

# MEDICAL SUMMARY **Apollo Clinic** VASHI

NAME:	Mrs. Vanita Arde	UHID:	3544
AGE:	56 yrs	DATE OF HEALTHCHECK:	12-12-2022
GENDER:	Female		

HEIGHT:	151 cm	MARITAL STATUS:	Married
WEIGHT:	78.1 kg	NO OF CHILDREN:	2
BMI:	34.3		

C/O: Acidity, Central Pain  
Back pain

K/C/O: HTN, DM, Hypertension  
PRESENT MEDICATION: - Ins - Novanor 20/70

P/M/H: -

P/S/H: Tab - Digoxin 200mg, Tab - Piro 2 CPOD  
Tab - Pantoprazole, Tab - Glaxo - 400  
Tab - Omeprazole, Tab - Glaxo - 400  
Tab - Aspirin 100mg

ALLERGY: - No

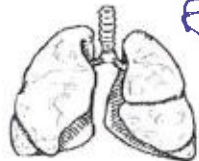
PHYSICAL ACTIVITY: Active / Moderate / Sedentary

FAMILY HISTORY FATHER: -  
MOTHER: -

H/A: SMOKING: -  
ALCOHOL: -  
TOBACCO/PAN: -

O/E:  
BP: 130/80 mmHg PULSE: - 90/min  
TEMPERATURE: - SCARS: -

LYMPHADENOPATHY: -  
PALLOR/ICTERUS/CYNOSIS/CLUBBING: -  
OEDEMA: -

S/E:  
RS:  RGSSE

P/A:  - NAD

CVS: S.I.H

Extremities & Spine: - Bone pain

CNS: cerebellar ataxia

ENT:  
Skin: - NAD

Vision:

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

• ANDHERI • COLABA • NASHIK • VASHI

# Apollo Clinic VASHI

## DENTAL CHECKUP

Name: <u>Vanita Athawale</u>	MR NO: <u>3536</u>
Age/Gender: <u>56/F</u>	Date: <u>17/12/22</u>

Medical history:  Diabetes  Hypertension

EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus & Stains	1	P	eee	ett
Mobility				
Caries (Cavities)				
a) Class 1 (Occlusal)				
b) Class 2 (Proximal)				
c) Class 5 (Cervical)				
Faulty Restoration				
Faulty Crown				
Fractured Tooth				
Root Pieces		4		
Impacted Tooth				
Missing Tooth				
Existing Denture				

### TREATMENT ADVISED:

TREATMENT	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling				
Root Canal Therapy				
Crown				
Extraction		4		

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. Namrata Patil  
MDS, Pedodontics.  
Reg: A-16738

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Name: Mrs. Manita Age: 56 Sex: F UHID No.: Date: 17/12/2020

56 yrs F, P3L3 (FTND)

ps. consultation

no menstrual cycles

men - long - postmenopausal 10 yrs

W/O H P3L3 (FTND)

PS+!

no DM

no HTND

no hypothyroidism

} on medication


ac - far

atenule

W/O P3L3

R/A - soft

normal

Dr. 



**Apollo Clinic**  
**VASHI**

- Consultation
- Diagnostics
- Health Check-Ups
- Dentistry

## OPHTHALMIC EVALUATION

UHID No.: 3544

Date: 17/12/22

Name: Mrs. Venita Altrani Age: 56 Gender: Female ✓

Without Correction :

Distance: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

Near : Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

With Correction :

Distance: Right Eye 6/6 Left Eye 6/9

Near : Right Eye N6 Left Eye N8

DU  
PUP 20/20

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>0.25</u>	<u>0.25</u>	<u>175°</u>			<u>1.0</u>	<u>0.25</u>	<u>25°</u>		
Near	<u>+2.5</u>					<u>+1.75</u>				

Colour Vision : Plates pup NO ON

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

Pupils : early cat ar.

Fundus : \_\_\_\_\_

Intraocular Pressure : 12 mm hg.

