health check-up: 08/03/2024

### Findings and Recommendation:

#### Findings:-

UA - 2.2

#### Recommendation:-

- Diet
- T. Folic acid 40 mg daily

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

## OPHTHALMIC EVALUATION

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

Date: 8/3/24

Name: AMOL WAGHMODE Age: 32y 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	-	-0.50	70		6/6	-0.50				6/6
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

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry



## DENTAL CHECKUP

<b>Name:</b> Amol Waghmode	<b>MR NO:</b>
<b>Age/Gender :</b> 32 / M	<b>Date:</b> 8/3/24.

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: \_\_\_\_\_

DR. AQSA SHAIKH

B. D. S

Reg. No: A 42611

DR. AQSA SHAIKH

B. D. S

Reg. No: A 42611

- Maintain well.
- Start using floss.
- Scaling & polishing - 1200.

• ANDHERI • COLABA • NASHIK • VASHI



Name : Mr. Amol Waghmode      Gender : Male      Age : 32 Years  
 UHID : FVAH 10883      Bill No :      Lab No : V-765-23  
 Ref. by : SELF      Sample Col. Dt : 08/03/2024 08:45  
 Barcode No : 1243      Reported On : 08/03/2024 17:43

TEST      RESULTS      BIOLOGICAL REFERENCE INTERVAL

HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)			
Haemoglobin(Colorimetric method)	13.1	g/dl	13 - 18
RBC Count (Impedance)	<b>7.29</b>	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	43.5	%	35 - 55
MCV:(Calculated)	<b>59.6</b>	fl	78 - 98
MCH:(Calculated)	<b>18</b>	pg	26 - 34
MCHC:(Calculated)	30.2	gm/dl	30 - 36
RDW-CV:	<b>18.5</b>	%	11.5 - 16.5
Total Leucocyte count(Impedance)	7120	/cumm.	4000 - 10500
Neutrophils:	63	%	40 - 75
Lymphocytes:	30	%	20 - 40
Eosinophils:	03	%	0 - 6
Monocytes:	04	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	1.81	Lakhs/c.mm	1.5 - 4.5
MPV	8.8	fl	6.0 - 11.0


ESR(Westergren Method)      02      mm/1st hr      0 - 20

Peripheral Smear (Microscopic examination)  
 RBCs:      Hypochromasia(++),Microcytosis(+),Anisocytosis(+),Poikilocytosis(Mild)

WBCs:      Normal

Platelets:      Adequate

**Remark**      **Kindly Correlate Clinically.**  
**Advised Hb electrophoresis to rule out thalassemia trait.**  
 Note:      Test Run on 5 part cell counter. Manual diff performed.

Page 7 of 9 

Ms Kaveri Gaonkar  
 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. Amol Waghmode      Gender : Male      Age : 32 Years  
UHID : FVAH 10883      Bill No :      Lab No : V-765-23  
Ref. by : SELF      Sample Col.Dt : 08/03/2024 08:45  
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**TEST**

**RESULTS**

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

ABO Group:      :O:  
Rh Type:      **Positive**  
Method :      Matrix gel card method (forward and reverse)  
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Pooja Surve  
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M.D(Path)  
Chief Pathologist

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*Results are to be correlated clinically*






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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b>			
Fasting Plasma Glucose :	104	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 :	121	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

**LIPID PROFILE - Serum**

S. Cholesterol(Oxidase)	187	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable: >240
S. Triglyceride(GPO-POD)	148	mg/dL	Desirable < 150 Borderline: >150-<499 Undesirable: >500
S. VLDL:(Calculated)	29.6	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	44	mg/dL	Desirable > 60 Borderline: >40-<59 Undesirable: <40
S. LDL:(calculated)	113.4	mg/dL	Desirable < 130 Borderline: >130-<159 Undesirable: >160
Ratio Cholesterol/HDL	4.2		3.5 - 5
Ratio of LDL/HDL	2.6		2.5 - 3.5

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Name : Mr. Amol Waghmode      Gender : Male      Age : 32 Years  
UHID : FVAH 10883.      Bill No :      Lab No : V-765-23  
Ref. by : SELF      Sample Col.Dt : 08/03/2024 08:45  
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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

