



E	MEDICAL SU	JMMARY	Experise. Classer took
	NAME: Ma Meethy Herent	UHID:	FYAH4120
	AGE: 34 YVS	DATE OF HEALTHCHECK:	12-1-622
	GENDER: Tale		
	HEIGHT: 157 cm	MARITAL STATUS:	M
	WEIGHT: 83.6 kg	NO OF CHILDREN:	1.
	c/o: - Both Por-	K/C/O:	
		PRESENT MEDICATION:	- No
	P/M/H: - (conical Sporages	P/S/H: ~ Ololeum	Laterword - de
	H/A: SMOKING:	FAMILY HISTORY FATH	FR· ↔>
	H/A: SMOKING:  ALCOHOL:  TOBACCO/PAN:		ER: -DM.
	O/E:	LYMPHADENOPATHY:	100
	BP: 120 184 PULSE: -82/min	PALLOR/LCTERUS/CYNO	SIS/CLUBBING:
	TEMPERATURE: MSCARS:	OEDEMA:	
	S/E: RS:	P/A:	1 - Pain

CV5:	2, 2	Extre

remities & Spine: - NAS

ENT:

Skin: - Blackin dischametra

Vision:

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





# **OPHTHALMIC EVALUATION**

UHID No.: 4120 Name: Vother House	Date: 12/1/73
Name: Nother House	Age: 34 Gender: Male Female
Without Correction :	
Distance: Right Eye C(C	Left EyeC/B
Near : Right Eye	Left Eye CAB
With Correction :	
Distance: Right Eye	Left Eye
Near : Right Eye	
SPH CYL AXIS PRISM	VA SPH CYL AXIS PRISM VA
Distance SPH CYL AXIS PRISM	VA SPH CYL AXIS PRISM VA
Near	
Colour Vision : Narval)  Anterior Segment Examination :	
Pupils :	
Fundus :	
Intraocular Pressure :	
Diagnosis:	
Advice :	
	(This Prescription needs verification every year) KET PRASHANT D O M S
Regn. No 2	(Consultant Ophthalmologist)

Name :	Ms Neutr Hemant Age: 34 Sex: F	UHID No. : Date : 12/01/28
	34 years F/ Ms 13 years/	
	corme of PAP so	ren
	cm9-27/14/2022	on. P,4
		0n. P, 4 4 - 1/4 years
•	0/2	
	GC Fau	Ry
	90 Fau Mebrili P- 821 min	- Avi reports
	PA. Soft N7	1
ر	- Pls. Cx 3 Mealthy	·

Dr. DR TRUPTI SHINDE





■ Consultation

■ Diagnostics

■ Health Check-Ups

■ Dentistry





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Name

: Mrs. Neethu Hemant

Gender

: Female

Age : 34 Years

**UHID** 

: FVAH 4120

Bill No

Lab No: V-1531-19

Ref. by

Sample Col.Dt : 12/01/2023 09:15

Barcode No

: SELF : 6697

Reported On

: 12/01/2023 18:13

**TEST** 

**RESULTS** 

BIOLOGICAL REFERENCE INTERVAL

CBC (Complete Blood Count)-WB (EDTA)

11.5 - 15 Haemoglobin(Colorimetric method) 12.5 g/dl Millions/cumm. 4 - 6.2 **RBC Count (Impedance)** 4.20 35 - 55 % PCV/Haematocrit(Calculated) 37.6 78 - 98 89.5 fl MCV:(Calculated) 29.8 26 - 34 MCH:(Calculated) pg 30 - 36 33.2 qm/di MCHC:(Calculated) % 10 - 16 14.0 RDW-CV: 4000 - 10500 Total Leucocyte/WBC count(Impedance) 8400 /cumm. 40 - 75 47 %

Neutrophils:

Lymphocytes:

43

%

20 - 40

Eosinophils:

06

%

0 - 6

Monocytes:

04

%

2 - 10

Basophils:

00

%

0 - 2

Platelets Count(Impedance method)

4.0

Lakhs/c.mm

1.5 - 4.5

Peripheral Smear (Microscopic examination)

7.3

fl

6.0 - 11.0

RBCs:

Normochromic, Normocytic

WBCs:

Lymphocytosis

**Platelets** 

Adequate

Note:

Test Run on 5 part cell counter. Manual diff performed.