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

Advice : eye glasses

Re-Check on 1 year. (This Prescription needs verification every year)

**DR. RUCHIRA SHARMA**  
M. S. (OPHTH)  
CONSULTING OPHTHALMOLOGIST  
& MICRO SURGEON  
REG. No.: 3262 / 09/ 02

Dr. [Signature]  
(Consultant Ophthalmologist)

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

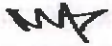
Name : Mrs. Vanita D Athawale Gender : Female Age : 56 Years  
UHID : FVAH 3544 Bill No : Lab No: V-1955-19  
Ref. by : SELF Sample Col.Dt : 17/12/2022 08:30  
Barcode No : 3731 Reported On : 17/12/2022 16:29

## TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
<b>CBC (Complete Blood Count)-WB (EDTA)</b>		
Haemoglobin(Colorimetric method)	<b>10.9</b> g/dl	11.5 - 15
RBC Count (Impedance)	4.06 Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	<b>33.8</b> %	35 - 55
MCV:(Calculated)	83.2 fl	78 - 98
MCH:(Calculated)	26.8 pg	26 - 34
MCHC:(Calculated)	32.2 gm/dl	30 - 36
RDW-CV:	14.2 %	10 - 16
Total Leucocyte/WBC count(Impedance)	8750 /cumm.	4000 - 10500
Neutrophils:	71 %	40 - 75
Lymphocytes:	24 %	20 - 40
Eosinophils:	02 %	0 - 6
Monocytes:	03 %	2 - 10
Basophils:	00 %	0 - 2
Platelets Count(Impedance method)	3.25 Lakhs/c.mm	1.5 - 4.5
MPV	8.6 fl	6.0 - 11.0
Peripheral Smear (Microscopic examlnation)		
RBCs:	Normochromic, Normocytic	
WBCs:	Normal	
Platelets	Adequate	
Note:	Test Run on 5 part cell counter. Manual diff performed.	

Shweta Unavane  
Entered By

Dr. Milind Patwardhan  
Verified By

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

End of Report

Results are to be correlated clinically

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TEST      RESULTS      BIOLOGICAL REFERENCE INTERVAL

**ESR(Westergren Method)**

**Erythrocyte Sedimentation Rate:-**      **54**      mm/1st hr      0 - 20

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## TEST

## RESULTS

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

ABO Group:

**:AB:**

Rh Type:

**Positive**

Method :

Tube Agglutination (forward and reverse)

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Vasanti Gondal  
Entered By

Ms Kaveri Gaonkar  
Verified By

  
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

**HbA1c(Glycosylated Haemoglobin )WB-EDTA**

(HbA1C) Glycosylated Haemoglobin : **7.4** %  
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 : 165.68 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 corelate 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 then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints 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 daibetics .
- \* 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

Shweta Unavane

Ms Kaveri Gaonkar

~~Dr. Milind Patwardhan~~

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b>			
Fasting Plasma Glucose :	<b>180</b>	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 :	<b>322</b>	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

Alsaba Shaikh

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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

**Lipid Profile- Serum**

S. Cholesterol(Oxidase)	222	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	<b>260</b>	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	<b>52</b>	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<b>35.3</b>	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	134.7	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	<b>6.3</b>		3.5 - 5
Ratio of LDL/HDL	<b>3.8</b>		2.5 - 3.5

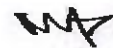
Sushant Gaikwad

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

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

S.Total Protein (Biuret method)	7.14	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.17	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.97	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.4		0.9 - 2
S.Total Bilirubin (DPD):	0.38	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.12	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):	16	U/L	5 - 36
S.ALT (SGPT) (IFCC Kinetic with P5P):	12	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	86	U/L	35 - 105
S.GGT(IFCC Kinetic):	23	U/L	07 - 32

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
<b>BIOCHEMISTRY</b>		
S.Urea(Urease Method)	<b>53.4</b> mg/dl	10.0 - 45.0
BUN (Calculated)	<b>24.91</b> mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	<b>1.15</b> mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	21.66	9:1 - 23:1
S.Uric Acid(Uricase Method)	<b>8.2</b> mg/dl	2.4 - 5.7

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Thyroid (T3,T4,TSH)- Serum</b>			
Total T3 (Tri-iodo Thyronine) (ECLIA)	<b>1.26</b>	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	111.5	nmol/L	66 - 181 nmol/L
TSH (Thyroid-stimulating hormone) (ECLIA)	<b>6.20</b>	□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

Sushant Gaikwad

Dr. Milind Patwardhan

  
Dr. Milind Patwardhan

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Verified By

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

## URINE REPORT

### PHYSICAL EXAMINATION

QUANTITY	60	mL
COLOUR	Pale Yellow	
APPEARANCE	Slightly Hazy	Clear
SEDIMENT	Absent	Absent

