

NAME:	Ms. Agnave Undyankar	UHID:	
AGE:	30	DATE OF HEALTHCHECK:	16/2/2025
GENDER:	M		

HEIGHT:	154	MARITAL STATUS:	M
WEIGHT:	59.1	NO OF CHILDREN:	1
BMI:	16.5		

C/O: - Headache - occ.

K/C/O: PRESENT MEDICATION: - Nil

P/M/H: - No

P/S/H: - No

ALLERGY: - No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

FAMILY HISTORY FATHER: - No
MOTHER: - No

ALCOHOL: - No

TOBACCO/PAN: - No

O/E:

LYMPHADENOPATHY: - No

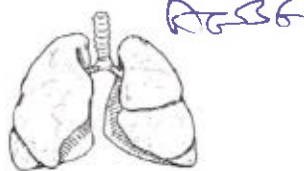
BP: 100/80 PULSE: - 50/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING: - No

TEMPERATURE: - SCARS: -

OEDEMA:

S/E:
RS:



P/A: - No

CVS: - No

Extremities & Spine: - No

CNS: - No

ENT:
Skin: - No

Vision:

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

• ANDHERI • COLABA • NASHIK • VASHI

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 11/3/23

Name: Mrs Apoorva Age: 30 Gender: Female ✓

Without Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

Distance: Right Eye 6/9 Left Eye 6/9

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>-1.0</u>	<u>180°</u>			<u>-1.5</u>		<u>180°</u>		
Near										

Colour Vision : Normal (32)

Anterior Segment Examination : _____

Pupils : NO (34)

Fundus : _____

Intraocular Pressure : 14 mm Hg (35)

Diagnosis : glaucoma

Advice : _____

Re-Check on 6 mths (This Prescription needs verification every year)

Dr. [Signature]
(Consultant Ophthalmologist)

DENTAL CHECKUP

Name: Mrs. Apurva	MR NO:
Age/Gender : 30/F	Date: 11/3

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: Calculus in lower anterior

[Signature]

• ANDHERI • COLABA • NASHIK • VASHI

Name: Mrs. Apurva U. Age: 30y Sex: F UHID No.: Date: 11/3/23

30yrs, F, P14

Aspirin

men - up & down back

RS+:- nit.

ca - far
atenule.

cup
RS / ASD

PIA - STH
resect.

PIJ - papmer done.

Dr. _____



Apollo Clinic
VASHI

- Consultation
- Diagnostics
- Health Check-Ups
- Dentistry

Name : Mrs. Apurva Pravin Undegaonkar Gender : Female Age : 30 Years
 UHID : FVAH 5463 Bill No : Lab No : V-1341-23
 Ref. by : SELF Sample Col.Dt : 11/03/2023 8:40
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

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

Haemoglobin(Colorimetric method)	10.8	g/dl	11.5 - 15
RBC Count (Impedance)	3.99	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	33.6	%	35 - 55
MCV:(Calculated)	84.3	fl	78 - 98
MCH:(Calculated)	27	pg	26 - 34
MCHC:(Calculated)	32	gm/dl	30 - 36
RDW-CV:	15.4	%	10 - 16
Total Leucocyte count(Impedance)	5540	/cumm.	4000 - 10500
Neutrophils:	63	%	40 - 75
Lymphocytes:	29	%	20 - 40
Eosinophils:	03	%	0 - 6
Monocytes:	05	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	2.61	Lakhs/c.mm	1.5 - 4.5
MPV	10.2	fl	6.0 - 11.0
ESR(Westergren Method)	13	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.		

