

NAME:	Ms. Anita Lalai	UHID:	18809
AGE:	51 Yrs	DATE OF HEALTHCHECK:	8/4/2025
GENDER:	Female		

HEIGHT:	165 cm	MARITAL STATUS:	M
WEIGHT:	82.3 kg	NO OF CHILDREN:	1
BMI:	30.2		

C/O: -

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: - HIGH

ALCOHOL:

MOTHER: - HIGH

TOBACCO/PAN:

O/E:

LYMPHADENOPATHY:

BP: 110/80 PULSE: - 72/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING: - No

TEMPERATURE: N SCARS:

OEDEMA:

S/E:

P/A:

RS:



CVS:

Extremities & Spine:

CNS:

ENT:

Skin:

Vision:

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

Findings and Recommendation:

Findings:-

Ty - ↑↑
Vit D def.
Vit B₁₂ ↑↑

Recommendation:-

- DoD / E-cen
- T. Roswar^R →
- Syp. Mazonat D₃ one / week × 8 week
- T. AB shre B₁₂ → 1 unit

Signature:

Consultant -



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

OPHTHALMIC EVALUATION

UHID No.: 18809

Date: 8/4/23

Name: M. S. Anil Age: 51 Gender: Male/Female

Without Correction: Progressive

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

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

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

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>-1.5</u>	<u>-0.50</u>	<u>120°</u>			<u>-2.0</u>	<u>-0.50</u>	<u>175°</u>		
Near	<u>+0.50</u>	<u>-0.50</u>	<u>120°</u>				<u>-0.50</u>	<u>175°</u>		

Progressive Pcd

Colour Vision: NO BU

Anterior Segment Examination: _____

Pupils: NO BU

Fundus: _____

Intraocular Pressure: _____

Diagnosis: 14 mm BU

Advice: see glasses

Re-Check on 6 mths (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: Ms Anita L. Age: 51 Sex: F UHID No.: _____ Date: 24/2025

Styng, F, P.H.
Aspap man

cu - tar
atenule.

cup
23/10/20

ATA - soft

AS - papman taru

Dr. 



Apollo Clinic
VASHI

- Consultation
- Diagnostics
- Health Check-Ups
- Dentistry

ENT EVALUATION

Name: MRS. ANITA LALAT	MR NO:
Age/Gender: 51/F	Date: 8/4/23.

EAR :

Tympanic Membrane:
Pre-auricular :-
Pina / EAC:
Mastoid Tuning Fork tests :-
Pure tone audiometry

/MS

NOSE :-

External Nose :-
Anterior Rhinoscopy:-
Post - Nasal space:-

/MS

THROAT :-

70% scopy :
Tongue / palate / Teeth :-

/MS

NECK :-

Nodes :-
Thyroid :-
Glands :-

/MS

Sleep -Related examination:-

Tongue - Base :-
Palate:-
Uvula:

INVESTIGATIONS :

IMPRESSION:-

DR. MANOJ JONDHALE
M.S. (ENT) , DNB,FCPS
Reg. No. 2010/05/1791

Consultation ENT & Head- Neck Surgeon

• ANDHERI • COLABA • NASHIK • VASHI

DENTAL CHECKUP

Name: Anita Lalai	MR NO:
Age/Gender : 51/F.	Date: 8/4/2023

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: NA

- [Adv OPG]
- Start using floss.
- Filling @ 67.

• ANDHERI • COLABA • NASHIK • VASHI



Name : Mrs. Anita Dhiren Lalai Gender : Female Age : 51 Years
 UHID : FVAH 18809. Bill No : Lab No : V-924-23
 Ref. by : SELF Sample Col.Dt : 08/04/2023 10:00
 Barcode No : 1909 Reported On : 08/04/2023 18:19