### CHEMICAL EXAMINATION(Strip Method)

REACTION(PH)	5.0	4.6 - 8.0
SPECIFIC GRAVITY	1.010	1.005 - 1.030
URINE PROTEIN	<b>Trace</b>	Absent
URINE SUGAR(Qualitative)	<b>Trace</b>	Absent
KETONES	Absent	Absent
BILE SALTS	Absent	Absent
BILE PIGMENTS	Absent	Absent
UROBILINOGEN	Normal(<1 mg/dl)	Normal
OCCULT BLOOD	<b>Trace</b>	Absent
Nitrites	Absent	Absent

### MICROSCOPIC EXAMINATION

PUS CELLS	2 - 3 / hpf	0 - 3/hpf
RED BLOOD CELLS	<b>1 - 2 / hpf</b>	Absent
EPITHELIAL CELLS	<b>6 - 8 / hpf</b>	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(Pathologist)  
Chief Pathologist

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Vanita, Athawale  
3544

56 Years

Female

17.12.2022 9:17:05  
Apollo Clinic  
1st Flr, The Emerald, Sector-12,  
Vashi, Mumbai-400703.

72 bpm  
--/-- mmHg

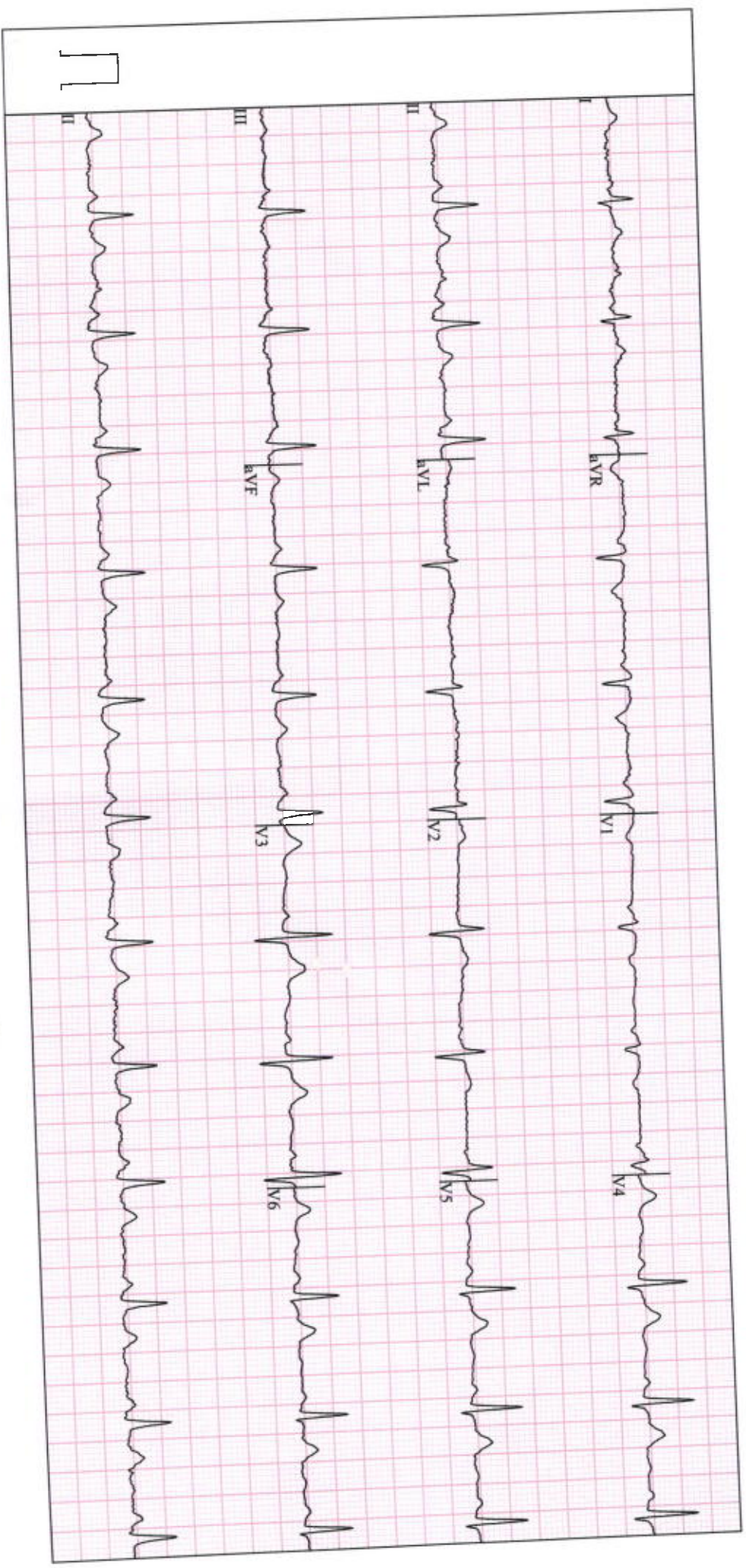
QRS : 80 ms  
QT/QTcBaz : 378 / 413 ms  
PR : 138 ms  
P : 92 ms  
RR/PP : 830 / 833 ms  
P/QRS/T : 54 / 85 / 47 degrees

