

NAME:	Mr. Ananta Agarwal	UHID:	
AGE:	41	DATE OF HEALTHCHECK:	10/12/2024
GENDER:	M		

HEIGHT:	168	MARITAL STATUS:	M
WEIGHT:	75.8	NO OF CHILDREN:	2
BMI:	27.9		

C/O: Pain in legs

K/C/O: Hypertension - 4 years, Dyslipidemia
 PRESENT MEDICATION: Tab - Amlodipine, Atorvastatin

P/M/H: - No

P/S/H: -

ALLERGY: - No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

FAMILY HISTORY FATHER: - Ca. Brain

ALCOHOL:

MOTHER: - Ca. Breast?

TOBACCO/PAN:

O/E:

LYMPHADENOPATHY:

BP: - 119/70 PULSE: - 86/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING: -

TEMPERATURE: - SCARS:

OEDEMA:

S/E:
RS:



P/A:



CVS: C12 ↑

Extremities & Spine: -

CNS: Crabs, onychoclast

ENT: -

Skin: -

Vision:

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

Name: Ankur Agarwal	Age: 47	Date of Health check-up: 15/04/2024
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Findings and Recommendation:

Findings:-

Cholesterol T
FL (+)

Recommendation:-

- Diet / Exercise
- T. Pravastatin 10mg once daily

Signature:

Consultant -


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

OPHTHALMIC EVALUATION

UHID No.: _____

Date 14/2/24

Name : Mr. Arjun Age : 41 Gender : Male / Female

Without Correction :

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

Near : Right Eye 2/6 Left Eye 2/6

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	<u>0.25</u>					<u>0.25</u>				
Near										

Colour Vision : Normal

Anterior Segment Examination : NP / BC

Pupils : _____

Fundus : _____

Intraocular Pressure : 14 mm Hg BC

Diagnosis : _____

Advice : _____

Re-Check on 6 mths (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

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ ~~Diagnosis~~

DENTAL CHECKUP

Name: Mr. Ankur Agarwal.	MR NO:
Age/Gender : 41yrs / F	Date: 19/2/24.

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	14.			
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. NILAM PATIL
 B. D. S
 Reg. No: A 23226

• ANDHERI • COLABA • NASHIK • VASHI

Name : Mr. Ankur Agarwal Gender : Male Age : 41 Years
UHID : FVAH 10687. Bill No : Lab No : V-2344-23
Ref. by : SELF Sample Col.Dt : 19/02/2024 09:50
Barcode No : 9022 Reported On : 19/02/2024 17:33

TEST

RESULTS

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

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

Sheetal Nakate
Entered By

Ms Kaveri Gaonkar
Verified By



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

End of Report
Results are to be correlated clinically

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Fasting Plasma Glucose :	93	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 :	94	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

Vasanti Gondal
Entered By

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LIPID PROFILE - Serum

S. Cholesterol(Oxidase)	221	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	144	mg/dL	Desirable < 150 Borderline:> 150-<499 Undesirable:>500
S. VLDL:(Calculated)	28.8	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	36.0	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	156.2	mg/dL	Desirable < 130 Borderline:> 130-<159 Undesirable:>160
Ratio Cholesterol/HDL	6.1		3.5 - 5
Ratio of LDL/HDL	4.3		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	6.87	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.41	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.46	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.79		0.9 - 2
S.Total Bilirubin (DPD):	0.42	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.16	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.26	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	32	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	63	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	92	U/L	40 - 129
S.GGT(IFCC Kinetic):	25	U/L	11 - 50

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	21.0 mg/dl	10.0 - 45.0
BUN (Calculated)	9.8 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.81 mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	12.1	9:1 - 23:1
S.Uric Acid(Uricase Method)	6.1 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)	1.87	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	101.7	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.95	□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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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
PROSTATE SPECIFIC ANTIGEN		
Prostate Specific Antigen (ECLIA):	0.860ng/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	15	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 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
 Entered By

Ms Kaveri Gaonkar
 Verified By



Dr. Milind Patwardhan
 M.D(Path)

Page 2 of 2 Chief Pathologist

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

STOOL EXAMINATION

PHYSICAL EXAMINATION

COLOUR Brown
CONSISTENCY Semi Solid
MUCUS Absent Absent

CHEMICAL EXAMINATION

OCCULT BLOOD (Guaiac method) Absent Absent
PH(Litmus paper) Acidic Acidic/Alkaline

MICROSCOPIC EXAMINATION

PUS CELLS Absent 0 - 1
EPITHELIAL CELLS Absent Absent
RED BLOOD CELLS Nil /HPF Absent
FAT GLOBULES Absent Absent
VEGETABLE FIBRES Present Present
YEASTS Absent Absent
CYST Absent Absent
VEGETATIVE FORMS Absent Absent
OVA Absent Absent
LARVAE Absent Absent

