

MEDICAL SUMMARY

| | | | |
|---------|---------------------|----------------------|-----------|
| NAME: | Ms. Tivani Chandala | UHID: | |
| AGE: | 27 | DATE OF HEALTHCHECK: | 27-1-2024 |
| GENDER: | F | | |

| | | | |
|---------|-------|-----------------|---|
| HEIGHT: | 160.5 | MARITAL STATUS: | M |
| WEIGHT: | 55.1 | NO OF CHILDREN: | 2 |
| BMI: | 21.4 | | |

C/O: Dizziness of mms,
headache

K/C/O:
PRESENT MEDICATION: - No

P/M/H: - No

P/S/H: ? Uterine Asmomen - Dec-23

ALLERGY: - No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

FAMILY HISTORY FATHER:)
MOTHER:)

ALCOHOL:)

TOBACCO/PAN:)

O/E:

LYMPHADENOPATHY:)

BP: 110/60 PULSE: - 74/min

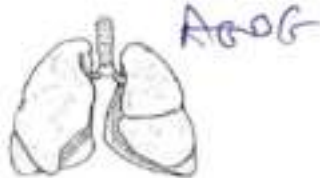
PALLOR/ICTERUS/CYNOSIS/CLUBBING:)

TEMPERATURE:) SCARS:

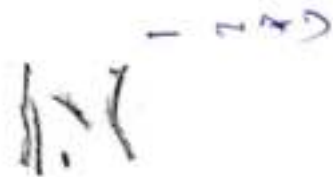
OEDEMA:

S/E:

RS:



P/A:



CVS: - 2+

Extremities & Spine: - 2+

ENT: - 2+

CNS: Co rabus, 0 rabus

Skin: - 2+

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: |
|-------|------|--------------------------|


Findings and Recommendation:

Findings:-

Hb +1
ESR -
ECG = clean

Recommendation:-

- Iron supplement
- Diet / Exercise
- Review PAP & Gynae
- 2 D ECG

Signature: 
Consultant -

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

OPHTHALMIC EVALUATION

UHID No.: _____ Date: 27/1/24
 Name: Miss Triveni Age: 27 Gender: Male / Female

Without Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

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

Near : Right Eye N6 Left Eye N6

| | RIGHT | | | | | LEFT | | | | |
|----------|-------------|-----|------|-------|----|-------------|-----|------|-------|----|
| | SPH | CYL | AXIS | PRISM | VA | SPH | CYL | AXIS | PRISM | VA |
| Distance | <u>0.50</u> | | | | | <u>0.50</u> | | | | |
| Near | | | | | | | | | | |

Colour Vision : NAD (B)

Anterior Segment Examination : _____

Pupils : _____

Fundus : _____

Intraocular Pressure : R my (B)

Diagnosis : _____

Advice : for glasses

Re-Check on 1/1/25 (This Prescription needs verification every year)

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

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

Name: Mrs Triveni Gadala Age: 27 Sex: F Date: 27/01/2024

27 years / P2 L2 (Both FND)

No complaint; within PAP smear

LMC - 5/01/202

PN
N¹/₂ ectopic (R uterus) - Laparoscopic (Dec 2023)
Lap hysterectomy
? details
independent

OK

4 C/c

Afebrile

P - 70/min

PA soft

Pls. Cp - Bulky | PAP smear taken.

VJ (M)

Dr. 
TRUPTI SHINDE



Apollo Clinic
VASHI

DR. TRUPTI VIJAY SHINDE
MBBS, M.S. (OBS & GYNAE)
REG. NO.: 2014/07/3301

■ Consultation

■ Diagnostics

■ Health Check-Ups

■ Dentistry

Name : Mrs. Triveni Chadala Gender : Female Age : 27 Years
UHID : FVAH 10409 Bill No : Lab No : V-3589-23
Ref. by : SELF Sample Col.Dt : 27/01/2024 09:45
Barcode No : 5859 Reported On : 27/01/2024 20:09

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL
ESR(Westergren Method)

Erythrocyte Sedimentation Rate:- **30** mm/1st hr 0 - 20

Vasanti Gondal
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

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

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

Pooja Surve
Entered By

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Fasting Plasma Glucose : 96 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 : 90 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
Entered By