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

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

Haemoglobin(Colorimetric method)	11.9	g/dl	11.5 - 15
RBC Count (Impedance)	4.10	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	37.2	%	35 - 55
MCV:(Calculated)	90.7	fl	78 - 98
MCH:(Calculated)	29.1	pg	26 - 34
MCHC:(Calculated)	32.1	gm/dl	30 - 36
RDW-CV:	14.6	%	10 - 16
Total Leucocyte count(Impedance)	7120	/cumm.	4000 - 10500
Neutrophils:	45	%	40 - 75
Lymphocytes:	48	%	20 - 40
Eosinophils:	04	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	2.82	Lakhs/c.mm	1.5 - 4.5
MPV	9.2	fl	6.0 - 11.0
ESR(Westergren Method)	25	mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)			
RBCs:	Normochromic, Normocytic		
WBCs:	Lymphocytosis		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter. Manual diff performed.		

Sushant Gaikwad
Entered By

Ms Kaveri Gaonkar
Verified By

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

End of Report
Results are to be correlated clinically

Name : Mrs. Anita Dhiren Lalai Gender : Female Age : 51 Years
UHID : FVAH 18809. Bill No : Lab No : V-924-23
Ref. by : SELF Sample Col.Dt : 08/04/2023 10:00
Barcode No : 1909 Reported On : 08/04/2023 18:19

TEST

RESULTS

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

ABO Group:

:O:

Rh Type:

Positive

Method :

Tube Agglutination (forward and reverse)

**Anushka Chavan
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 : Mrs. Anita Dhiren Lalai Gender : Female Age : 51 Years
 UHID : FVAH 18809. Bill No : Lab No : V-924-23
 Ref. by : SELF Sample Col.Dt : 08/04/2023 10:00
 Barcode No : 1909 Reported On : 08/04/2023 18:19

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.8 %
 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 : 119.76 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

Sushant Gaikwad
 Entered By

Ms Kaveri Gaonkar
 Verified By


 Dr. M. D. Patwardhan
 Page 3 of 11
 M.D(Path)
 Chief Pathologist

End of Report
 Results are to be correlated clinically


Name : Mrs. Anita Dhiren Lalai Gender : Female Age : 51 Years
UHID : FVAH 18809. Bill No : Lab No : V-924-23
Ref. by : SELF Sample Col.Dt : 08/04/2023 10:00
Barcode No : 1909 Reported On : 08/04/2023 18:19

TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	98	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 :	107	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

Ms Kaveri Gaonkar
Verified By



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

Page 2 of 11

End of Report
Results are to be correlated clinically

Name : Mrs. Anita Dhiren Lalai Gender : Female Age : 51 Years
UHID : FVAH 18809. Bill No : Lab No : V-924-23
Ref. by : SELF Sample Col.Dt : 08/04/2023 10:00
Barcode No : 1909 Reported On : 08/04/2023 18:19


TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Lipid Profile- Serum

S. Cholesterol(Oxidase)	189	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	219	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	43.8	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	37.9	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	107.3	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	5		3.5 - 5
Ratio of LDL/HDL	2.8		2.5 - 3.5

Ms Kaveri Gaonkar
Entered By

Ms Kaveri Gaonkar
Verified By


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

End of Report
Results are to be correlated clinically

Page 5 of 11

Name : Mrs. Anita Dhiren Lalai Gender : Female Age : 51 Years
UHID : FVAH 18809. Bill No : Lab No : V-924-23
Ref. by : SELF Sample Col.Dt : 08/04/2023 10:00
Barcode No : 1909 Reported On : 08/04/2023 18:19

TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.25	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.37	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.88	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.52		0.9 - 2
S.Total Bilirubin (DPD):	0.75	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.21	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.54	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	14	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	15	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	97	U/L	35 - 105
S.GGT(IFCC Kinetic):	35	U/L	07 - 32

Ms Kaveri Gaonkar
Entered By

Ms Kaveri Gaonkar
Verified By

Page 4 of 11


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

End of Report
Results are to be correlated clinically

Name : Mrs. Anita Dhiren Lalai Gender : Female Age : 51 Years
 UHID : FVAH 18809. Bill No : Lab No : V-924-23
 Ref. by : SELF Sample Col.Dt : 08/04/2023 10:00
 Barcode No : 1909 Reported On : 08/04/2023 18:19

TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

RFT - Renal Profile-serum

TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
S.Urea(Urease-GLDH)	17.5	mg/dL	10.0 - 45.0
S. Urea Nitrogen(Calculated)	8.16	mg/dL	5 - 20
S.Creatinine(Jaffe's Kinetic)	0.73	mg/dL	0.50 - 1.1
S.Uric Acid(Uricase-POD)	4.8	mg/dL	2.4 - 5.7
S.Total Protein(Biuret)	7.25	g/dL	6.6 - 8.7
S.Albumin(BCG)	4.37	g/dL	3.5 - 5.2
S.Globulin(Calculated)	2.88	g/dL	2 - 3.5
A/G Ratio(Calculated)	1.52		0.9 - 2
S.Sodium(Na) (ISE-Direct)	137	mmol/L	135 - 145
S.Potassium(K) (ISE-Direct)	4.5	mmol/L	3.5 - 5.3
S.Chloride(Cl) (ISE-Direct)	101	mmol/L	95 - 106
S.Calcium(NM-BAPTA)	9.30	mg/dL	8.6 - 10.0
S.Phosphorus(UV Phosphomolybdate)	3.72	mg/dL	2.5 - 4.5

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

Page 6 of 11

Name : Mrs. Anita Dhiren Lalai Gender : Female Age : 51 Years
UHID : FVAH 18809. Bill No : Lab No : V-924-23
Ref. by : SELF Sample Col.Dt : 08/04/2023 10:00
Barcode No : 1909 Reported On : 08/04/2023 18:19

TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Thyroid (T3,T4,TSH)- Serum			
Total T3 (Tri-iodo Thyronine) (ECLIA)	1.81	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	90.78	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	1.69	□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

Ms Kaveri Gaonkar
Entered By

Ms Kaveri Gaonkar
Verified By



Dr. Milind Patwardhan
M.D(Path)

Page 9 of 9 Chief Pathologist

End of Report

Results are to be correlated clinically

Name : Mrs. Anita Dhiren Lalai Gender : Female Age : 51 Years
UHID : FVAH 18809. Bill No : Lab No : V-924-23
Ref. by : SELF Sample Col.Dt : 08/04/2023 10:00
Barcode No : 1909 Reported On : 08/04/2023 18:19

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

Vitamin D(25-OH Cholecalciferol)-Serum

25 Hydroxy (OH) vit D by ECLIA **6.49** ng/ml
Deficiency : Less than 12
Insufficiency : 12 - 30
Sufficiency : 30 - 70
Toxicity : More than 70

Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver. Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake.

For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase. During monitoring of oral vitamin D therapy - suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 mths of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal (especially winter) & individual variability depending on age, body fat, sun exposure, physical activity, genetic factors (especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism. Vitamin D toxicity is known but very rare. Kindly correlate clinically, repeat with fresh sample if indicated.

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 : Mrs. Anita Dhiren Lalai Gender : Female Age : 51 Years
UHID : FVAH 18809. Bill No : Lab No : V-924-23
Ref. by : SELF Sample Col.Dt : 08/04/2023 10:00
Barcode No : 1909 Reported On : 08/04/2023 18:19

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL


SERUM VITAMIN B12

S. VITAMIN B12 by ECLIA: **168.1** pg/mL 211 - 946 pg/ml

1. Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia and treated epilepsy.
2. An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
3. HoloTranscobalamin II levels are a more accurate marker of active Vit B12 component.
4. Increased Vit B12 levels are seen in renal failure, liver disease and myeloproliferative diseases. Increased levels are also noted in patients who have taken B12 injections or oral medication.