Vasanti Gondal **Entered By** 

Ms Kaveri Gaonkar Verified By

End of Report Results are to be correlated clinically





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**TEST** 

**RESULTS** 

BIOLOGICAL REFERENCE INTERVAL

ESR(Westergren Method)

**Erythrocyte Sedimentation Rate:-**

15

mm/1st hr

0 - 20

**Shweta Unavane Entered By** 

Ms Kaveri Gaonkar Verified By

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**TEST** 

**RESULTS** 

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

ABO Group:

:A:

Rh Type:

**Negative** 

Method:

Tube Agglutination (forward and reverse)

-----

Tejal D Dighe **Entered By** 

Ms Kaveri Gaonkar Verified By

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BIOLOGICAL REFERENCE INTERVAL

# HbA1c(Glycosylated Haemoglobin )WB-EDTA

(HbA1C) Glycosylated Haemoglobin :

5.5

Normal

<5.7 %

Pre Diabetic

5.7 - 6.5 %

Diabetic

>6.5 %

Target for Diabetes on therapy < 7.0 % Re-evalution of therapy > 8.0 %

Mean Blood Glucose:

111.15

mg/dL

### Corelation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
	126
6 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

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0000 00.45

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**TEST** 

RESULTS

UNITS

**BIOLOGICAL REFERENCE INTERVAL** 

PLASMA GLUCOSE

Fasting Plasma Glucose:

89

mg/dL

Normal < 100 mg/dL

Impaired Fasting glucose: 101 to 125 mg/dL

Diabetes Mellitus : >= 126 mg/dL (on more than one occasion)

(American diabetes association guidlines 2016)

Post Prandial Plasma Glucose:

91

mg/dL

Normal < 140 mg/dL

Impaired Post Prandial glucose: 140 to 199 mg/dL

Diabetes Mellitus : >= 200 mg/dL (on more than one occasion)

(American diabetes association guidlines 2016)

Method:

Hexokinase

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**TEST** 

**RESULTS** 

**UNITS** 

**BIOLOGICAL REFERENCE INTERVAL** 

### **Lipid Profile- Serum**

S. Cholesterol(Oxidase)	170	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	128	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	25.6	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	46.8	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	97.6	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	3.6		3.5 - 5
Ratio of LDL/HDL	<u>2.1</u>		2.5 - 3.5

Ms Kaveri Gaonkar **Entered By** 

------

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**TEST** 

**RESULTS** 

UNITS

BIOLOGICAL REFERENCE INTERVAL

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

S.Total Protein (Biuret method)	7.20	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.32	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.88	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.5		0.9 - 2
S.Total Bilirubin (DPD):	0.29	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.11	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.18	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	15	U/L	5 - 36
S.ALT (SGPT) (IFCC Kinetic with P5P):	9	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	77	U/L	35 - 105
S.GGT(IFCC Kinetic):	12	U/L	07 - 32

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TEST	RESULTS		BIOLOGICAL REFERENCE INTERVAL
	ВІОСНЕМ	ISTRY	
S.Urea(Urease Method)	10.7	mg/dl	10.0 - 45.0
BUN (Calculated)	<u>4.99</u>	mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.56	mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	<u>8.91</u>		9:1 - 23:1
S.Uric Acid(Uricase Method)	3.7	mg/dl	2.4 - 5.7

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**TEST** 

RESULTS

**UNITS** 

**BIOLOGICAL REFERENCE INTERVAL** 

Thyroid (T3,T4,TSH)- Serum

Total T3 (Tri-iodo Thyronine) (ECLIA)

2.08

nmol/L

1.3 - 3.1 nmol/L

Total T4 (Thyroxine) (ECLIA)

100.7

1.99

nmol/L

66 - 181 nmol/L

TSH (Thyroid-stimulating hormone) (ECLIA)

□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 hypothyrodism.