Alsaba Shaikh
Entered By

Ms Kaveri Gaonkar
Verified By

Page 4 of 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 :

Tube Agglutination (forward and reverse)

Shweta Unavane
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M.D(Path)
Chief Pathologist

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	97	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 :	88	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

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M.D(Path)
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.6 %
 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 : 114.02 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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Dr. M. D. Patwardhan
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Lipid Profile- Serum

S. Cholesterol(Oxidase)	138	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	70	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	14	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	47.8	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	76.2	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	<u>2.9</u>		3.5 - 5
Ratio of LDL/HDL	<u>1.6</u>		2.5 - 3.5

Mrunal Gurav
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Milind Patwardhan
M.D(Path)

Chief Pathologist

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

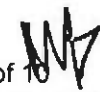
LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.79	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.55	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.24	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.4		0.9 - 2
S.Total Bilirubin (DPD):	0.36	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.14	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.22	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	13	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	10	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	66	U/L	35 - 105
S.GGT(IFCC Kinetic):	8	U/L	07 - 32

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
BIOCHEMISTRY		
S.Urea(Urease Method)	14.8 mg/dl	10.0 - 45.0
BUN (Calculated)	6.9 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.53 mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	13.02	9:1 - 23:1
S.Uric Acid(Uricase Method)	3.2 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)	2.31	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	103.3	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	1.61	□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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CYTOPATHOLOGY REPORT

Specimen No: AP-459-23

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

ATROPHIC CHANGES: Absent

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

Anushka Chavan
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Dr. Milind Patwardhan
M.D(Path)

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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)	5.0	4.6 - 8.0
SPECIFIC GRAVITY	1.005	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	2 - 3 / hpf	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	4 - 5 / hpf	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	Absent	Absent
OTHER	Budding Yeast(+)	Absent

Anushka Chavan
Entered By

Ms Kaveri Gaonkar
Verified By



Dr. Milind Patwardhan
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Chief Pathologist

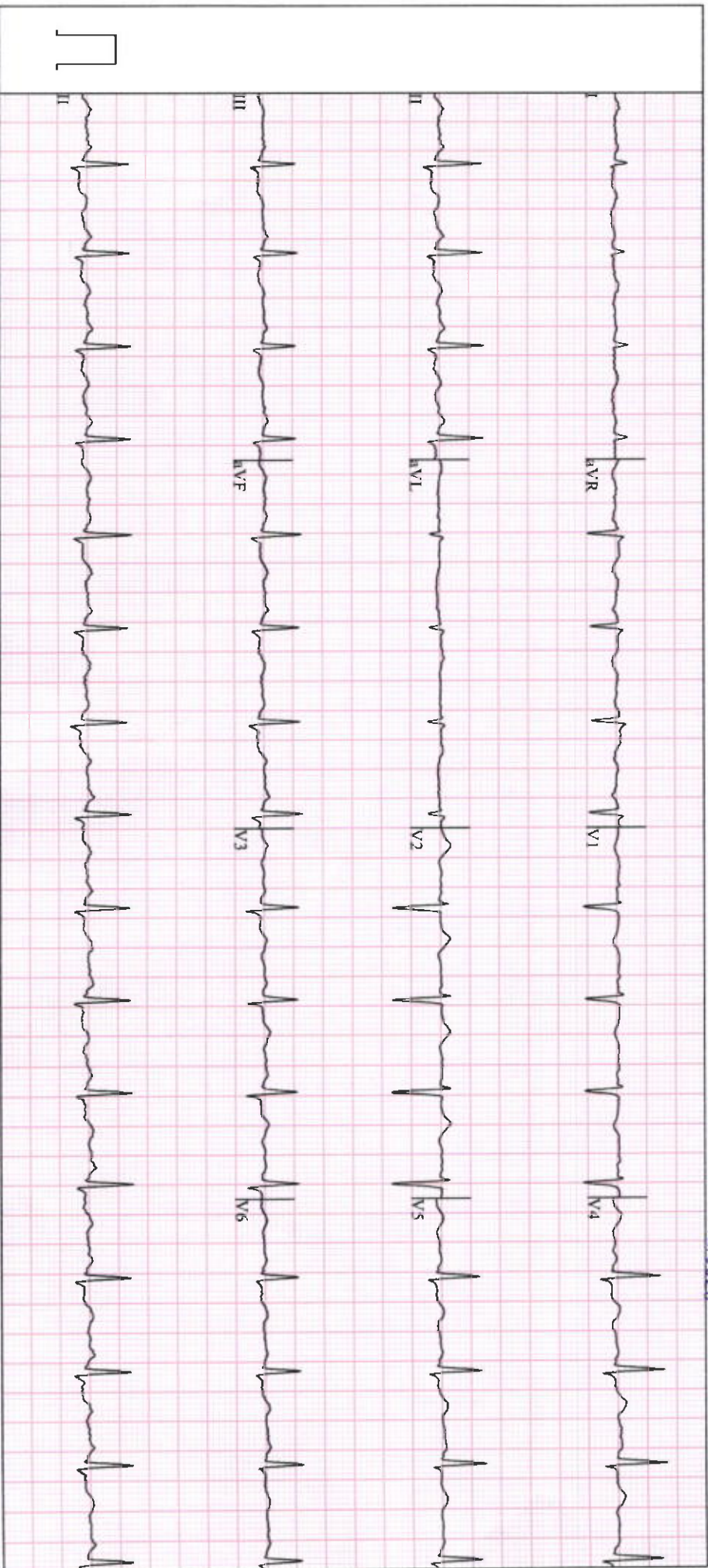
End of Report
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QRS : 74 ms
QT/QTcBaz : 368 / 462 ms
PR : 132 ms
P : 94 ms
RR/PP : 628 / 631 ms
P/QRS/T : 70 / 78 / 3 degrees