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Verified By

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LIPID PROFILE - Serum

| | | | |
|----------------------------|-------------|-------|---|
| S. Cholesterol(Oxidase) | 143 | mg/dL | Desirable < 200 Borderline: >200-<240 Undesirable: >240 |
| S. Triglyceride(GPO-POD) | 71 | mg/dL | Desirable < 150 Borderline: >150-<499 Undesirable: >500 |
| S. VLDL:(Calculated) | 14.2 | mg/dL | Desirable <30 |
| S. HDL-Cholesterol(Direct) | 34.9 | mg/dL | Desirable > 60 Borderline: >40-<59 Undesirable: <40 |
| S. LDL:(calculated) | 93.9 | mg/dL | Desirable < 130 Borderline: >130-<159 Undesirable: >160 |
| Ratio Cholesterol/HDL | 4.1 | | 3.5 - 5 |
| Ratio of LDL/HDL | 2.7 | | 2.5 - 3.5 |

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| TEST | RESULTS | UNITS | BIOLOGICAL REFERENCE INTERVAL |
|---|---------|--------|--|
| Thyroid (T3,T4,TSH)- Serum | | | |
| Total T3 (Tri-iodo Thyronine) (ECLIA) | 2.09 | nmol/L | 1.3 - 3.1 nmol/L |
| Total T4 (Thyroxine) (ECLIA) | 119.9 | nmol/L | 66 - 181 nmol/L |
| TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA | 1.33 | 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 |
|------------------------------|---------------------|-------------------------------|
| | BIOCHEMISTRY | |
| S.Urea(Urease Method) | 21.2 mg/dl | 10.0 - 45.0 |
| BUN (Calculated) | 9.89 mg/dL | 5 - 20 |
| S.Creatinine(Jaffe's Method) | 0.57 mg/dl | 0.50 - 1.1 |
| BUN / Creatinine Ratio | 17.35 | 9:1 - 23:1 |
| S.Uric Acid(Uricase Method) | 4.1 mg/dl | 2.4 - 5.7 |

Alsaba Shaikh
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CYTOPATHOLOGY REPORT

Specimen No: AP-117-24

Specimen Adequacy: ADEQUATE

CELLS

ENDOCERVICAL: **Present**

ENDOMETRIAL: Absent

SQUAMOUS: **SUPERFICIAL(++) AND INTERMEDIATE(++) SQUAMOUS CELLS**

HISTIOCYTES: Absent

RBCs: Absent

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

FLORA

TRICHOMONAS VAGINALIS: Absent

FUNGI: Absent

LACTOBACILLI: Absent

CELLULAR CHANGES

METAPLASIA: Absent

DYSPLASIA: Absent

MALIGNANT CELL: Absent

ATROPHIC CHANGES: Absent

BARE NUCLEI: Absent

COMMENTS: **INFLAMMATORY SMEAR**

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

Anushka Chavan
Entered By

Ms Kaveri Gaonkar
Verified By



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

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

| | | | |
|------------|---------------|----|--------|
| QUANTITY | 30 | mL | |
| COLOUR | Pale Yellow | | |
| APPEARANCE | Slightly Hazy | | 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 | 6 - 8 / hpf | 0 - 3/hpf |
| RED BLOOD CELLS | Nil /HPF | Absent |
| EPITHELIAL CELLS | 8 - 10 / hpf | 3 - 4/hpf |
| CASTS | Absent | Absent |
| CRYSTALS | Absent | Absent |
| BACTERIA | Absent | Absent |