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

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. lodine, Lithium, Amiodarone

Ms Kaveri Gaonkar **Entered By** 

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**TEST** 

**RESULTS** 

**BIOLOGICAL REFERENCE INTERVAL** 

### URINE REPORT

**PHYSICAL EXAMINATION** 

QUANTITY

20

mL

**COLOUR** 

Pale Yellow

Slightly Hazy

Clear

**APPEARANCE SEDIMENT** 

Absent

Absent

CHEMICAL EXAMINATION(Strip Method)

REACTION(PH)

6.0

4.6 - 8.0

SPECIFIC GRAVITY

1.005

1.005 - 1.030

URINE PROTEIN

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** 

2 - 4 / hpf

0 - 3/hpf

RED BLOOD CELLS **EPITHELIAL CELLS** 

Nil /HPF 6-8 / hpf Absent

CASTS

Absent

3 - 4/hpf

Absent

Absent Absent

**CRYSTALS BACTERIA** 

Absent

Absent

Anushka Chavan **Entered By** 

Ms Kaveri Gaonkar Verified By

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### **CYTOPATHOLOGY REPORT**

Specimen No:

AP-48-23

Specimen Adequacy:

**ADEQUATE** 

**ENDOCERVICAL:** 

Absent

**ENDOMETRIAL:** 

Absent

SQUAMOUS:

SUPERFICIAL(+) AND INTERMEDIATE(Few) SQUAMOUS CELLS

HISTIOCYTES:

Absent

RBCs:

**Present** 

POLYMORPHS:

Present(+)

LYMPHOCYTES:

Absent

**FLORA** 

MONILIA:

Absent

BACTERIA:

Absent

DODERLEIN BACILLI:

Absent

LEPTOTHRIX:

Absent

**CELLULAR CHANGES** 

METAPLASIA:

Absent

DYSPLASIA:

Absent

MALIGNANT CELL:

Absent

ATROPHIC CHANGES:

Absent

IMPRESSION:

**NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY** 

Anushka Chavan **Entered By** 

Ms Kaveri Gaonkar Verified By

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

End of Report Results are to be correlated clinically

34 Years

Female

1.1

ADS

0.56-20 Hz

Unconfirmed 4x2.5x3 25 R1

-- / -- mmHg 73 ьрт

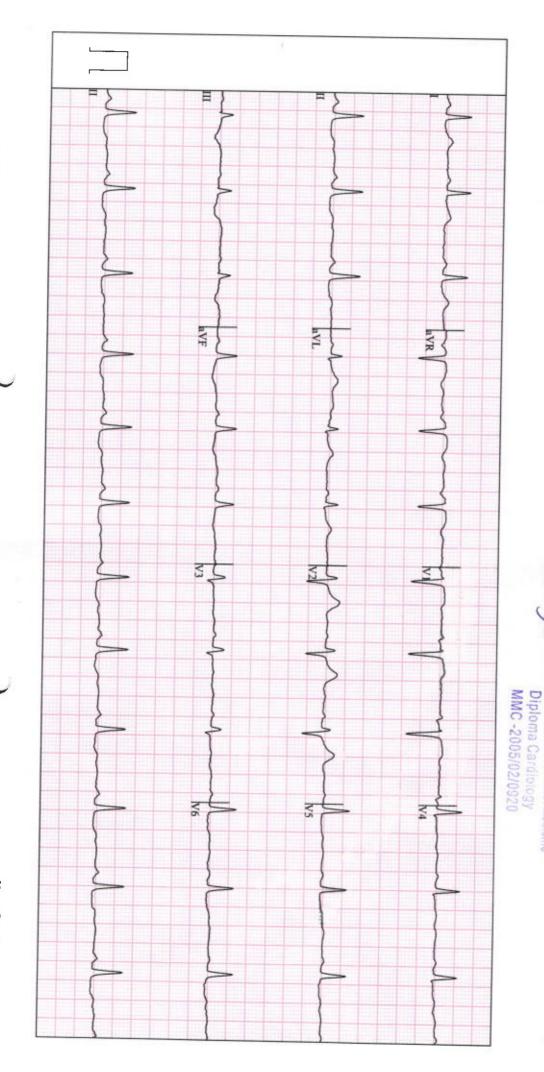
12.01.2023 10:37:17 Apollo Clinic 1st FIr,The Emerald,Sector-12, Vashi, Mumbai-400703.