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


S.Total Protein (Biuret method)	8.13	g/dL	6.6 - 8.7
S.Albumin (BCG method)	5.13	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.71		0.9 - 2
S.Total Bilirubin (DPD):	0.93	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.29	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.64	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	28	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	33	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	101	U/L	40 - 129
S.GGT(IFCC Kinetic):	35	U/L	11 - 50

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Chief Pathologist

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	<b>BIOCHEMISTRY</b>	
S.Urea(Urease Method)	15.2      mg/dl	10.0 - 45.0
BUN (Calculated)	7.09      mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.80      mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	<b>8.86</b>	9:1 - 23:1
S.Uric Acid(Uricase Method)	<b>7.2</b> 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)	1.89	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	117.4	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	3.44	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), Nephrosis 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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M.D(Path)

Page 8 of 9      Chief Pathologist

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**URINE REPORT**

**PHYSICAL EXAMINATION**

QUANTITY	20	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		Clear
SEDIMENT	Absent		Absent

**CHEMICAL EXAMINATION(Strip Method)**

REACTION(PH)	6.0	4.6 - 8.0
SPECIFIC GRAVITY	1.015	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	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

Anushka Chavan  
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M.D(Path)

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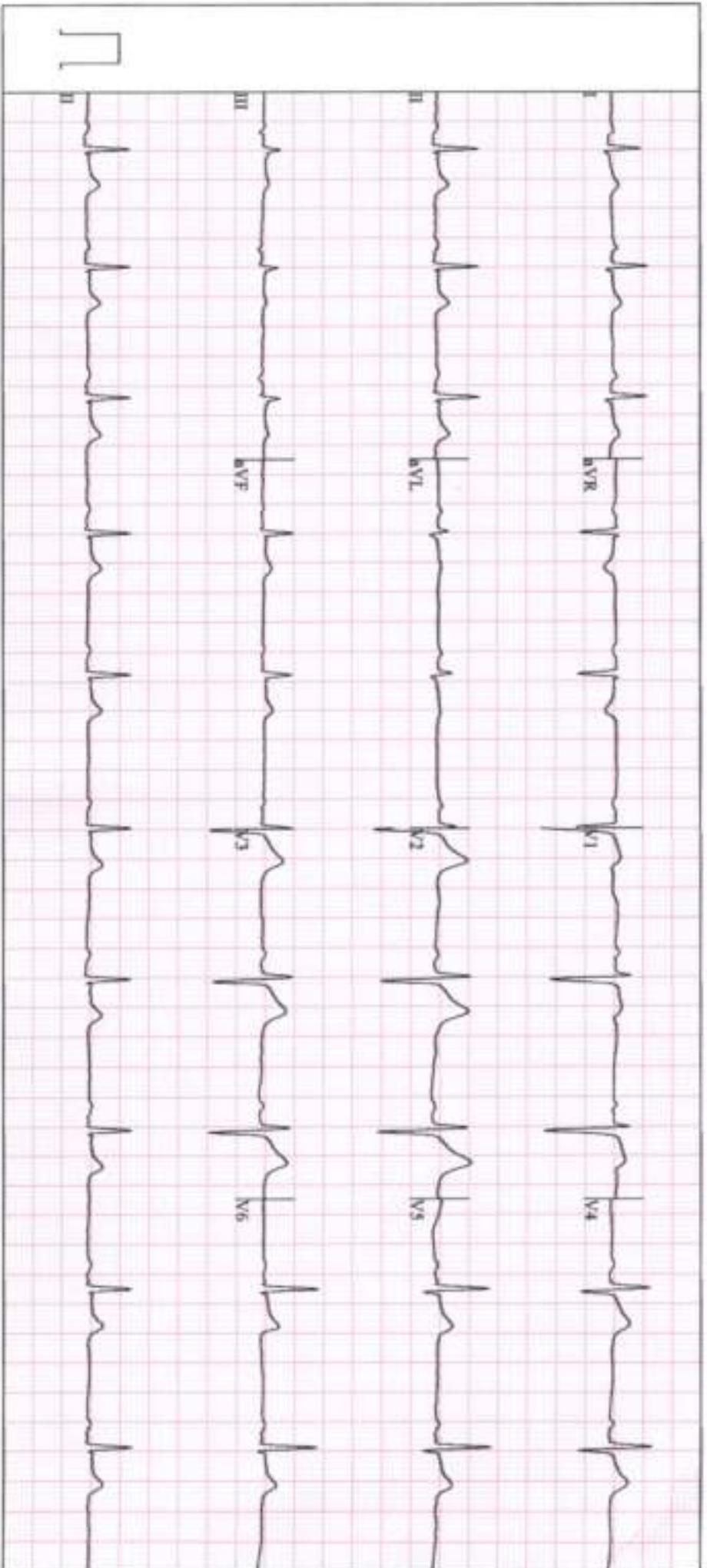
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QRS : 86 ms  
QT / QTcBaz : 378 / 380 ms  
PR : 160 ms  
P : 106 ms  
RR / PP : 976 / 983 ms  
P / QRS / T : 16 / 50 / 49 degrees

