

MEDICAL SUMMAR Apollo Clinic

AGE:	33 argenta	tahou. U	ATE OF HEALTHCHECK:	161	8/2000
GENDER:	F			CN	1.000

HEIGHT:	156.6	MARITAL STATUS:	T	
WEIGHT:	46.9	NO OF CHILDREN:	1,	
BMI:	16.7			

C/O: 9 Paris disorder & K/C/O: The Mario dean , creatures PRESENT MEDICATION: - NO P/M/H: Verrigo, 2 NOV-2022 P/S/H: - UU.
Aracana D

ALLERGY: - NO.

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

ALCOHOL:

TOBACCO/PAN:

O/E:

BP: //ol go PULSE: - 9 hlmm

AGSA

TEMPERATURE: MSCARS:

S/E:

RS:

CVS. J. G. K

Vision:

FAMILY HISTORY FATHER:

MOTHER: - Tryes & dose

LYMPHADENOPATHY:

PALLOR/ICTERUS/CYNOSIS/CLUBBING:

OEDEMA:

P/A:

1:1

Extremities & Spine: - -

ENT:

Skin:

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

Findings and Recommendation:

Findings:-

- Hb +

Recommendation:-

- Mun = C - Iran supplement T. Mont Fe I was a Inall

Signature:

Consultant -

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





OPHTHALMIC EVALUATION

UHID No.:								Date :	6 8	23
Name : SA	NGE	ETA	PA	THAI	<	Age	:331	≠_,Gend	der : Male	/Female
Without Corre	ction :									
Distance: Righ	nt Eye _		6/6			Left Eye				
Near : Righ	nt Eye _		N-	6		_ Left EyeN ~_6				
With Correction:										
Distance: Right Eye				Left E	ye					
Near : Right Eye				Left E	ye					
RIGHT					LEFT					
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance										
Near										
Colour Vision	: (P	8E)	- r	JNL	_ ^					
Anterior Segm	ent Exar	mination	:_ ([BE),	- N	NL				
Pupils :										
Fundus :	BE) -	NA	JL						
Intraocular Pre	essure :									
Diagnosis :	(BE)	1	NNU							
Advice :										
Re-Check on _					(This	Prescrip	otion nee	ds verific	cation eve	ery year)

(Consultant Ophthalmoogist)

DR. SAGORIKA DEY

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ DentistREGN NO: 2008/04/1182





DENTAL CHECKUP

Name: Mrs. Sangertz Pethak. MR NO: Age/Gender: 33 F Date: 16 8 23								
Age/Gender: 32	SF		Date: /	6/8/23				
Medical history: □ D	iabetes □ Hyp	ertension 🗆 _						
EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT				
Calculus& Stains								
Mobility								
Caries (Cavities)								
a)Class 1 (Occlusal)	7							
b)Class 2 (Proximal)	, //							
c)Class 5 (Cervical)								
Faulty Restoration			£37.					
Faulty Crown	-							
Fractured Tooth								
Root Pieces								
Impacted Tooth								
Missing Tooth				-				
Existing Denture								
TREATMENT ADVIC	ED:							
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: Ho Fry Company bridge Advice to quit any form of tobacco as it can cause cancer.								

ANDHERI
 COLABA
 NASHIK
 VASHI

Name: Sangerler Pathali Age: 33 sex: F UHID No.: Date: 10/8/23

Pys merosculaer.

LMP-10/8/2023

OIH-PILI Inga 6 met | FTLSY

PIH-No Medical.

NOSX MS

PIA-Soft.

PIS Jut AVINS /#M

PIV Caeusion DI

- Jup after PAP.

- 1. Meftal Spas

1-01

one day before Periods

+i112d day. Dur.

DR. ANNVI MASHRU
M.S. Obstetrics and Gynaecology
Reg. No. MMC 2018/03/0581



Apollo Clinic VASHI

Consultation

Diagnostics

■ Health Check-Ups

Dentistry





The Emerald, 1st Floor, Plot No. 195, Sector-12, Besides Neel Siddhi Tower, Vashi-Navi Mumbai-400703. Tel.: (022) - 2788 1322 / 23 / 24 🕓 8291490000 Email: apolloclinicvashi@gmail.com



Name

: Mrs. Sangeeta Pathak

Gender

: Female

: 33 Years Age

UHID

: FVAH 7846.