Anushka Chavan
Entered By

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Page 11 Chief Pathologist

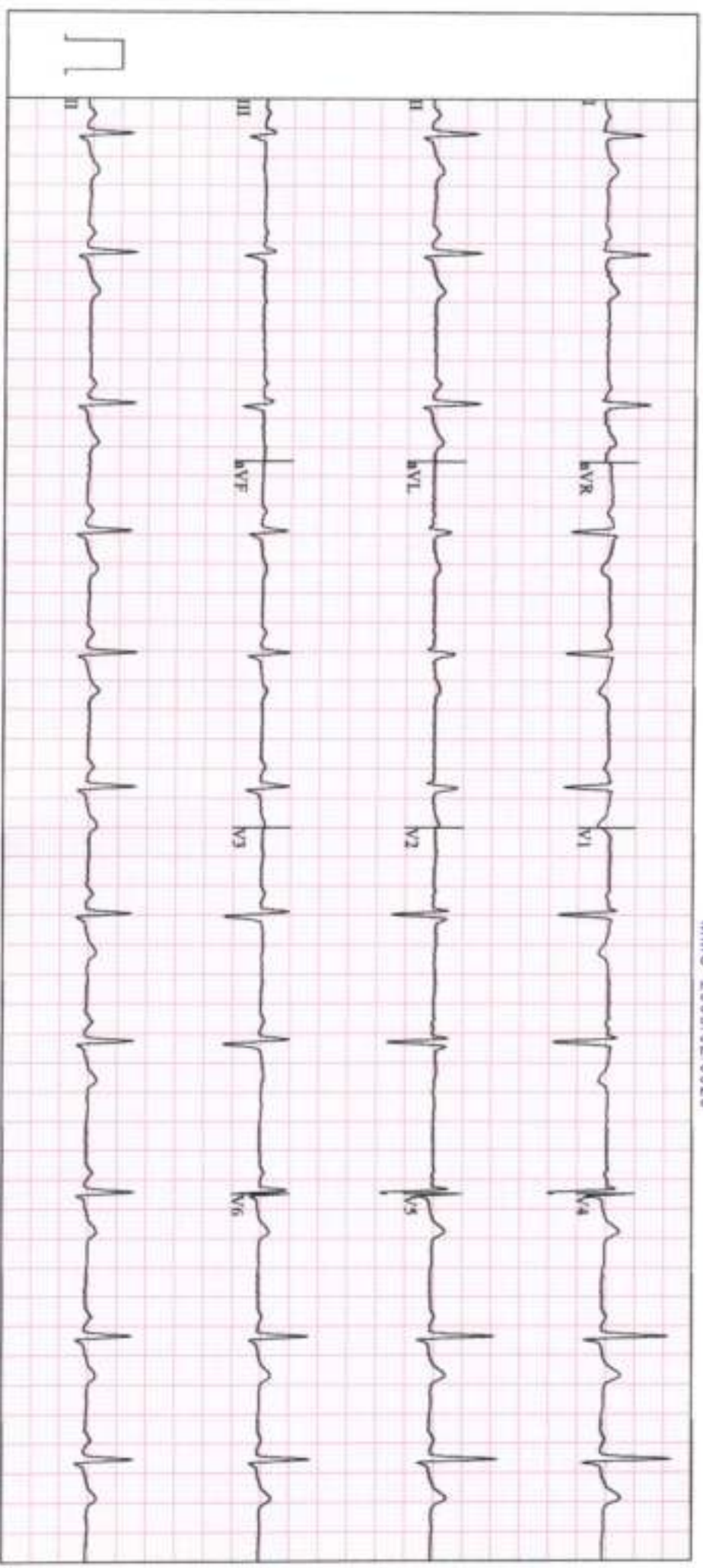
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QRS : 88 ms
QT / QTc/ Baz : 386 / 404 ms
PR : 146 ms
P : 110 ms
RR / PP : 906 / 909 ms
P / QRS / T : 58 / 24 / 26 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

J 2-6-24

Dr. ANIRBAN DASGUPTA
M.B., B.S., D.N.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: TRIVENI, CHADALA
Patient ID: 10409
Height:
Weight:

DOB: 20.04.1994
Age: 29yrs
Gender: Female
Race: Asian

Study Date: 27.01.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

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

Medications:

--

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 | 00:12 | 0.00 | 0.00 | 96 | 110/70 | |
| | STANDING | 00:11 | 0.00 | 0.00 | 95 | | |
| | HYPERV. | 00:15 | 0.00 | 0.00 | 100 | | |
| | WARM-UP | 00:09 | 0.60 | 0.00 | 100 | | |
| EXERCISE | STAGE 1 | 03:00 | 1.70 | 10.00 | 146 | 130/80 | |
| | STAGE 2 | 01:37 | 2.50 | 12.00 | 169 | 140/80 | |
| RECOVERY | | 01:06 | 0.00 | 0.00 | 127 | 160/80 | |

The patient exercised according to the BRUCE for 4:36 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 94 bpm rose to a maximal heart rate of 169 bpm. This value represents 88 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 160/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

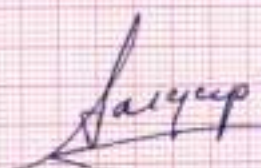
Interpretation

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 | TRIVENI CHA DALA | AGE: 27YRS/F |
| UHID NO | 10409 | 27 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 IN CURRENT RADIOGRAPH.

Clinico-haematological correlation is recommended.

Thanking you for the referral,
With regards,



DR. SIDDHI PATIL
Cons. Radiologist

• ANDHERI • COLABA • NASHIK • VASHI

| | | |
|----------------|------------------|--------------|
| PATIENT'S NAME | TRIVENI CHA DALA | AGE :- 27Y/F |
| UHID | 10409 | 27 Jan 2024 |

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 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 10.1 x 3.4 cm. **LEFT KIDNEY** measures 9.5 x 4.5 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 7.6 x 5.3 x 5.2 cm.

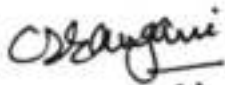
Both ovaries are normal in size, shape and position.

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

IMPRESSION -

- **No 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