Dilpreetkaur S Singh
Entered By

Ms Kaveri Gaonkar
Verified By



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

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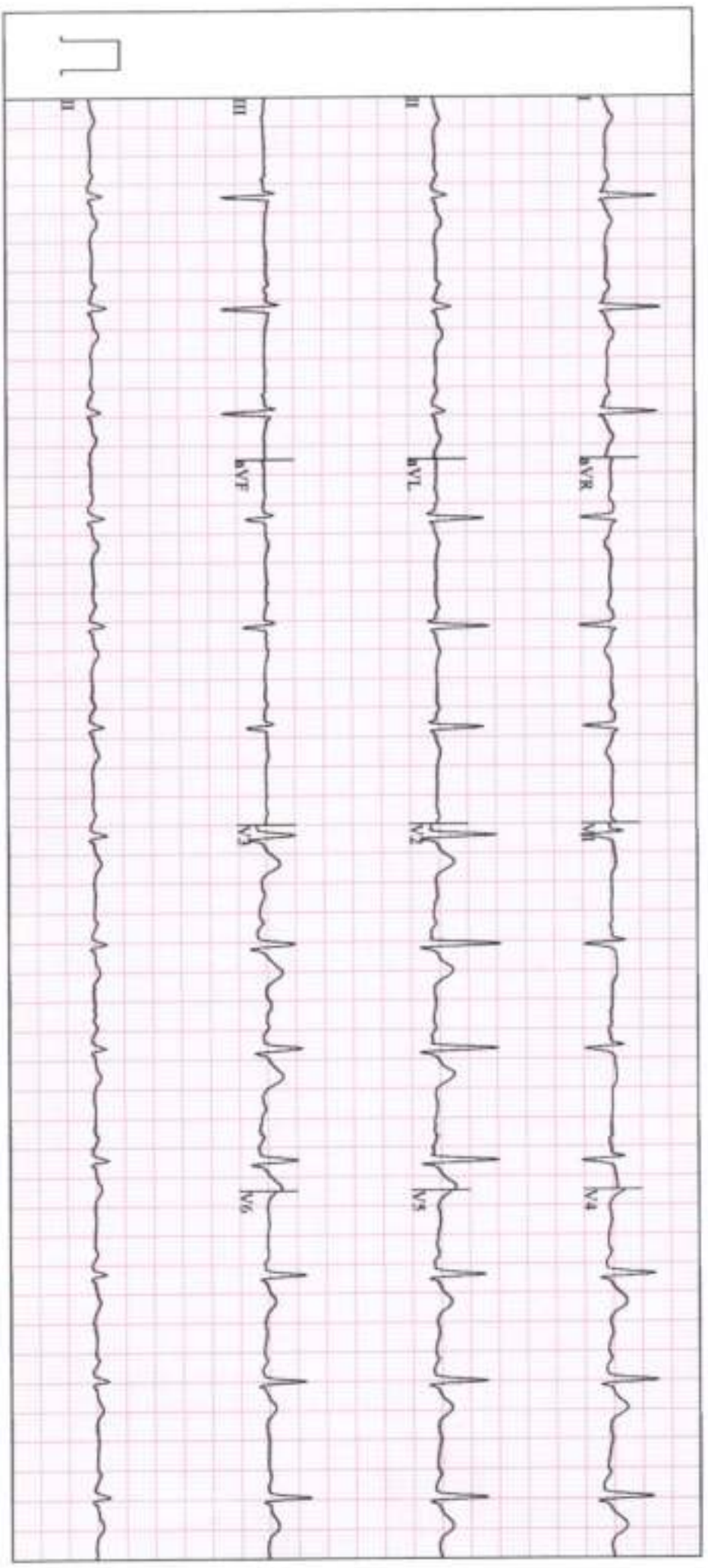
41 Years Male

QRS : 90 ms
QT / QTc/ Baz : 348 / 404 ms
PR : 148 ms
P : 102 ms
RR / PP : 740 / 740 ms
P / QRS / T : 22 / -17 / 13 degrees

Normal sinus rhythm
Minimal voltage criteria for LVH, may be normal variant
Borderline ECG

L.P.O

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



Unconfirmed

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

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: ANKUR, AGARWAL
Patient ID: 10687
Height:
Weight:

DOB: 02.07.1982
Age: 41 yrs
Gender: Male
Race: Asian

Study Date: 19.02.2024
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	00:55	0.00	0.00	77	110/70	
	STANDING	00:10	0.00	0.00	75		
	HYPERV.	00:11	0.00	0.00	72	110/70	
EXERCISE	WARM-UP	00:24	0.90	0.00	88		
	STAGE 1	03:00	1.70	10.00	126	120/80	
	STAGE 2	03:00	2.50	12.00	151	130/80	
	STAGE 3	00:34	3.40	14.00	162	150/80	
RECOVERY		01:04	0.00	0.00	122	160/90	

The patient exercised according to the BRUCE for 6:33 mins, achieving a work level of Max. METS: 8.70. The resting heart rate of 77 bpm rose to a maximal heart rate of 162 bpm. This value represents 90% of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 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.

Physician-DR. ANIRBAN DASGUPTA

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

PATIENT'S NAME	ANKUR AGARWAL	AGE :- 41 Y/M
UHID NO	10687	19 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	ANKUR AGARWAL	AGE :-41 y/M
UHID NO	10687	19 Feb 2024

SONOGRAPHY OF ABDOMEN AND PELVIS

Liver is mildly enlarged in size measuring about 12 cm in cranio-caudal dimension. It shows increased echogenicity and reflectivity. 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 = 9.8 mm. CBD = 4.0 mm.

Gall Bladder is partially 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 9.7 X 4.6 cm. **Left Kidney** measures 10.5 X 5.1 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: FINDINGS ARE SUGGESTIVE OF
- DIFFUSE FATTY INFILTRATION OF LIVER.
- NO OTHER SIGNIFICANT ABNORMALITY IS DETECTED.

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

Thanking you for the referral,
With regards,



DR. SIDDHI PATIL
Cons. Radiologist

• ANDHERI • COLABA • NASHIK • VASHI