Apollo
TOUCHING LIVES

MEDICAL SUMMARY

Apollo Clinic
VASHI

NAME:	Mrs. Aarti Pande	UHID:	
AGE:	29	DATE OF HEALTHCHECK:	9/9/2025
GENDER:	F		

HEIGHT:	150.	MARITAL STATUS:	M
WEIGHT:	42.6	NO OF CHILDREN:	2
BMI:	18.9		

C/O: –

K/C/O:
PRESENT MEDICATION: – Calcium tab.

P/M/H: – No

P/S/H: – LSCS.

ALLERGY: – No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:
ALCOHOL:
TOBACCO/PAN: } No.

FAMILY HISTORY FATHER: –
MOTHER: – } NAD.

O/E:

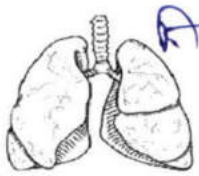
BP: 100/70 PULSE: – 88/min

TEMPERATURE: N SCARS:

LYMPHADENOPATHY:
PALLOR/ICTERUS/CYNOSIS/CLUBBING: } NAD

OEDEMA:

S/E:
RS: AEBE



P/A: – NAD

CVS: S1 S2 +

Extremities & Spine: – Lower back pain
knee pain

CNS: Oriented

ENT:
Skin: } NAD

Vision:

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

Vashi : **M/S. Indira Health & Lifestyle Pvt. Ltd.** 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: Aarti Rohit Pandy	Age: 29yrs	Date of Health check-up: 9/09/2023

Findings and Recommendation:

Findings:-

LFT < SGOT - 51 U/L
SGPT - 77
urine R/M - Pus cells - 10-12/hpf
RBC - 2-3/hpf.
Rest reports WNL

Recommendation:-

Increase water intake

DR. PRADNYA P. DANI
(M.B.B.S)
Reg. No. 87504

Signature:
Consultant –

Apollo

Apollo Clinic VASHI

OPHTHALMIC EVALUATION

UHID No.: _____ Date : 9/9/23.

Name : Miss Arti Age : 29 Gender : Male/Female

Without Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

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

Near : Right Eye _____ Left Eye _____

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	-1.75	-0.50	160°				-0.50	160		
Near										

Colour Vision : NAD

Anterior Segment Examination : NAD (R)

Pupils : _____

Fundus : _____

Intraocular Pressure : 14 mm Hg (BE)

Diagnosis : _____

Advice : Use glasses.

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

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

Apollo Clinic, Licensee : **M/s. Indira Health & Lifestyle Pvt. Ltd.**, "The Emerald", Plot No. 195/B, Sector 12, Besides Neel Siddhi Towers, Vashi, Navi Mumbai - 400703. **Tel.:** (91-22) 2788 1322 / 23 / 24 82914 90000 Email: apolloclinicvashi@gmail.com

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DENTAL CHECKUP

Name: Ms. Aarti Pande.	**MR NO:**
Age/Gender : 29 yrs / F	**Date:** 09/09/23

Medical history: ☐ Diabetes ☐ Hypertension ☐ NRH.

EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus& Stains				
Mobility				
Caries (Cavities)				
a)Class 1 (Occlusal)				46,47
b)Class 2 (Proximal)				
c)Class 5 (Cervical)				
Faulty Restoration				
Faulty Crown				
Fractured Tooth				
Root Pieces	16			
Impacted Tooth				
Missing Tooth				
Existing Denture				

TREATMENT ADVICED:

TREATMENT	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling				46,47
Root Canal Therapy				
Crown				
Extraction	16			

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: _____

Rohit

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Name : Mrs Aarti Pande Age : 29 Sex : F UHID No. : Date : 9/9/23

29 years / married / P_1L_2 (LSCS)

No complains.

LMP - Lactational amenorrhea

P_1L_2 - NOV (LSCS)

Adv
UPT.

O/E

GC fair
Afebrile.
P- 70/min

CVS
RS) NAD

PA - Soft NT

P/S. Cx } healthy
Vg }
(PAP smear taken).

