

Specialists in Surgery

OUT- PATIENT RECORD

Date : 10/7/23
 MRNO : 57204
 Name : Ujwala Senawane.
 Age/Gender :
 Mobile No : 99 301 00 803
 Passport No :
 Aadhar number :

Pulse : 90	B.P : 140/80	Resp : 22	Temp :
Weight : 74.5	Height : 157	BMI : 30.2	Waist Circum : 100 cm

General Examination / Allergies
 History

Clinical Diagnosis & Management Plan

MARRIED Nonvegetarian
 Sleep Normal
 Bowel & Bladder - normal
 No addiction
~~is~~ Allergic to Peanuts
 LSCS done in past.
 Mother: no problem Father: det.

- Avoid oil/ghee / Fried food.
- Morning walk 45 min daily
- Repeat Lipid after 2 months.
- Repeat mammography every 6 months.

Dr. (Smt.) Chaitra P. VAJA
 M.D. (MUM)
 Physician & Cardiologist
 U.A. No. 03042

Follow up date:

Doctor Signature



Specialists in Surgery

OUT- PATIENT RECORD

Date : 10/7/23
MRNO :
Name : Ujwala Senawane
Age/Gender : 56/F
Mobile No :
Passport No :
Aadhar number :

Pulse :	B.P :	Resp :	Temp :
Weight :	Height :	BMI :	Waist Circum :

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ENT

- for routine health checkup
- Offers no complaints

O/E -

EARS -  B/L TM intact

Nose -  Septum central
airblast equal
Mucosa ⊙

Throat - NAD

ENT - NAD

Follow up date:

MAJ. (DR.) SHRUTI ANIL SHARMA Signature
M.S. (ENT) PGD-HHM. PG DMLS
MMC. 2019096177

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Registered Office : #7-1-617/A,615 & 616, Imperial Towers,7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

TOUCHING LIVES

Patient Name : Mrs.UJAWALA R SONAWANE	Collected : 10/Jul/2023 08:59AM
Age/Gender : 56 Y 0 M 2 D/F	Received : 10/Jul/2023 10:30AM
UHID/MR No : STAR.0000057204	Reported : 10/Jul/2023 01:52PM
Visit ID : STAROPV60947	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : E-46125	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD-EDTA

Methodology : Microscopic
 RBC : Normocytic normochromic
 WBC : Normal in number, morphology and distribution. No abnormal cells seen
 Platelets : Adequate in Number
 Parasites : No Haemoparasites seen
 IMPRESSION : Normocytic normochromic blood picture
 Note/Comment : Please Correlate clinically



TOUCHING LIVES

Patient Name : Mrs.UJAWALA R SONAWANE Age/Gender : 56 Y 0 M 2 D/F UHID/MR No : STAR.0000057204 Visit ID : STAROPV60947 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-46125	Collected : 10/Jul/2023 08:59AM Received : 10/Jul/2023 10:30AM Reported : 10/Jul/2023 01:52PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD-EDTA

HAEMOGLOBIN	12.2	g/dL	12-15	Spectrophotometer
PCV	36.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.39	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	14.4	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,700	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYtic COUNT (DLC)

NEUTROPHILS	60	%	40-80	Electrical Impedance
LYMPHOCYTES	35	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	3420	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1995	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	57	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	228	Cells/cu.mm	200-1000	Electrical Impedance

PLATELET COUNT	235000	cells/cu.mm	150000-410000	Electrical impedance
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ERYTHROCYTE SEDIMENTATION RATE (ESR)	40	mm at the end of 1 hour	0-20	Modified Westergren
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PERIPHERAL SMEAR

Methodology : Microscopic
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TOUCHING LIVES

Patient Name : Mrs.UJAWALA R SONAWANE Age/Gender : 56 Y 0 M 2 D/F UHID/MR No : STAR.0000057204 Visit ID : STAROPV60947 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-46125	Collected : 10/Jul/2023 08:59AM Received : 10/Jul/2023 10:30AM Reported : 10/Jul/2023 01:52PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD-EDTA				
BLOOD GROUP TYPE	O			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination



