

NAME:	Mrs. Pinkai Shukla	UHID:	
AGE:	34	DATE OF HEALTHCHECK:	6/11/2022
GENDER:	M.		

HEIGHT:	151	MARITAL STATUS:	M
WEIGHT:	63.2	NO OF CHILDREN:	1
BMI:	27.7		

C/O:

K/C/O:

PRESENT MEDICATION: - No

P/M/H: = Anaemia

P/S/H: - LSCS.

ALLERGY: - No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

FAMILY HISTORY FATHER:

ALCOHOL:

MOTHER:

TOBACCO/PAN:

O/E:

LYMPHADENOPATHY:

BP: 110/22 PULSE: 86/min

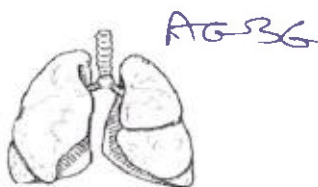
PALLOR/ICTERUS/CYNOSIS/CLUBBING:

TEMPERATURE: 4 SCARS:

OEDEMA:

S/E:

RS:



P/A:

CVS: RHR

Extremities & Spine: Pain in legs - All

CNS: Cranial nerves intact

ENT:

Skin:

Vision:

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

• ANDHERI • COLABA • NASHIK • VASHI

Name: pinki Shukla	Age: 34 y	Date of Health check-up: 4.04.2023
--------------------	-----------	------------------------------------

Findings and Recommendation:

Findings:-

Recommendation:-

- No abnormality detected during
physical examination.

Signature:

Consultant -

DR MAYUR GARG
MBBS MD MEDICINE
REG NO. 2017020378

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 4/1/23

Name: Pinki Shukla Age: 34 Gender: Male Female

Without Correction :

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

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

With Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance										
Near										

Colour Vision: (Normal)

Anterior Segment Examination: _____

Pupils: _____

Fundus: _____

Intraocular Pressure: 12

Diagnosis: _____

Advice: _____

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

DR. SHETH NIKET KASHANT
 M.B.B.S D.O.M.S
 Regn. No 2008/1013645 (Consultant Ophthalmologist)

DENTAL CHECKUP

Name: Pinki Shukla.	MR NO:
Age/Gender : 34 IF	Date: 4/4/2023.

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.

- Scaling and polishing - 1500 .
 - Filling per = + - 2000 .
 or
 - RCT = + - 4000 + 5000
 and cap
 - Adv OPG

• ANDHERI • COLABA • NASHIK • VASHI

P. S. S.

ENT EVALUATION

Name: Mrs. PINKI SHUKLA	MR NO:
Age/Gender: 34/F	Date: 4/11/23

EAR :

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

NA

NOSE :-

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

M

THROAT :-

70% scopy :
Tongue / palate / Teeth :-

M

NECK :-

Nodes :-
Thyroid :-
Glands :-

Sleep -Related examination:-
Tongue - Base :-
Palate:-
Uvula:

INVESTIGATIONS :

IMPRESSION:-

DR. MANOJ B. JONDHALE
M.S. (ENT), DNS, FCPS (Gold Medalist)
Fellowship in Head-Neck Oncosurgery
Reg. No. 2010051791
DR. MANOJ JONDHALE
M.S. (ENT) , DNB,FCPS
Reg. No. 2010/05/1791
Consultation ENT & Head- Neck Surgeon

Pinkhi Shukla
34 yrs

04/04/2023

menses are regular, mod flow, no dysmenorrhoea
w/ gynae complaints
experience PMS occasionally

LMP: 19/03/2023

Para 1 | LSC | mar 13.5 yrs

no drug allergies
no systemic disorders
not on any medications
no malignancies in the family

Adv

PE - GC fair
AJ obese
wpallor
P- 84mm

- PAP smear
- USG Pelvis
- Review above

PA - soft, nontender
Pf scan ⊕
P/B - cervix, vagina healthy
PAP smear taken
P/V - not done

DR. ADITI KAUNDINYA
MBBS MS (OBG) DNB (OBG)
OBSTETRICIAN GYNAECOLOGIST
AND LAPAROSCOPIC SURGEON
REG. No.: 2019/05/4070

Dr. _____



Apollo Clinic
VASHI

- Consultation
- Diagnostics
- Health Check-Ups
- Dentistry

Name : Ms. Pinki Shulka Gender : Female Age : 34 Years
 UHID : Bill No : Lab No : V-405-23
 Ref. by : SELF Sample Col.Dt : 04/04/2023 10:00
 Barcode No : 1390 Reported On : 04/04/2023 18:22


TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

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

Haemoglobin(Colorimetric method)	12	g/dl	11.5 - 15
RBC Count (Impedance)	4.19	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	37.6	%	35 - 55
MCV:(Calculated)	89.5	fl	78 - 98
MCH:(Calculated)	28.7	pg	26 - 34
MCHC:(Calculated)	32.1	gm/dl	30 - 36
RDW-CV:	15.5	%	10 - 16
Total Leucocyte count(Impedance)	7840	/cumm.	4000 - 10500
Neutrophils:	64	%	40 - 75
Lymphocytes:	32	%	20 - 40
Eosinophils:	02	%	0 - 6
Monocytes:	02	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	2.99	Lakhs/c.mm	1.5 - 4.5
MPV	8.7	fl	6.0 - 11.0
ESR(Westergren Method)	05	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.		