Bill No

Lab No

: V-1431-23

Ref. by

: SELF

Sample Col.Dt : 16/08/2023 08:45

Barcode No

: 5797

Reported On

: 16/08/2023 18:39

TEST

RESULTS

BIOLOGICAL REFERENCE INTERVAL

CBC (Complete Blood Count)-WB (EDTA)

Haemoglobin(Colorimetric method)	11.3	g/dl	11.5 - 15
RBC Count (Impedance)	4.26	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	36.7	%	35 - 55
MCV:(Calculated parameter)	86	fl	78 - 98
MCH:(Calculated parameter)	26.6	pg	26 - 34
MCHC:(Calculated parameter)	30.9	gm/dl	30 - 36
RDW-CV:	14.3	%	10 - 16
Total Leucocyte count(Impedance)	4970	/cumm.	4000 - 10500
Neutrophils:	55	%	40 - 75
Lymphocytes:	36	%	20 - 40
Eosinophils:	06	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	1.8	Lakhs/c.mm	1.5 - 4.5
MPV	11	fl	6.0 - 11.0
Peripheral Smear (Microscopic examina RBCs:	ation) Normochromic	c,Normocytic	

Normal

Adequate

Test Run on 5 part cell counter.

Tejal Dighe Entered By

WBCs:

Platelets

Note:

Ms Kaveri Gaonkar Verified By

End of Report Results are to be correlated clinically

Page 4 of Pp Milind Patwardhan M.D(Path) **Chief Pathologist**





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RESULTS

BIOLOGICAL REFERENCE INTERVAL

ESR(Westergren Method)

Erythrocyte Sedimentation Rate:-

06

mm/1st hr

0 - 20

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RESULTS

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

ABO Group:

:A:

Rh Type:

Negative

Method:

Matrix gel card method (forward and reverse)

Ms Kaveri Gaonkar

Entered By

Ms Kaveri Gaonkar Verified By

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M.D(Path) **Chief Pathologist**





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UNITS

BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Fasting Plasma Glucose:

82

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:

88

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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RESULTS

BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin:

4.6

% 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:

85.32

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

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טר. ועווווחd Patwardhan Page 6 of M2D(Path) **Chief Pathologist**

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TEST

RESULTS

UNITS

BIOLOGICAL REFERENCE INTERVAL

Lipid Profile- Serum

S. Cholesterol(Oxidase)	174	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	97	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	19.4	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	73.2	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	81.4	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	2.4		3.5 - 5
Ratio of LDL/HDL	<u>1.1</u>		2.5 - 3.5

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Chief Pathologist

Page 7 of 12





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TEST

RESULTS

UNITS

BIOLOGICAL REFERENCE INTERVAL

LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.15	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.67	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.48	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.88		0.9 - 2
S.Total Bilirubin (DPD):	0.37	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.17	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.2	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	18	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	10	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	69	U/L	35 - 105
S.GGT(IFCC Kinetic):	8	U/L	07 - 32

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Barcode No

: 5797

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: 16/08/2023 18:39

TEST	RESULTS	5	BIOLOGICAL REFERENCE INTERVAL
S.Urea(Urease Method)	13.7	mg/dl	10.0 - 45.0
BUN (Calculated)	6.39	mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.64	mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	9.98		9:1 - 23:1

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TEST

RESULTS

UNITS

BIOLOGICAL REFERENCE INTERVAL

BIOCHEMISTRY REPORT

S.Uric Acid(Uricase-POD):

4.0

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)

1.74

nmol/L

1.3 - 3.1 nmol/L

Total T4 (Thyroxine) (ECLIA)

(Thyroid-stimulating hormone)

108.8

nmol/L

66 - 181 nmol/L

TSH-Ultrasensitive

Method: ECLIA

2.28

□IU/mI

Euthyroid: 0.35 - 5.50 IU/ml

Hyperthyroid : < 0.35 □IU/mI

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

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22 00.45

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: 16/08/2023 18:39

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)

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

3 - 4 / hpf Nil /HPF 0 - 3/hpf

RED BLOOD CELLS

*... / 1 ... 1

Absent

EPITHELIAL CELLS

8 - 10 / hpf

CASTS

Absent

3 - 4/hpf

CDVCTALC

ADSCIIC

Absent

CRYSTALS BACTERIA Absent Present(Few) Absent Absent

Vasanti Gondal Entered By Ms Kaveri Gaonkar Verified By

Dr. Milind Patwardhan M.D(Path)

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End of Report
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Barcode No

: 5797

Reported On

: 16/08/2023 19:28

CYTOPATHOLOGY REPORT

Specimen No:

AP-1475-23

Specimen Adequacy:

ADEQUATE

CELLS

ENDOCERVICAL:

Present

ENDOMETRIAL:

Absent

SQUAMOUS:

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

HISTIOCYTES:

Absent

RBCs:

Present(Few)

POLYMORPHS:

Present(+)

LYMPHOCYTES:

Absent

FLORA

TRICHOMONAS VAGINALIS: Absent

MONILIA:

Absent

BACTERIA:

Absent

DODERLEIN BACILLI:

Absent

LEPTOTHRIX:

Absent

CELLULAR CHANGES

METAPLASIA:

Absent

MALIGNANT CELL:

Absent

IMPRESSION:

NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Vasanti Gondal **Entered By**

Ms Kaveri Gaonkar Verified By

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BIOLOGICAL REFERENCE INTERVAL

SERUM VITAMIN B12

S. VITAMIN B12 by ECLIA:

712.0

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.