Normal sinus rhythm with sinus arrhythmia  
Normal ECG

Smit Arshy Mune

  
**Dr. ANIRBAN DASGUPTA**  
MB, BS, DNB Medicine  
Diploma Cardiology  
MMC-2005/02/0920





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

Station  
Telephone:

## EXERCISE STRESS TEST REPORT

Patient Name: AMOL, WAGHMODE  
Patient ID: 10883  
Height:  
Weight:

DOB: 01.07.1991  
Age: 32yrs  
Gender: Male  
Race: Asian

Study Date: 08.03.2024  
Test Type: Treadmill Stress Test  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: DR. ANIRBAN DASGUPTA  
Technician: SWAPNALI LAKHIMALE

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	00:33	0.00	0.00	69	130/70	
	STANDING	00:15	0.00	0.00	60		
	HYPERV.	00:16	0.00	0.00	61		
EXERCISE	WARM-UP	00:13	0.90	0.00	68	130/70	
	STAGE 1	03:00	1.70	10.00	91	140/80	
	STAGE 2	03:00	2.50	12.00	117	150/80	
	STAGE 3	03:00	3.40	14.00	160	160/80	
	STAGE 4	00:05	4.20	16.00	157		
RECOVERY		01:03	0.00	0.00	114	160/90	

The patient exercised according to the BRUCE for 9:04 min:s, achieving a work level of Max. METS: 10.30. The resting heart rate of 71 bpm rose to a maximal heart rate of 162 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/70 mmHg, rose to a maximum blood pressure of 160/90 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.

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



PATIENT'S NAME	AMOL WAGHMODE	AGE :- 32 Y/M
UHID NO	10883	8 Mar 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	AMOL WAGHMODE	AGE :- 32y/M
UHID NO	10883	8 Mar 2024

**USG ABDOMEN AND PELVIS (TAS)**

**Liver** is normal in size, shape and echotexture. There is no focal lesion seen. The portal vein and common bile duct are normal in course and caliber. There is no evidence of intra-hepatic biliary duct dilatation seen. PV = 9.4 mm. CBD = 2.9 mm.

**Gall Bladder** is physiologically distended. No calculus, abnormal wall thickening or pericholecystic fluid collection is seen.

The visualized **Pancreas** is normal in size, shape and echotexture. There is no focal lesion seen.

**Spleen** is normal in size, shape and echotexture. There is no focal lesion seen.

**Right Kidney** measures 9.9 x 4.7 cm. **Left Kidney** measures 10.7 x 4.2 cm.  
Both kidneys are normal in size, shape and echotexture. No evidence of any focal lesion is noted. No hydronephrosis, hydroureter or calculus is noted in both kidneys. Cortico medullary differentiation is well maintained.

**Urinary Bladder** is well distended. There is no evidence of focal lesion. No evidence of any calculus is seen.

**Prostate gland** is normal in size, shape and echopattern.

There is no free fluid or abdominal lymphadenopathy.

**IMPRESSION: - NO SIGNIFICANT ABNORMALITY IS DETECTED.**

Clinico-haematological correlation and imaging follow-up is recommended.

Thanking you for the referral,  
With regards,



**DR. SIDDHI PATIL**  
Con. Radiologist