QRS: 82 ms
QT / QTcBaz: 394 / 434 ms
PR: 158 ms
P: 108 ms
RR / PP: 824 / 821 ms
P / QRS / T: 41 / 46 / -26 degrees

Normal sinus rhythm Nonspecific T wave abnormality Abnormal ECG

ST charge in in leads

Dr. ANIRBAN DASGUPTA M.B., B.S., D.N.B. Medicine







PATIENT'S NAME	NEETU HEMANT	AGE:- 34 Y/F
UHID	4120	DATE :- 12-01-23

# 2D Echo and Colour doppler report

All cardiac chambers are normal in dimension

No obvious resting regional wall motion abnormalities (RWMA)

Interatrial and Interventricular septum - Appears Normal

Valves – Structurally normal

Good biventricular function.

IVC is normal.

Pericardium is normal.

Great vessels - Origin and visualized proximal part are normal.

No coarctation of aorta.

# Doppler study

Normal flow across all the valves.

No pulmonary hypertension.

No diastolic dysfunction.





# Measurements

Aorta annulus	20 mm	
Left Atrium	32 mm	
LVID(Systole)	24 mm	
LVID(Diastole)	43 mm	
IVS(Diastole)	09 mm	
PW(Diastole)	10 mm	
LV ejection fraction.	55-60%	

# Conclusion

- > Good biventricular function
- ➤ No RWMA
- ➤ Valves Structurally normal
- > No diastolic dysfunction
- No PAH

Performed by: Dr. Anirban Dasgupta

D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).

Jargupta





PATIENT'S NAME	NEETHU HEMANT	AGE :- 34y/F
UHID NO	4120	12 Jan 2023

# 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.

The mediastinal and cardiac silhouette are normal.

Soft tissues of the chest wall are normal.

Bony thorax is normal.

### **IMPRESSION:**

> No significant abnormality seen.

B

DR. DISHA MINOCHA
DMRE (RADIOLOGIST)





PATIENT'S NAME	NEETHU HEMANT	AGE:-34 Y/F	
UHID	4120	12 Jan 2023	

### **USG WHOLE ABDOMEN (TAS)**

LIVER is normal in size, shape and 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 not visualised, consistent with post-operative status. 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. RIGHT KIDNEY measures 11.3 x 3.0 cm. LEFT KIDNEY measures 11.2 x 3.4 cm.

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

UTERUS is retroverted and is normal in size, shape and echotexture; No focal lesion seen. It measures 8.3 x 5.3 x 5.1 cm; ET measures 9.6 mm.

Both ovaries are enlarged in size and shows peripherally studded follicles.

RIGHT OVARY Vol: 3.5 x 2.8 x 2.4 cm (12.8 ml), LEFT OVARY Vol: 5.0 x 2.7 x 4.2 cm (39 ml).

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

### **IMPRESSION** -

- Polycystic ovaries.
- No other significant abnormality detected.

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE. THE CONTENTS OF THIS REPORT REQURE CLINICAL CO-RELATION BEFORE ANY APPLICATION.

J. J.

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

• ANDHERI • COLABA • NASHIK • VASHI

# **Findings and Recommendation:**

Findings:-

USY-PCOD

Recommendation:-

lyree remen

Signature:

Consultant -

DR. ANIRBAN DASGUPTA MBBS, D.N. 6 MEDICINE DIPLOMA CARDIOLOGY MMC-2005/02/0920