

NAME:	Mr. Dharmraj Chaudhary	UHID:	
AGE:	42	DATE OF HEALTHCHECK:	10-10-2024
GENDER:	M		

HEIGHT:	168	MARITAL STATUS:	M
WEIGHT:	71.1	NO OF CHILDREN:	2
BMI:	25.2		

C/O: -

K/C/O:

PRESENT MEDICATION: -

P/M/H: - No

P/S/H: - No

ALLERGY: - No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

ALCOHOL:

TOBACCO/PAN:

NO

FAMILY HISTORY FATHER: -

MOTHER: - DM.

O/E:

BP: 110/80 PULSE: - 78/min

TEMPERATURE: - SCARS:

LYMPHADENOPATHY:

PALLOR/ICTERUS/CYNOSIS/CLUBBING: - NO

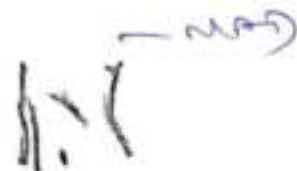
OEDEMA:

S/E:

RS:



P/A:



CVS: -

Silent

Extremities & Spine: - NO

ENT: - NO

CNS: Gradual, unsteady

Skin: - NO

Vision:

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

• ANDHERI • COLABA • NASHIK • VASHI

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

Findings:-

Dyslipidemia
Total cholesterol - 204 mg/dl
TG - 192 "
HDL - 32.8 "
USG - ge - 5 satylen
Sample Right Renal
Cystical cyst

Recommendation:-

Low fat diet

DR. PRADNYA P. DANI
(M.B.B.S)
Reg. No. 87641

Pradnya

Signature:

Consultant -

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 10/1/24

Name: DHANANJAY CHAUDHARY Age: 42y 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										
Near										

Colour Vision : (BE) - WNL

Anterior Segment Examination : (BE) - WNL

Pupils : (BE) - WNL

Fundus : (BE) - WNL

Unlit
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

Name: Dnananjay Chaudhary	MR NO:
Age/Gender: 42 yrs / m	Date: 10/1/23

Medical history: Diabetes Hypertension NRH

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: OPG



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Name : Mr. Dhananjay Kumar Chaudhary Gender : Male Age : 42 Years
 UHID : FVAH 10182. Bill No : Lab No : V-1290-23
 Ref. by : SELF Sample Col.Dt : 10/01/2024 08:55
 Barcode No : 3560 Reported On : 10/01/2024 15:16

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

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

Haemoglobin(Colorimetric method)	13.4	g/dl	13 - 18
RBC Count (Impedance)	4.35	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	41.3	%	35 - 55
MCV:(Calculated)	95	fl	78 - 98
MCH:(Calculated)	30.7	pg	26 - 34
MCHC:(Calculated)	32.4	gm/dl	30 - 36
RDW-CV:	13.9	%	11.5 - 16.5
Total Leucocyte count(Impedance)	5580	/cumm.	4000 - 10500
Neutrophils:	60	%	40 - 75
Lymphocytes:	31	%	20 - 40
Eosinophils:	05	%	0 - 6
Monocytes:	04	%	2 - 10
Basophils:	0	%	0 - 2
Platelets Count(Impedance method)	1.54	Lakhs/c.mm	1.5 - 4.5
MPV	11	fl	6.0 - 11.0
ESR(Westergren Method)	06	mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)			
RBCs:	Normochromic, Normocytic		
WBCs:	Normal		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter. Manual diff performed.		

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Ms Kaveri Gaonkar
Verified By

Page 8 of 90
Dr. Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically

Name : Mr. Dhananjay Kumar Chaudhary Gender : Male Age : 42 Years
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TEST

RESULTS

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

ABO Group:

:A:

Rh Type:

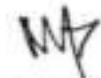
Positive

Method :

Matrix gel card method (forward and reverse)

Dilpreetkaur S Singh
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.7 %
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 : 116.89 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 HEMOGLBINOPATHIES 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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NABL Accredited Laboratory

The Emerald, 1st Floor, Plot No. 195, Sector-12,
Besides Neel Siddhi Tower, Vashi-Navi Mumbai-400703.