Sushant Gaikwad
Entered By

Ms Kaveri Gaonkar
Verified By

Page 9 of 10  Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically

Name : Ms. Pinki Shulka Gender : Female Age : 34 Years
 UHID : Bill No : Lab No : V-405-23
 Ref. by : SELF Sample Col.Dt : 04/04/2023 10:00
 Barcode No : 1390 Reported On : 04/04/2023 18:22

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.2 %
 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 : 102.54 mg/dL

Correlation 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 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. M. Patwardhan
 Page 2 of 10
 M.D(Path)
 Chief Pathologist

End of Report
 Results are to be correlated clinically


Name : Ms. Pinki Shulka Gender : Female Age : 34 Years
UHID : Bill No : Lab No : V-405-23
Ref. by : SELF Sample Col.Dt : 04/04/2023 10:00
Barcode No : 1390 Reported On : 04/04/2023 18:22

TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	102	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 :	103	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 8 of 10

End of Report
Results are to be correlated clinically

Name : Ms. Pinki Shulka Gender : Female Age : 34 Years
UHID : Bill No : Lab No : V-405-23
Ref. by : SELF Sample Col.Dt : 04/04/2023 10:00
Barcode No : 1390 Reported On : 04/04/2023 18:22

TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
RFT - Renal Profile-serum			
S.Urea(Urease-GLDH)	18.1	mg/dL	10.0 - 45.0
S. Urea Nitrogen(Calculated)	8.44	mg/dL	5 - 20
S.Creatinine(Jaffe's Kinetic)	0.61	mg/dL	0.50 - 1.1
S.Uric Acid(Uricase-POD)	3.4	mg/dL	2.4 - 5.7
S.Total Protein(Biuret)	6.98	g/dL	6.6 - 8.7
S.Albumin(BCG)	4.26	g/dL	3.5 - 5.2
S.Globulin(Calculated)	2.72	g/dL	2 - 3.5
A/G Ratio(Calculated)	1.57		0.9 - 2
S.Sodium(Na) (ISE-Direct)	140	mmol/L	135 - 145
S.Potassium(K) (ISE-Direct)	4.3	mmol/L	3.5 - 5.3
S.Chloride(Cl) (ISE-Direct)	104	mmol/L	95 - 106
S.Calcium(NM-BAPTA)	9.24	mg/dL	8.6 - 10.0
S.Phosphorus(UV Phosphomolybdate)	3.34	mg/dL	2.5 - 4.5

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

Page 6 of 10

Name : Ms. Pinki Shulka Gender : Female Age : 34 Years
UHID : Bill No : Lab No : V-405-23
Ref. by : SELF Sample Col.Dt : 04/04/2023 10:00
Barcode No : 1390 Reported On : 04/04/2023 18:22

TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Thyroid (T3,T4,TSH)- Serum			
Total T3 (Tri-iodo Thyronine) (ECLIA)	2.07	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	99.86	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.18	□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

Vasanti Gondal
Entered By

Ms Kaveri Gaonkar
Verified By



Dr. Milind Patwardhan
M.D(Path)

Page 4 of 4 Chief Pathologist

End of Report
Results are to be correlated clinically

Name : Ms. Pinki Shulka Gender : Female Age : 34 Years
UHID : Bill No : Lab No : V-405-23
Ref. by : SELF Sample Col.Dt : 04/04/2023 10:00
Barcode No : 1390 Reported On : 04/04/2023 18:22

CYTOPATHOLOGY REPORT

Specimen No: AP-747-23

Specimen Adequacy: ADEQUATE

CELLS

ENDOCERVICAL: Absent

ENDOMETRIAL: Absent

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

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

End of Report
Results are to be correlated clinically

Page 10 of 10

Pinki, Shukla

04.04.2023 13:26:53

Apollo Clinic

1st Flr, The Emerald, Sector-12,

Vashi, Mumbai-400703.