Rx

- TAB DEVIRY 10mg
1 — 0 — 1 × 5 days.
(After UPT - Negative)

F/U c reports

Dr. DR TRUPTI SHINDE

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

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■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

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Apollo TOUCHING LIVES | MC-2364 | Apollo Clinic VASHI

Name	: Mrs. Aarti Rohit Pande	Gender	: Female	Age	: 29 Years
UHID	: FVAH 8356.	Bill No	:	Lab No	: V-979-23
Ref. by	: SELF	Sample Col.Dt	: 09/09/2023 09:55		
Barcode No	: 8225	Reported On	: 09/09/2023 18:51		

TEST	RESULTS		BIOLOGICAL REFERENCE INTERVAL
CBC (Complete Blood Count)-WB (EDTA)			
Haemoglobin(Colorimetric method)	11.9	g/dl	11.5 - 15
RBC Count (Impedance)	4.61	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	38	%	35 - 55
MCV:(Calculated parameter)	82.6	fl	78 - 98
MCH:(Calculated parameter)	**25.8**	pg	26 - 34
MCHC:(Calculated parameter)	31.3	gm/dl	30 - 36
RDW-CV:	13.9	%	10 - 16
Total Leucocyte count(Impedance)	6910	/cumm.	4000 - 10500
Neutrophils:	46	%	40 - 75
Lymphocytes:	**49**	%	20 - 40
Eosinophils:	02	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	2.89	Lakhs/c.mm	1.5 - 4.5
MPV	9.1	fl	6.0 - 11.0
Peripheral Smear (Microscopic examination)			
RBCs:	Hypochromasia(+)		
WBCs:	Lymphocytosis		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter.		

Alsaba Shaikh
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		BIOLOGICAL REFERENCE INTERVAL
ESR(Westergren Method)			
Erythrocyte Sedimentation Rate:-	**35**	mm/1st hr	0 - 20

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TEST	RESULTS
Blood Grouping (ABO & Rh)-WB(EDTA) Serum	
ABO Group:	**:A:**
Rh Type:	**Positive**
Method :	Matrix gel card method (forward and reverse)
------	----------

Tejal Dighe
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	86	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 :	112	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		

Vasanti Gondal
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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-evalution of therapy > 8.0 %
Mean Blood Glucose :	102.54	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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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Lipid Profile- Serum			
S. Cholesterol(Oxidase)	181	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	127	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	25.4	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	45.9	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	109.7	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	3.9		3.5 - 5
Ratio of LDL/HDL	**2.4**		2.5 - 3.5

Pooja Surve
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
LFT(Liver Function Tests)-Serum			
S.Total Protein (Biuret method)	7.26	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.40	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.86	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.54		0.9 - 2
S.Total Bilirubin (DPD):	0.30	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.13	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.17	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	**51**	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	**77**	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	104	U/L	35 - 105
S.GGT(IFCC Kinetic):	25	U/L	07 - 32

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TEST	RESULTS		BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY		
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)	0.62	mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	10.31		9:1 - 23:1
S.Uric Acid(Uricase Method)	3.9	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)	2.41	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	4.10	□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

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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URINE REPORT

TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
PHYSICAL EXAMINATION		
QUANTITY	35 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	**Trace**	Absent
Nitrites	Absent	Absent
MICROSCOPIC EXAMINATION		
PUS CELLS	**10 - 12 / hpf**	0 - 3/hpf
RED BLOOD CELLS	**2 - 3 / hpf**	Absent
EPITHELIAL CELLS	**8 - 10 / hpf**	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	**Present(Few)**	Absent

Neha More
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Chief Pathologist

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Aarti, Pande
8356

Female

29 Years

09.09.2023 13:30:15
Apollo Clinic
1st Flr,The Emerald,Sector-12,
Vashi, Mumbai-400703.