Normal sinus rhythm  
Normal ECG

*WNL*  


# NORMAL ECG

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



PATIENT'S NAME	VANITHA S ATHAWALE	AGE :- 56 y/F
UHID	3544	19 Dec 2022

## X-RAY BILATERAL MAMMOGRAMS

*Film screen mammography of the breasts was performed using low radiation dose. Medio-lateral oblique and cranio - caudal projections were obtained.*

**Indication:** Screening mammogram.

**Comparison:** No previous mammogram is available for comparison.

### Findings-

ACR B-Mild scattered dense fibroglandular parenchyma.

### Right breast:

No dominant mass, suspicious calcifications or architectural distortion is seen.

### Left breast:

Few microcalcific foci seen at mid lateral Lt. breast.

No dominant mass or architectural distortion is seen.

### IMPRESSION-

Few microcalcific foci seen at mid lateral Lt. breast.

No mass is observed- ACR BIRADS category 2.

**Recommendation:** Sonomammography, Routine screening follow up and regular self breast examinations.

**DISCLAIMER:** Not all breast abnormalities show up on mammography. The false negative rate of mammography is approximately 10%. The management of a palpable abnormality must be based on clinical grounds. If you detect a lump or any other change in your breast before your next screening mammogram, consult your doctor immediately.

**Lexicon:** ACR BIRADS category 1- negative for malignancy; ACR BIRADS category 2- benign finding; ACR BIRADS category 3- probably benign finding, 98 % benign and 2 % risk of malignancy; ACR BIRADS category 4a- low suspicion of malignancy, 2-10% risk of malignancy; ACR BIRADS category 4b- intermediate suspicion of malignancy, 10-50% risk of malignancy; ACR BIRADS category 4c- high suspicion of malignancy, 50-95 % risk of malignancy; ACR BIRADS category 5- highly suggestive of malignancy, > 95% risk of malignancy; ACR BIRADS category 6- biopsy proven malignancy



**DR. DISHA MINOCHA**  
**DMRE (RADIOLOGIST)**

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PATIENT'S NAME	VANITHA ATHAWALE	AGE :- 56 y/F
UHID	3544	DATE :- .17 Dec. 22

## X-RAY CHEST PA VEIW

### OBSERVATION:

Bilateral lung fields are clear.  
Both hila are normal.  
Bilateral cardiophrenic and costophrenic angles are normal.  
The trachea is central.  
Aorta appears normal.  
**Cardiomegaly seen.**  
The mediastinal and cardiac silhouette are normal.  
Soft tissues of the chest wall are normal.  
Bony thorax is normal.

### IMPRESSION:

➤ Cardiomegaly seen.



**DR. DISHA MINOCHA**  
**DMRE (RADIOLOGIST)**

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PATIENT'S NAME	VANITHA ATHAWALE	AGE :- 56 Y/F
UHID	3544	17 Dec 2022

### USG WHOLE ABDOMEN (TAS)

LIVER is normal in size , shape and shows bright echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepato-petal 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. CBD appears normal.

Visualised parts of head & body of PANCREAS appear normal.

SPLEEN is normal in size and echotexture. No focal lesion seen. Splenic vein 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. Bilateral cortical scarring seen.

RIGHT KIDNEY measures 9.8 x 4.6 cm.

LEFT KIDNEY measures 8.5 x 4.5 cm.

URINARY BLADDER is well distended; no e/o wall thickening or mass or calculi seen.

UTERUS is anteverted and is normal in size, shape and echotexture; No focal lesion seen. It measures 5.0 x 3.9 x 3.2 cm; ET measures 5 mm.

Both ovaries are normal in size, shape and position.

Visualised BOWEL LOOPS appear normal. There is no free fluid seen.

### IMPRESSION -

- Fatty Liver grade I
- Bilateral renal cortical scarring seen.

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)**

● ANDHERI ● COLABA ● NASHIK ● VASHI