34 Years

Female

73 bpm

--/-- mmHg

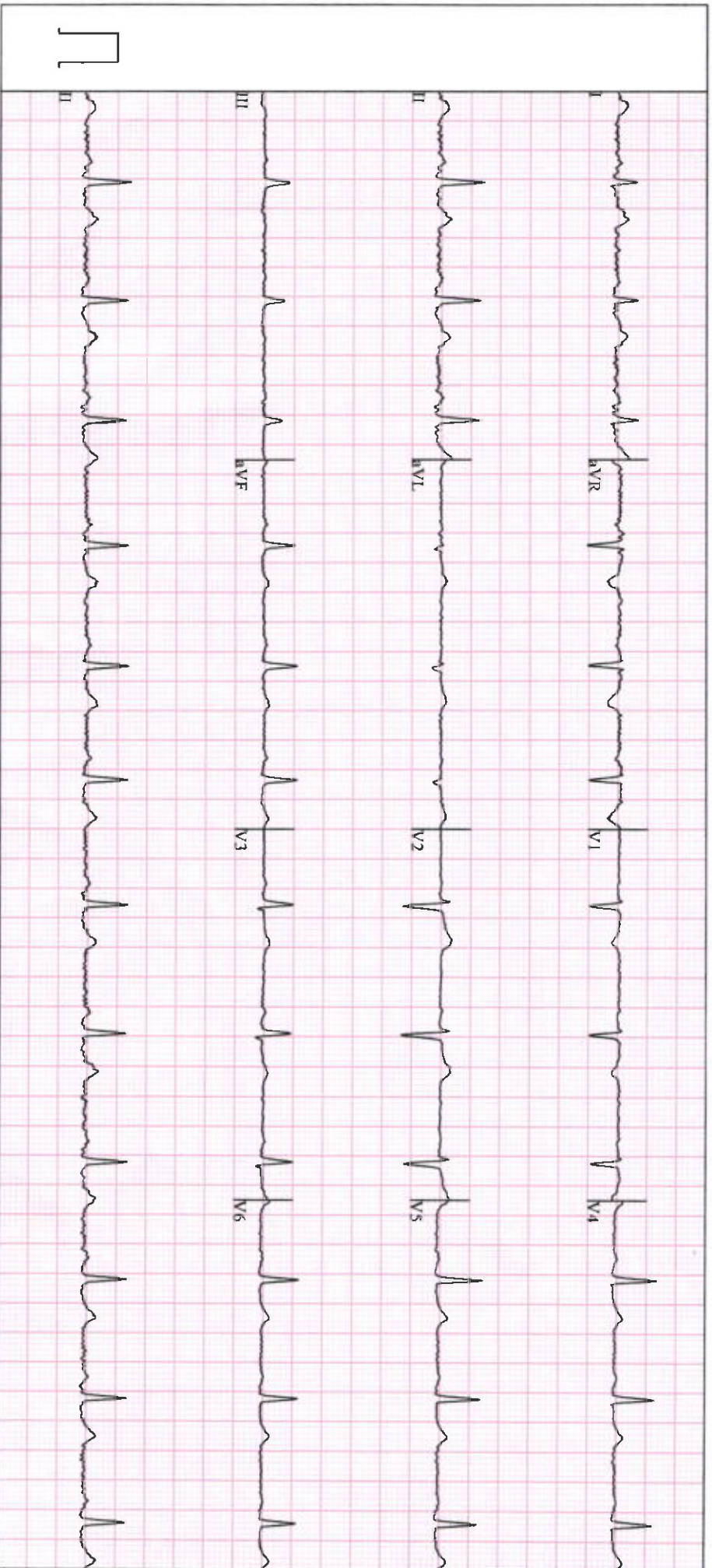
NORMAL ECG

ORS : 68 ms
 QT / QTcBaz : 378 / 416 ms
 PR : 128 ms
 P : 44 ms
 RR / PP : 824 / 821 ms
 P / QRS / T : 54 / 55 / 29 degrees

Normal sinus rhythm
 Normal ECG

WNL

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



GE MAC2000

1.1

12SL™ v241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

Unconfirmed
4x2.5x3 25_R1

1/1

PATIENT'S NAME	PINKI SHUKLA	AGE :- 34Y/F
UHID		DATE :- 04-04-23

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

Trivial MR, TR

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	17 mm
Left Atrium	32 mm
LVID(Systole)	18 mm
LVID(Diastole)	37 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).

PATIENT'S NAME	PINKI SHUKLA	AGE :- 34 y/F
UHID NO	10192	4 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	PINKI SHUKLA	AGE :- 34Y/F
UHID		4 Apr 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 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 8.9 x 3.3 cm. **LEFT KIDNEY** measures 10.3 x 4.3 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 8.3 x 4.4 x 4.8 cm; ET measures 10.4 mm.

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

• ANDHERI • COLABA • NASHIK • VASHI