Tel.: (022) - 2788 1322 / 23 / 24 ☎ 8291490000

Email: apolloclinicvashi@gmail.com

Apollo Clinic
VASHI


Name : Mr. Dhananjay Kumar Chaudhary Gender : Male Age : 42 Years
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	106	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 :	137	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)	204	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable: >240
S. Triglyceride(GPO-POD)	197	mg/dL	Desirable < 150 Borderline: >150-<499 Undesirable: >500
S. VLDL:(Calculated)	39.4	mg/dL	Desirable < 30
S. HDL-Cholesterol(Direct)	32.8	mg/dL	Desirable > 60 Borderline: >40-<59 Undesirable: <40
S. LDL:(calculated)	131.8	mg/dL	Desirable < 130 Borderline: >130-<159 Undesirable: >160
Ratio Cholesterol/HDL	6.2		3.5 - 5
Ratio of LDL/HDL	4		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL


LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.19	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.57	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.62	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.74		0.9 - 2
S.Total Bilirubin (DPD):	0.56	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.17	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.39	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	18	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	23	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	76	U/L	40 - 129
S.GGT(IFCC Kinetic):	19	U/L	11 - 50

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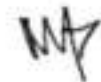
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	24.8 mg/dl	10.0 - 45.0
BUN (Calculated)	11.57 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.79 mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	14.65	9:1 - 23:1
S.Uric Acid(Uricase Method)	6.8 mg/dl	3.4 - 7.0

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Thyroid (T3,T4,TSH)- Serum

Total T3 (Tri-iodo Thyronine) (ECLIA)	1.77	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	94.56	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.34	□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

End of Report
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
PROSTATE SPECIFIC ANTIGEN		
Prostate Specific Antigen (ECLIA):	0.76 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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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
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URINE REPORT**PHYSICAL EXAMINATION**

QUANTITY	30	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

Vasanti Gondal
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Page 1 of 1 Chief Pathologist