Normal sinus rhythm
Nonspecific ST abnormality
Abnormal ECG

- ST Dep in inferior leads
- Co rel abn elev cals

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: APURVA, UNDEGAONKAR
Patient ID: 5463
Height:
Weight:

DOB: 04.09.1992
Age: 30yrs
Gender: Female
Race: Asian

Study Date: 11.03.2023
Test Type: Treadmill Stress Test
Protocol: BRUCE

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

Medications:
NIL

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	00:10	0.00	0.00	84	100/70	
	STANDING	00:13	0.00	0.00	86		
	HYPERV.	00:15	0.00	0.00	91		
	WARM-UP	00:17	0.90	0.00	96		
EXERCISE	STAGE 1	02:05	1.70	10.00	118	110/70	
	STAGE 2	03:00	2.50	12.00	164	120/80	
	STAGE 3	00:07	3.40	14.00	169		
RECOVERY		01:18	0.00	0.00	116	140/80	

The patient exercised according to the BRUCE for 5:12 min:s, achieving a work level of Max. METS: 7.30. The resting heart rate of 88 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 100/70 mmHg, rose to a maximum blood pressure of 140/80 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

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

PATIENT'S NAME	APURVA UNDEGAONKAR	AGE :- 30 y/F
UHID NO	5463	11 Mar 2023

X-RAY CHEST PA VIEW

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	APURVA UNDEGAONKAR	AGE :- 30 Y/F
UHID	5463	11 Mar 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 8.3 x 3.2 cm. **LEFT KIDNEY** measures 8.5 x 4.0 cm.

URINARY BLADDER is well distended; no e/o wall thickening or mass or calculi seen.

UTERUS is anteverted and is bulky in size, shape and echotexture; No focal lesion seen. It measures 8.6 x 6.0 x 3.9 cm; ET measures 6 mm. There is mild free fluid seen in the pelvis. Dilated tortuous vessels seen in the pelvis

Right ovary is normal in size, shape and position. **LEFT OVARY** measures: 3.6 x 2.9 cm. shows thin walled clear cyst measuring 2.6 cm

Visualised **BOWEL LOOPS** appear normal. There is mild free fluid seen.

IMPRESSION –

- **Bulky uterus with pelvic inflammatory disease.**
- **Left ovarian thin walled clear cyst.**
- **No other 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. DISHA MINOCHA
DMRE (RADIOLOGIST)

• ANDHERI • COLABA • NASHIK • VASHI

Findings and Recommendation:

Findings:-

- Hb - 10.8
- urine (2) - Epithelial cells - 4 nos
RBCs - 1 nos
- USG. Abd - Bulky uterus c PID.
Lr. ovarian thin walled clear cyst

Recommendation:-

- Gynaec Opinion
- Iron rich diet in food

Signature: 

Consultant -



DR MAHESH NAIK
PHYSICIAN