TOUCHING LIVES

Patient Name : Mrs.UJAWALA R SONAWANE Age/Gender : 56 Y 0 M 2 D/F UHID/MR No : STAR.0000057204 Visit ID : STAROPV60947 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-46125	Collected : 10/Jul/2023 08:59AM Received : 10/Jul/2023 10:31AM Reported : 10/Jul/2023 11:01AM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	90	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes



TOUCHING LIVES

Patient Name : Mrs.UJAWALA R SONAWANE Age/Gender : 56 Y 0 M 2 D/F UHID/MR No : STAR.0000057204 Visit ID : STAROPV60947 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : E-46125	Collected : 10/Jul/2023 12:33PM Received : 10/Jul/2023 02:05PM Reported : 10/Jul/2023 02:26PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , NAF PLASMA	96	mg/dL	70-140	GOD - POD

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other. Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach



TOUCHING LIVES

Patient Name : Mrs.UJAWALA R SONAWANE	Collected : 10/Jul/2023 08:59AM
Age/Gender : 56 Y 0 M 2 D/F	Received : 10/Jul/2023 02:50PM
UHID/MR No : STAR.0000057204	Reported : 10/Jul/2023 08:24PM
Visit ID : STAROPV60947	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : E-46125	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	5.5	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	111	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control



TO UPHOLD LIVES

Patient Name : Mrs.UJAWALA R SONAWANE	Collected : 10/Jul/2023 08:59AM
Age/Gender : 56 Y 0 M 2 D/F	Received : 10/Jul/2023 10:16AM
UHID/MR No : STAR.0000057204	Reported : 10/Jul/2023 01:48PM
Visit ID : STAROPV60947	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : E-46125	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	211	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	110	mg/dL	<150	
HDL CHOLESTEROL	59	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	152	mg/dL	<130	Calculated
LDL CHOLESTEROL	130	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.58		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	59.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.60	g/dL	6.7-8.3	BIURET
ALBUMIN	4.60	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.00	g/dL	2.0-3.5	Calculated
A/G RATIO	1.53		0.9-2.0	Calculated



Patient Name : Mrs.UJAWALA R SONAWANE	Collected : 10/Jul/2023 08:59AM
Age/Gender : 56 Y 0 M 2 D/F	Received : 10/Jul/2023 10:16AM
UHID/MR No : STAR.0000057204	Reported : 10/Jul/2023 12:40PM
Visit ID : STAROPV60947	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : E-46125	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE	0.57	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	24.40	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	11.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.20	mg/dL	4.0-7.0	URICASE
CALCIUM	9.20	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.10	mg/dL	2.6-4.4	PNP-XOD
SODIUM	144	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98-107	Direct ISE



Patient Name : Mrs.UJAWALA R SONAWANE	Collected : 10/Jul/2023 08:59AM
Age/Gender : 56 Y 0 M 2 D/F	Received : 10/Jul/2023 10:16AM
UHID/MR No : STAR.0000057204	Reported : 10/Jul/2023 01:48PM
Visit ID : STAROPV60947	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : E-46125	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	5.00	U/L	16-73	Glycylglycine Kinetic method



TOUCHING LIVES

Patient Name : Mrs.UJAWALA R SONAWANE	Collected : 10/Jul/2023 08:59AM
Age/Gender : 56 Y 0 M 2 D/F	Received : 10/Jul/2023 10:17AM
UHID/MR No : STAR.0000057204	Reported : 10/Jul/2023 11:37AM
Visit ID : STAROPV60947	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : E-46125	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM

TRI-IODOTHYRONINE (T3, TOTAL)	0.81	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	6.29	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.450	µIU/mL	0.25-5.0	ELFA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0



TOUCHING LIVES

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 Visit ID : STAROPV60947
 Ref Doctor : Dr.SELF
 Emp/Auth/TPA ID : E-46125

Collected : 10/Jul/2023 08:59AM
 Received : 10/Jul/2023 12:13PM
 Reported : 10/Jul/2023 01:50PM
 Status : Final Report
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.015		1.002-1.030	Dipstick


BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

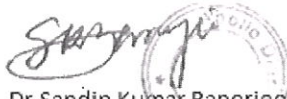
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	1-2	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