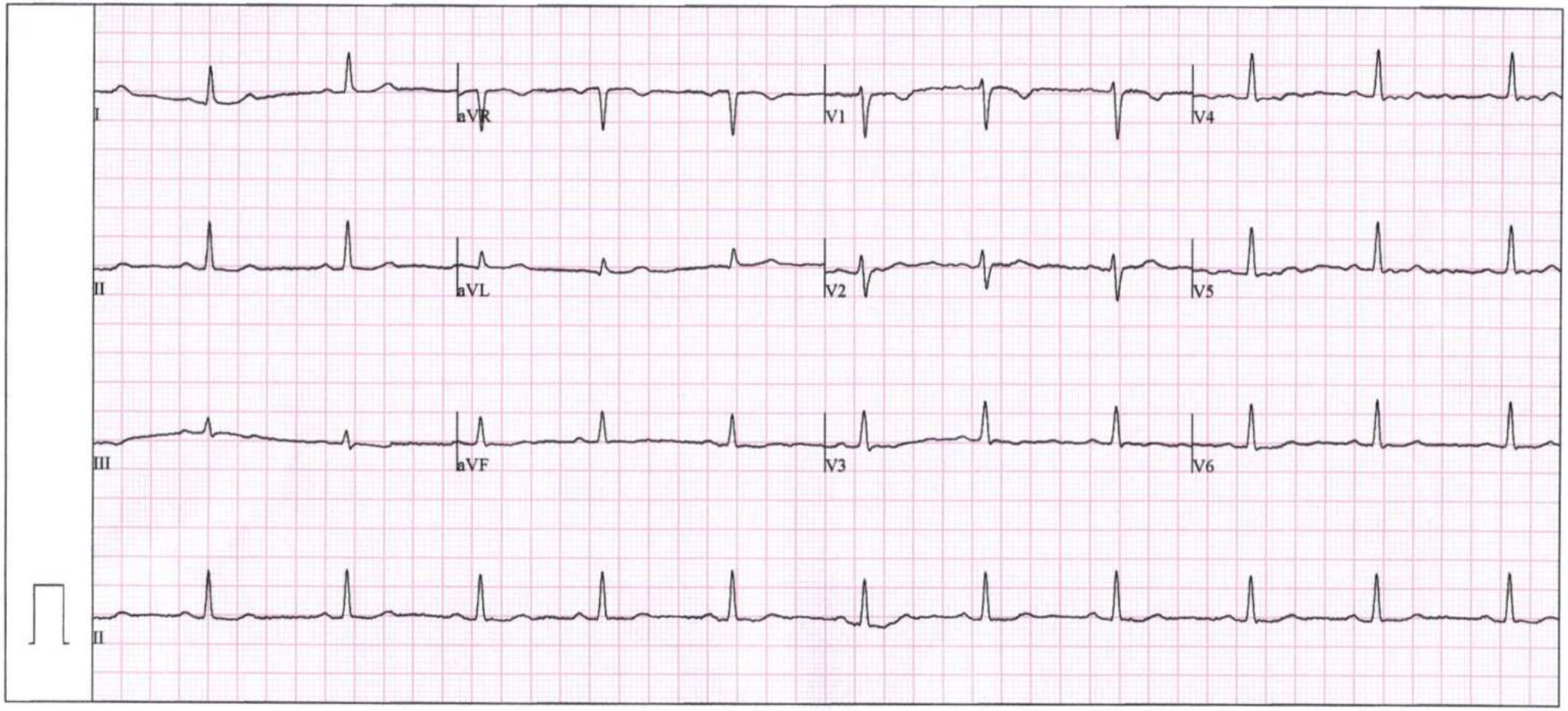
68 bpm
-- / -- mmHg

QRS :	82 ms
QT / QTcBaz :	394 / 418 ms
PR :	156 ms
P :	72 ms
RR / PP :	884 / 882 ms
P / QRS / T :	63 / 43 / 11 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

- Minor ST change
- Correlate clinically

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

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PATIENT'S NAME	AARTI PANDE	AGE :- 29Y/F
UHID	8356	DATE :- 09-09-23

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.

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Measurements

Aorta annulus	16 mm
Left Atrium	28 mm
LVID(Systole)	20 mm
LVID(Diastole)	33 mm
IVS(Diastole)	09 mm
PW(Diastole)	09 mm
LV ejection fraction.	55-60%

Conclusion

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

Dasgupta

Performed by: Dr. Anirban Dasgupta
D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).

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Apollo Clinic
VASHI

PATIENT'S NAME	AARTI R PANDE	AGE :- 29Y/F
UHID	8356	DATE :-.11 Sep. 23

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)

Apollo
TOUCHING LIVES

Apollo Clinic
VASHI

PATIENT'S NAME	AARTI R PANDE	AGE :- 29Y/F
UHID	8356	9 Sep 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 3.4 cm. **LEFT KIDNEY** measures 9.0 x 3.8 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 6.6 x 3.2 x 2.1 cm; ET measures 5.7 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.

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