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 : Mrs. Anita Dhiren Lalai Gender : Female Age : 51 Years
 UHID : FVAH 18809. Bill No : Lab No : V-924-23
 Ref. by : SELF Sample Col.Dt : 08/04/2023 10:00
 Barcode No : 1909 Reported On : 08/04/2023 18:19

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

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

CHEMICAL EXAMINATION(Strip Method)


REACTION(PH)	7.0		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	2 - 3 / hpf		0 - 3/hpf
RED BLOOD CELLS	Nil /HPF		Absent
EPITHELIAL CELLS	3 - 4 / hpf		3 - 4/hpf
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
BACTERIA	Absent		Absent

Ms Kaveri Gaonkar
Entered By

Ms Kaveri Gaonkar
Verified By


Dr. Milind Patwardhan
M.D(Path)
Page 1 of Chief Pathologist

End of Report
Results are to be correlated clinically

Name : Mrs. Anita Dhiren Lalai Gender : Female Age : 51 Years
UHID : FVHA 18809. Bill No : Lab No : V-924-23
Ref. by : SELF Sample Col.Dt : 08/04/2023 11:12
Barcode No : 1909 Reported On : 08/04/2023 19:59

CYTOPATHOLOGY REPORT

Specimen No: AP-795-23

Specimen Adequacy: ADEQUATE

CELLS

ENDOCERVICAL: Absent

ENDOMETRIAL: Absent

SQUAMOUS: **SUPERFICIAL(++), INTERMEDIATE(++) & PARABASAL(Few) CELLS**

HISTIOCYTES: Absent

RBCs: Absent

POLYMORPHS: **Present(+++)**

LYMPHOCYTES: Absent

FLORA

TRICHOMONAS VAGINALIS: Absent

MONILIA: Absent

BACTERIA: Absent

DODERLEIN BACILLI: Absent

LEPTOTHRIX: Absent

CELLULAR CHANGES

METAPLASIA: Absent

DYSPLASIA: Absent


MALIGNANT CELL: Absent

COMMENTS: **INFLAMMATORY SMEAR**

IMPRESSION: **NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY**

Ms Kaveri Gaonkar
Entered By

Ms Kaveri Gaonkar
Verified By



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

Page 12 of 12

End of Report
Results are to be correlated clinically

Anita, Lalai
18809

51 Years

Female

08.04.2023 11:46:28
Apollo Clinic
1st Fl., The Emerald Sector-12,
Vashi, Mumbai-400703.