*** End Of Report ***



DR. APEKSHA MADAN
MBBS, DPB
PATHOLOGY



Dr. Sandip Kumar Banerjee
M.B.B.S., M.D (PATHOLOGY), D.P.B
Consultant Pathologist



Ujawala Sonawane

HR 66 bpm

Measurement Results:

QRS : 88 ms
 QT/QTcB : 426 / 448 ms
 PR : 150 ms
 P : 104 ms
 RR/PP : 906 / 890 ms
 P/ORS/T : 25/ 20/ 0 degrees
 QTd/QTcBd : 44 / 46 ms
 Sokolow : 1.1 mV
 NK : 9

Interpretation:

normal ECG

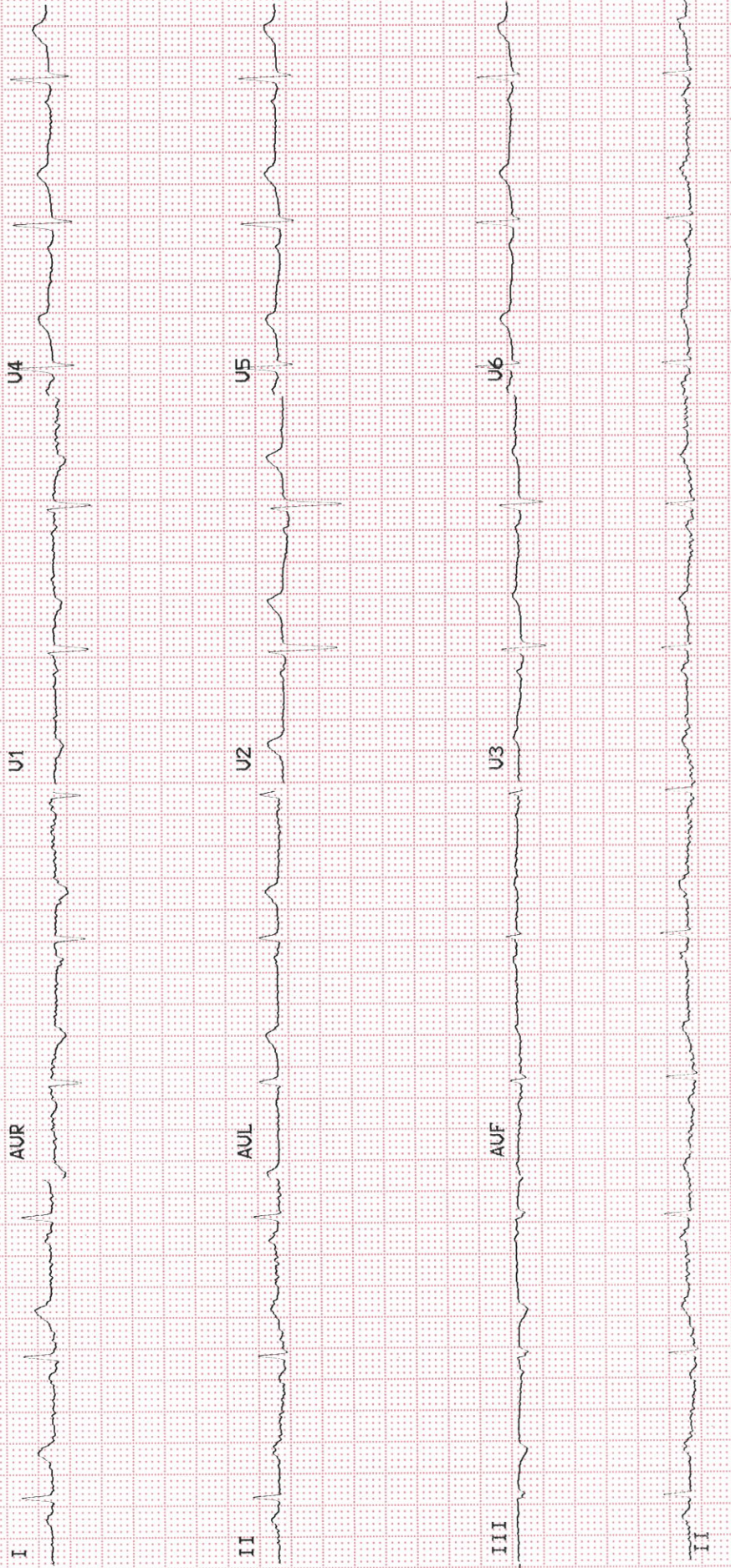


within Normal limits

AM

Dr. (Mrs.) CHIKKAVARAJU
 M.B.B.S. (Genl)
 Physician & Cardiologist
 Reg. No. 56942

Unconfirmed report.