End of Report
Results are to be correlated clinically

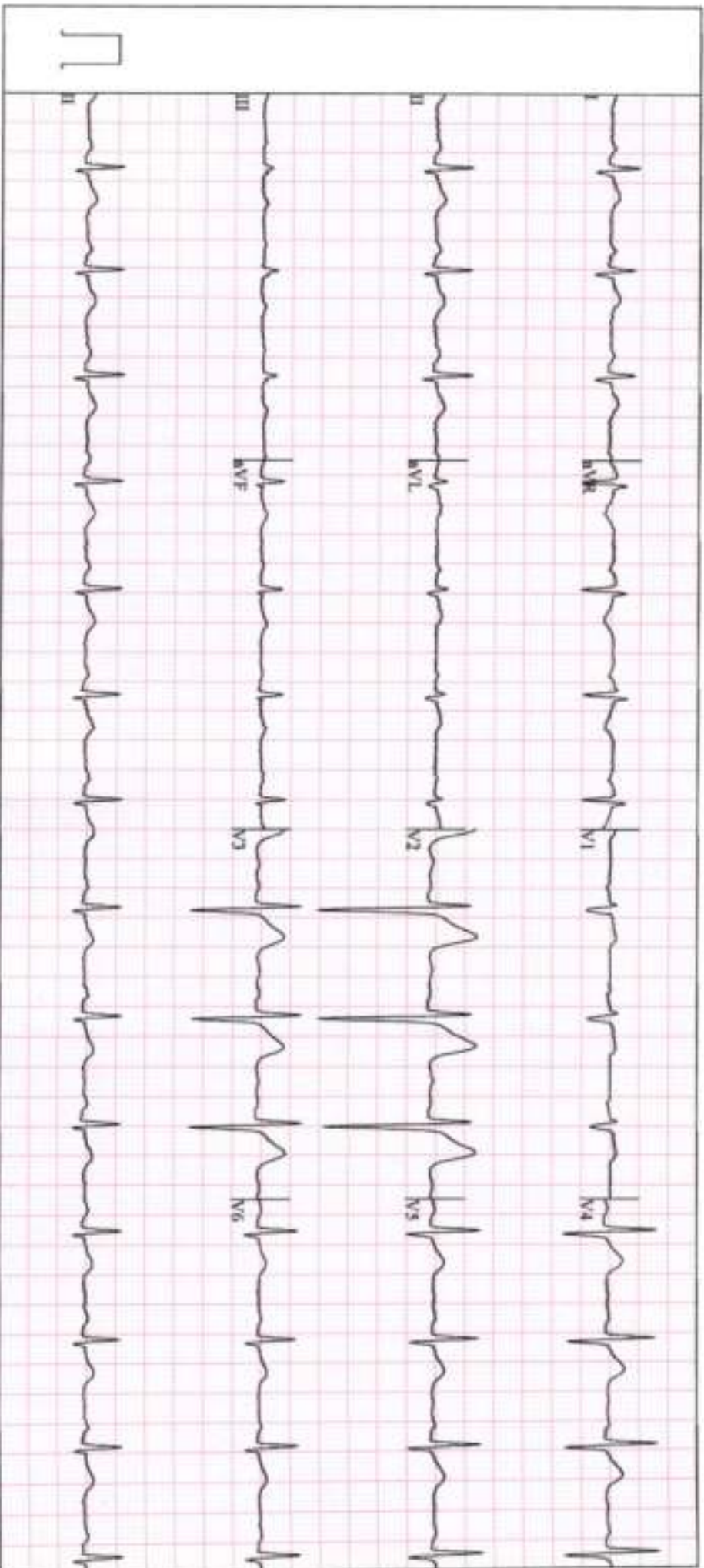
42 Years Male

NORMAL ECG

QRS : 80 ms
QT / QTcBaz : 350 / 411 ms
PR : 158 ms
P : 102 ms
RR / PP : 720 / 722 ms
P / QRS / T : 40 / 51 / 31 degrees

Normal sinus rhythm
Normal ECG


Dr. ANIRBAN DASGUPTA
M.B.B.S. D.M.B. Medicine
Diploma Cardiology
MMC - 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: DHANANJAY, CHAUDHARY
Patient ID: 10182
Height:
Weight:

DOB: 07.11.1981
Age: 42yrs
Gender: Male
Race: Asian

Study Date: 10.01.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR. ANIRBAN DASGUPTA
Technician: Anita Galkwad

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	87	110/80	
	STANDING	00:15	0.00	0.00	86		
	HYPERV.	00:15	0.00	0.00	90		
	WARM-UP	00:10	0.00	0.00	92		
EXERCISE	STAGE 1	03:00	1.70	10.00	129	120/80	
	STAGE 2	03:00	2.50	12.00	151	150/90	
	STAGE 3	00:31	3.40	14.00	160	160/90	
RECOVERY		01:04	0.00	0.00	130	170/90	

The patient exercised according to the BRUCE for 6:31 min:s, achieving a work level of Max. METS: 8.50. The resting heart rate of 88 bpm rose to a maximal heart rate of 160 bpm. This value represents 89 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 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



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

PATIENT'S NAME	DHANANJAY K CHAUDHARY	AGE :- 42 y/M
UHID NO	10182	10 Jan 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.

Clinico-haematological correlation is recommended.

Thanking you for the referral,
With regards,



DR. SIDDHI PATIL
Cons. Radiologist

PATIENT'S NAME	DHANANJAY KUMAR C	AGE :- 42y/M
UHID NO	10182	10 Jan 2024

SONOGRAPHY OF ABDOMEN AND PELVIS

Liver is normal in size measuring about 14.5 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.

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 10 x 5.1 cm. **Left Kidney** measures 10.3 x 5.4 cm. Both kidneys are normal in size, shape and echotexture. No evidence of any focal lesion is noted. A 1.4 cm x 1.3 cm simple cortical cyst at mid pole of right kidney is noted with tiny focus of calcification within. 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 (19.2 ml), shape and echopattern. Tiny prostatic calcification is noted.

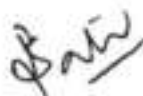
There is no free fluid or abdominal lymphadenopathy.

IMPRESSION: FINDINGS ARE SUGGESTIVE OF

- DIFFUSE FATTY INFILTRATION OF LIVER.
- SIMPLE RIGHT RENAL CORTICAL CYST.
- 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

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