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16.08.2023 9:11:44 Apollo Clinic 1st Flr, The Emerald, Sector-12, Vashi, Mumbai-400703.

 69_{bpm} -- / -- mmHg

33 Years

QRS: 74 ms QT / QTcBaz: 382 / 409 ms 164 ms

120 ms RR / PP : 864 / 869 ms P / QRS / T : 81 / 77 / 40 degrees

Female

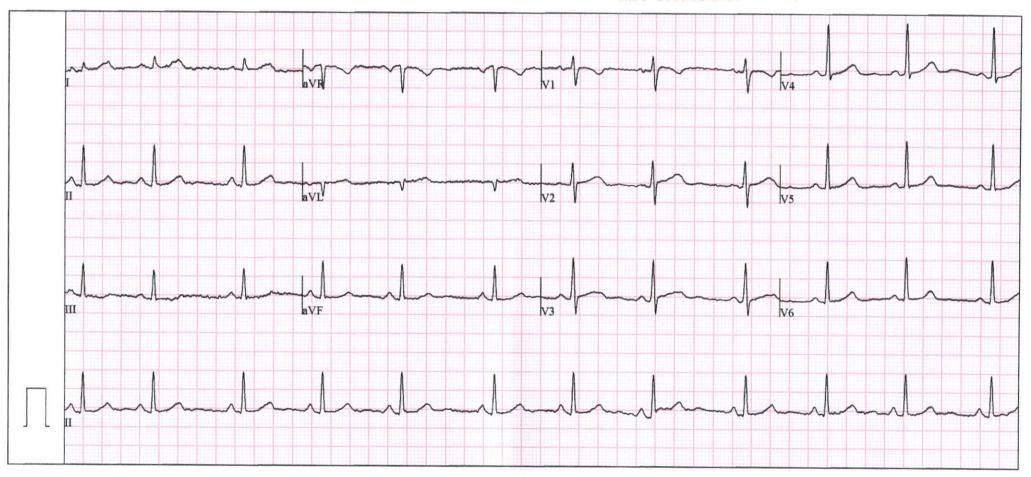
Normal sinus rhythm with sinus arrhythmia Normal ECG $\,$

- Su Arryma - Coulate clically

Dr. ANIRBAN DASGUPTA

M.B., B.S., D.N.B. Medicine

Diploma Cardiology MMC -2005/02/0920



ADS

50 Hz

Apollo Clinic

The Emerald Plot No-195/B, Sector-12, Neel Siddhi owers, Vashi-400703

Station
Telephone:

EXERCISE STRESS TEST REPORT

DOB: 11.03.1996

Gender: Female

Referring Physician: --

Technician: Anita Gaikwad

Attending Physician: DR.ANIRBAN DASGUPTA

Age: 27yrs

Race: Asian

Patient Name: SANGEETA, PATHAK

Patient ID: 7846

Height: Weight:

Study Date: 16.08.2023

Test Type: Treadmill Stress Test

Protocol: BRUCE

Medications:

NIL

Medical History:

NIL

peason for Exercise Test:

ocreening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	01:55	0.00	0.00	82	110/80	
	STANDING	00:27	0.00	0.00	83	110/80	
	HYPERV.	00:09	0.00	0.00	85		
	WARM-UP	00:11	0.70	0.00	85		
EXERCISE	STAGE 1	03:00	1.70	10.00	105	120/80	
	STAGE 2	03:00	2.50	12.00	120	130/80	
	STAGE 3	02:06	3.40	14.00	142	150/80	
RECOVERY		01:06	0.00	0.00	113		

The patien exercised according to the BRUCE for 8:05 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 92 bpm rose to a maximal heart rate of 148 bpm. This value represents 76 % of the maximal, a e-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Fatigue.

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 NI GATIVE FOR INDUCIBLE MYOCARDIAL ISCHAEMIA AT THE WORKLOAD ACHIEVED.

Physician-DR.ANIRBAN DASGUPTA

Jasquela

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PATIENT'S NAME	SANGEETA PATHAK	AGE :-33 Y/F
UHID	7846	DATE :16 Aug. 23

X-RAY CHEST PA VEIW

OBSERVATION:

Patient is in positional obliquity.

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.CHHAYA S. SANGANI

CONSULTANT SONOLOGIST

Reg No. 073826





PATIENT'S NAME	SANGEETA PATHAK	AGE :- 33Y/F
UHID	7846	16 Aug 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 intrahepatic 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 9.8 x 3.5 cm. LEFT KIDNEY measures 10.2 x 4.2 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. ET measures 7.5 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 REQURE CLINICAL CO-RELATION BEFORE ANY APPLICATION.

DR. NITESH PATEL DMRE (RADIOLOGIST)

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• ANDHERI • COLABA • NASHIK • VASHI