Specialists in Surgery

Patient Name : Mrs. Ujawala R Sonawane
UHID : STAR.0000057204
Reported on : 10-07-2023 09:10
Adm/Consult Doctor :

Age : 56 Y F
OP Visit No : STAROPV60947
Printed on : 10-07-2023 09:11
Ref Doctor : SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen.

Printed on:10-07-2023 09:10

---End of the Report---



Dr. VINOD SHETTY
Radiology

Name : Mrs. Ujawla Sonawane
Age : 56 Year(s)

Date : 10/07/2023
Sex : Female
Visit Type : OPD

ECHO Cardiography

Comments:

Normal cardiac dimensions.
Structurally normal valves.
No evidence of LVH.
Intact IAS/IVS.
No evidence of regional wall motion abnormality.
Normal LV systolic function (LVEF 60%).
No diastolic dysfunction.
Normal RV systolic function.
No intracardiac clots / vegetation/ pericardial effusion.
No evidence of pulmonary hypertension.PASP=30mmHg.
IVC 12 mm collapsing with respiration.

Final Impression:

NORMAL 2DECHOCARDIOGRAPHY REPORT.



DR. CHHAYA P. VAJA. M. D.(MUM)
NONINVASIVE CARDIOLOGIST

Name : Mrs. Ujawla Sonawane
Age : 56 Year(s)

Date : 10/07/2023
Sex : Female
Visit Type : OPD

Dimension:

EF Slope	110mm/sec
EPSS	05mm
LA	27mm
AO	24mm
LVID (d)	42mm
LVID(s)	22mm
IVS (d)	11mm
LVPW (d)	11mm
LVEF	60% (visual)



DR. CHHAYA P. VAJA. M. D. (MUM)
NONINVASIVE CARDIOLOGIST

Specialists in Surgery

Patient Name : MRS. UJAWALA SONAWANE
Ref. By : HEALTH CHECK UP

Date : 10-07-2023
Age : 56 years

SONOGRAPHY OF ABDOMEN & PELVIS

- LIVER** : The liver is normal in size but shows diffuse increased echotexture suggestive of fatty infiltration. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.
- GALL BLADDER** : The gall bladder is well distended and reveals normal wall thickness. There is no evidence of calculus seen in it.
- PANCREAS** : The pancreas is normal in size and echotexture. No focal mass lesion is seen.
- SPLEEN** : The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.
- KIDNEYS** : The **RIGHT KIDNEY** measures 10.0 x 4.4 cms and the **LEFT KIDNEY** measures 10.1 x 4.4 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side. There is no e/o paraaortic lymphadenopathy or free fluid seen in the abdomen.
- URINARY BLADDER** : The urinary bladder is well distended and is normal in shape and contour. No intrinsic lesion or calculus is seen. The bladder wall thickness is normal.
- UTERUS** : The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 8.0 x 4.3 x 3.8 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 8.7 mm. No focal mass lesion is noted within the uterus.
- OVARIES** : Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.3 x 1.6 cms. Left ovary measures 2.4 x 1.2 cms. There is no free fluid seen in cul de sac.

IMPRESSION: The Ultrasound examination reveals mild fatty infiltration of the Liver. No other significant abnormality is detected

Report with compliments


DR VINOD V SHETTY

M.D., D.M.R.D.
CONSULTANT SONOLOGIST
APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED
(Formerly known as Nova Specialty Hospitals Private Limited)

CIN: U85100KA2009PTC049961

Registered Office : #7-1-617/A, 615 & 616, Imperial Towers, 7th Floor, Opp. Ameerpet Metro Station, Ameerpet, Hyderabad, Telangana, Pin-500038.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

Specialists in Surgery

Patient Name : MRS. UJAWALA SONAWANE
Ref. By : HEALTH CHECK UP

Date : 10-07-2023
Age : 56 years

SONOGRAPHY OF BREAST

Real time ultrasound of the Breast was performed with a 11 MHz transducer.