81 bpm
--/-- mmHg

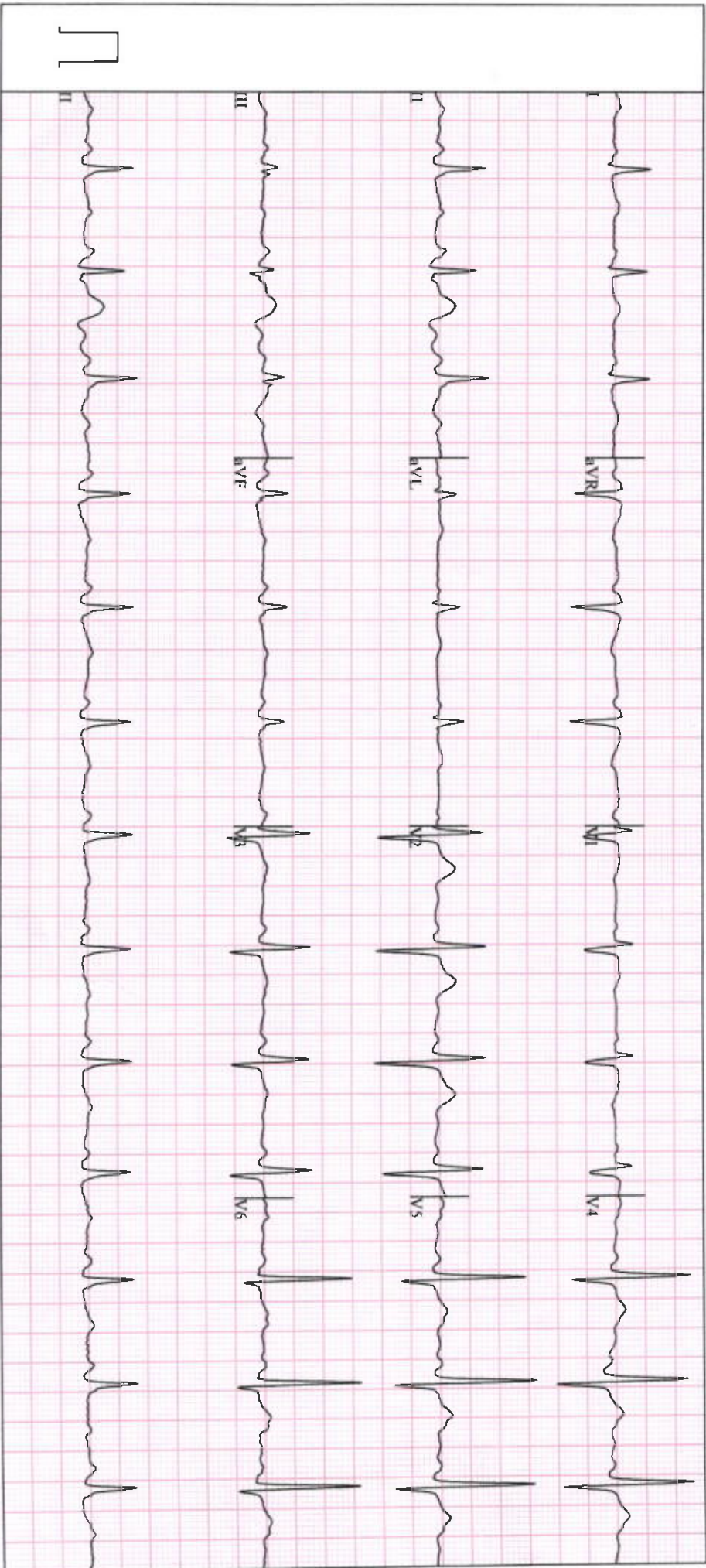
QRS : 100 ms
QT/QTcBaz : 414/480 ms
PR : 136 ms
P : 102 ms
RR/PP : 742/740 ms
P/QRS/T : 62/41/38 degrees

Normal sinus rhythm
Prolonged QT
Abnormal ECG

prolonged QTc.



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



PATIENT'S NAME	ANITA D LALAI	AGE :- 51Y/F
UHID	18809	DATE :- 08-04-23

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.
- PASP – 20 mmHg.
- No diastolic dysfunction.
- Peak systolic gradients across LVOT/AV – 08mmHg.

• ANDHERI • COLABA • NASHIK • VASHI

Measurements

Aorta annulus	18 mm
Left Atrium	29 mm
LVID(Systole)	26 mm
LVID(Diastole)	38 mm
IVS(Diastole)	11 mm
PW(Diastole)	11 mm
LV ejection fraction.	55-60%

Conclusion

- Good biventricular function
- No RWMA
- Valves – Structurally normal
- No diastolic dysfunction
- No PAH.



DR. RISHI BHARGAVA
MD DM

CONSULTANT INTERVENTIONAL CARDIOLOGIST

• ANDHERI • COLABA • NASHIK • VASHI

PATIENT'S NAME	ANITA D LALAI	AGE :- 51y/F
UHID NO	18809	10 Apr 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.



DR. DISHA MINOCHA
DMRE (RADIOLOGIST)

PATIENT'S NAME	ANITA D LALAI	AGE :- 51Y/F
UHID	18809	8 Apr 2023

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. **RIGHT KIDNEY** measures 9.7 x 3.8 cm. **LEFT KIDNEY** measures 10.2 x 4.4 cm.

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

UTERUS is anteverted and is post menopausal status. It measures 7.5 x 5.0 x 2.8 cm; ET measures 7.2 mm.

Both ovaries are normal in size, shape and position.

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

IMPRESSION –

- **Grade I fatty liver.**
- **No other significant abnormality detected.**

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



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

• ANDHERI • COLABA • NASHIK • VASHI