There is evidence of a tiny simple cyst in upper quadrant of Right Breast at 12 0' clock position measuring 0.8 x 0.7 cms in size.

Rest of the breast parenchyma appear normal.

No obvious focal calcification is seen within the breast.
No evidence of axillary lymph nodes seen.

IMPRESSION: The Ultrasound examination reveals a tiny simple cyst in upper quadrant of Right breast at 12 0' clock position measuring 0.8 x 0.7 cms in size.

Report with compliments.



DR VINOD V SHETTY
M.D,D.M.R.D
CONSULTANT RADIOLOGIST

Specialists in Surgery

Ujwala Sonawane 56 yrs 10/7/23

MIH - $\frac{2-3}{2-3 \text{ months}}$ $\begin{cases} \text{Ireg} \\ \text{mod} \\ \text{PLL} \end{cases}$ Lmf - 8/7/23.

O/H - P₂L₂ - $\begin{cases} \text{♀ 30 yrs FTND} \\ \text{♂ 22 yrs UCS -} \end{cases}$

PH - NO major past med/sx illness.
H/O - varicose veins -

FIH - Nil.

O/E

~~Cx~~ ~~Vag~~ | PH in periods.

Lbc - pap smear ^{not} taken

D. Soni

Specialists in Surgery

DIETARY GUIDELINES FOR BALANCED DIET

Should avoid both fasting and feasting.

A meal pattern should be followed. Have small frequent and regular meal. Do not exceeds the interval between two meals beyond 3 hours.

Exercise regularly for at least 30-45 minutes daily. Brisk walking is a good form of exercise, yoga, cycling, and swimming are.

Keep yourself hydrated by sipping water throughout the day. You can have plain lemon water (without sugar), thin butter milk, vegetable soups, and milk etc.

Fat consumption: - 3 tsp. per day / ½ kg per month per person.

It's a good option to keep changing oils used for cooking to take the benefits of all types of oil.eg: Groundnut oil, mustard oil, olive oil, Sunflower oil, Safflower oil, Sesame oil etc.

FOOD ALLOWED

FOOD GROUPS	FOOD ITEMS
Cereals	Whole grain product like Whole wheat flour, daliya, rava bajara, jowar, ragi, oats, nachni, barley, rye.etc
pulses	Dal like moong, masoor, tur and pulses Chana, chhole, rajma , etc.
Milk	Prefer low fat cow's milk / skim milk and milk product like curd, buttermilk, paneer etc.
Vegetable	All types of vegetable.
Fruits	All types of Fruits.
Nuts	2 Almonds, 2 walnuts, 1 dry anjeer, dates, pumpkin seeds, flax seeds, niger seeds, garden cress seeds.
Non Veg	2-3 pices of Chicken/fish, (removed skin) twice a week and 2 egg white daily. Should be eat in grill and gravy form.

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

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BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

EYE REPORT

Name: *Ujwala Sonawane*

Date: *10/07/2023*

Age / Sex: *52yrs / F*

Ref No.:

Complaint: *No ocular dx
per w/o 88/20x*

w/o Recant Allergy

Examination

*Vu < 6/12
6/9*

Near Vu & Ng

Spectacle Rx

	Right Eye							
	Vision	Sphere	Cyl.	Axis	Vision	Sphere	Cyl.	Axis
Distance								
Read								

Remarks: *Color U.K. w/o*

As K w/o

Medications:

Trade Name	Frequency	Duration

Follow up: *Pre dx K w/o*

Consultant:



ID 0
Age 56

ujawala

Height 157cm
Gender Female

Date 10. 7. 2023
Time 09:01:00

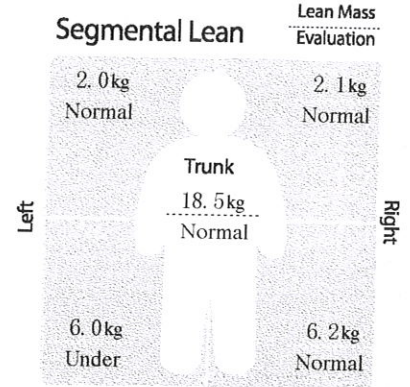
APOLLO SPECTRA HOSPITAL

Body Composition

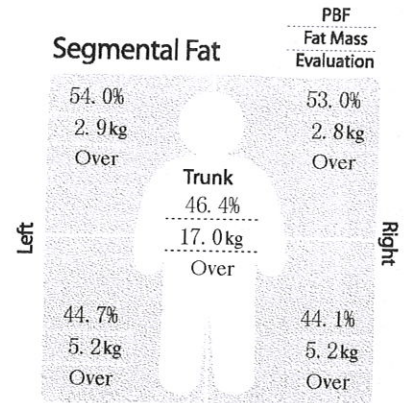
	Under	Normal	Over	UNIT%	Normal Range
Weight	40 55 70 85 100 115 130 145 160 175 190 205				44.0 ~ 59.5
Muscle Mass Skeletal Muscle Mass	60 70 80 90 100 110 120 130 140 150 160 170				19.5 ~ 23.9
Body Fat Mass	20 40 60 80 100 120 140 160 180 200 220 240 260 280 300 320 340 360 380 400 420 440 460 480 500 520				10.4 ~ 16.6
T B W Total Body Water	29.5 kg (26.4 ~ 32.2)		F F M Fat Free Mass	40.1 kg (33.6 ~ 43.0)	
Protein	7.8 kg (7.1 ~ 8.6)		Mineral*	2.79 kg (2.44 ~ 2.98)	

*Mineral is estimated.

Segmental Lean



Segmental Fat



*Segmental Fat is estimated.

Obesity Diagnosis

	Value	Normal Range
B M I Body Mass Index (kg/m ²)	30.2	18.5 ~ 25.0
P B F Percent Body Fat (%)	46.1	18.0 ~ 28.0
W H R Waist-Hip Ratio	0.95	0.75 ~ 0.85
B M R Basal Metabolic Rate (kcal)	1237	1485 ~ 1733

Nutritional Evaluation

Protein	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Mineral	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Deficient
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Deficient
	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Excessive

Weight Management

Weight	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over
SMM	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Strong
Fat	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

Obesity Diagnosis

B M I	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input type="checkbox"/> Over
		<input checked="" type="checkbox"/> Extremely Over	
P B F	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over
W H R	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Over

Muscle-Fat Control

Muscle Control	0.0 kg	Fat Control	- 22.4 kg	Fitness Score	58
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Impedance

Z	RA	LA	TR	RL	LL
20kHz	353.0	372.1	26.5	238.1	248.5
100kHz	319.9	341.3	23.3	221.7	229.1

* Use your results as reference when consulting with your physician or fitness trainer.

Exercise Planner Plan your weekly exercises from the followings and estimate your weight loss from those activities.

Energy expenditure of each activity (base weight: 74.5 kg / Duration: 30min. / unit: kcal)						
Walking	Jogging	Bicycle	Swim	Mountain Climbing	Aerobic	
149	261	224	261	243	261	
Table tennis	Tennis	Football	Oriental Fencing	Gate ball	Badminton	
168	224	261	373	142	168	
Racket ball	Tae-kwon-do	Squash	Basketball	Rope jumping	Golf	
373	373	373	224	261	131	
Push-ups development of upper body	Sit-ups abdominal muscle training	Weight training backache prevention	Dumbbell exercise muscle strength	Elastic band muscle strength	Squats maintenance of lower body muscle	

• How to do

1. Choose practicable and preferable activities from the left.
2. Choose exercises that you are going to do for 7 days.
3. Calculate the total energy expenditure for a week.
4. Estimate expected total weight loss for a month using the formula shown below.

• Recommended calorie intake per day

1300 kcal

*Calculation for expected total weight loss for 4 weeks: **Total energy expenditure (kcal/week) X 4weeks ÷ 7700**