

MEDICAL SUMMARY

NAME:	Ms. Apurva Q Hedge	UHID:	
AGE:	28	DATE OF HEALTHCHECK:	13-1-2024
GENDER:	F		

HEIGHT:	159	MARITAL STATUS:	M
WEIGHT:	70.8	NO OF CHILDREN:	1
BMI:	28.0		

C/O: Vestigo - on both
Meningeal vision

K/C/O: PCOD
PRESENT MEDICATION: - No

P/M/H: PCOD

P/S/H: - No

ALLERGY: - No

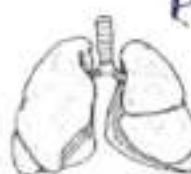
PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary


H/A: SMOKING:)
ALCOHOL:) No
TOBACCO/PAN:)

FAMILY HISTORY FATHER: - No
MOTHER: - No

O/E:
BP: 100/70 PULSE: - 94/min
TEMPERATURE: - SCARS:

LYMPHADENOPATHY:)
PALLOR/ICTERUS/CYNOSIS/CLUBBING:) No
OEDEMA:

S/E: AGGG
RS: 

P/A:  - No

CVS: Sider

Extremities & Spine: - ~~No~~ Lower Back pain

CNS: Co-ordination intact

ENT: - No

Skin: - No

Vision:

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

• ANDHERI • COLABA • NASHIK • VASHI

Name:

Age:

Date of Health check-up:

Findings and Recommendation:

Findings:-

ESR ↑

PCOD

Recommendation:-

Gynaec review

Signature:

Consultant -



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

OPHTHALMIC EVALUATION

UHID No.: _____ Date: 13/1/24

Name: Miss Apurva Age: 28 Gender: Male/Female

Without Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

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

Near : Right Eye N6 Left Eye N6

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>025</u>					<u>000</u>				
Near										

Colour Vision : N700

Anterior Segment Examination : N700 / (R)

Pupils : _____

Fundus : _____

Intraocular Pressure : 14 mm (R)

Diagnosis : _____

Advice : _____

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

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

• Consultation • Diagnostics • Health Check-Ups • De

DENTAL CHECKUP

Name: <u>Apurva Ghadge</u>	MR NO:
Age/Gender : <u>28/F</u>	Date: <u>13/1/24</u>

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: _____

- Adv OPG
 - Extraction = 1/8

Signature

• ANDHERI • COLABA • NASHIK • VASHI

Name: Mrs Apurva Ghadge Age: 28 Sex: F UHID No.: _____ Date: 13/01/2024

28 years / MS: 7 months / Nulliparous

Hctd PCOD :: 5-6 years
wt gain

4M
LMP- 01/01/2024

Regular cycle ; 2/28 / Regular cycle

Wt: No Pt of am
O/R

Gctan

Mfibrate

P- Bl/min, Mild Nausea (+)

PA- Sgs ~7

MS- Co } healthy
Vg }

(PPP smear taken)

- 10% wt gain (+)
- Lifestyle modification

- In Puraactin
- In Free Testosterone
- In Fasting Insulin

Sto E reports

Dr. Trupti Shinde

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



Apollo Clinic
VASHI

- Consultation
- Diagnostics
- Health Check-Ups
- Dentistry

Vashi - M/S. Indira Health & Lifestyle Pvt. Ltd. The Emerald, Plot No. 195/B, Sector - 12, Besides Neel Siddhi Tower, Vashi - Navi Mumbai - 400703.
Tel.: (022) - 2788 1322 / 23 / 24 ☎ 82914 90000 • Email: apolloclinicvashi@gmail.com

Name : Mrs. Apurva Pravin Ghadge Gender : Female Age : 28 Years
UHID : FVAH 10236. Bill No : Lab No : V-1695-23
Ref. by : SELF Sample Col.Dt : 13/01/2024 08:50
Barcode No : 3965 Reported On : 13/01/2024 20:21

TEST

RESULTS

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

ABO Group:

:B:

Rh Type:

Positive

Method :

Matrix gel card method (forward and reverse)

Neha More
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	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	88	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 :	89	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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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LIPID PROFILE - Serum

S. Cholesterol(Oxidase)	173	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	125	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	25	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	43.7	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	104.3	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4		3.5 - 5
Ratio of LDL/HDL	2.4		2.5 - 3.5

Alsaba Shaikh
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
LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.50	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.42	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.08	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.44		0.9 - 2
S.Total Bilirubin (DPD):	0.69	mg/dL	0.1 - 1.2
S.Direct Billirubin (DPD):	0.22	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.47	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P): 14		U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P): 7		U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic): 83		U/L	35 - 105
S.GGT(IFCC Kinetic): 11		U/L	07 - 32

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	12.8 mg/dl	10.0 - 45.0
BUN (Calculated)	5.97 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.62 mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	9.63	9:1 - 23:1
S.Uric Acid(Uricase Method)	5.3 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)	2.59	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	134.3	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	4.05	□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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Page 8 of 9 Chief Pathologist

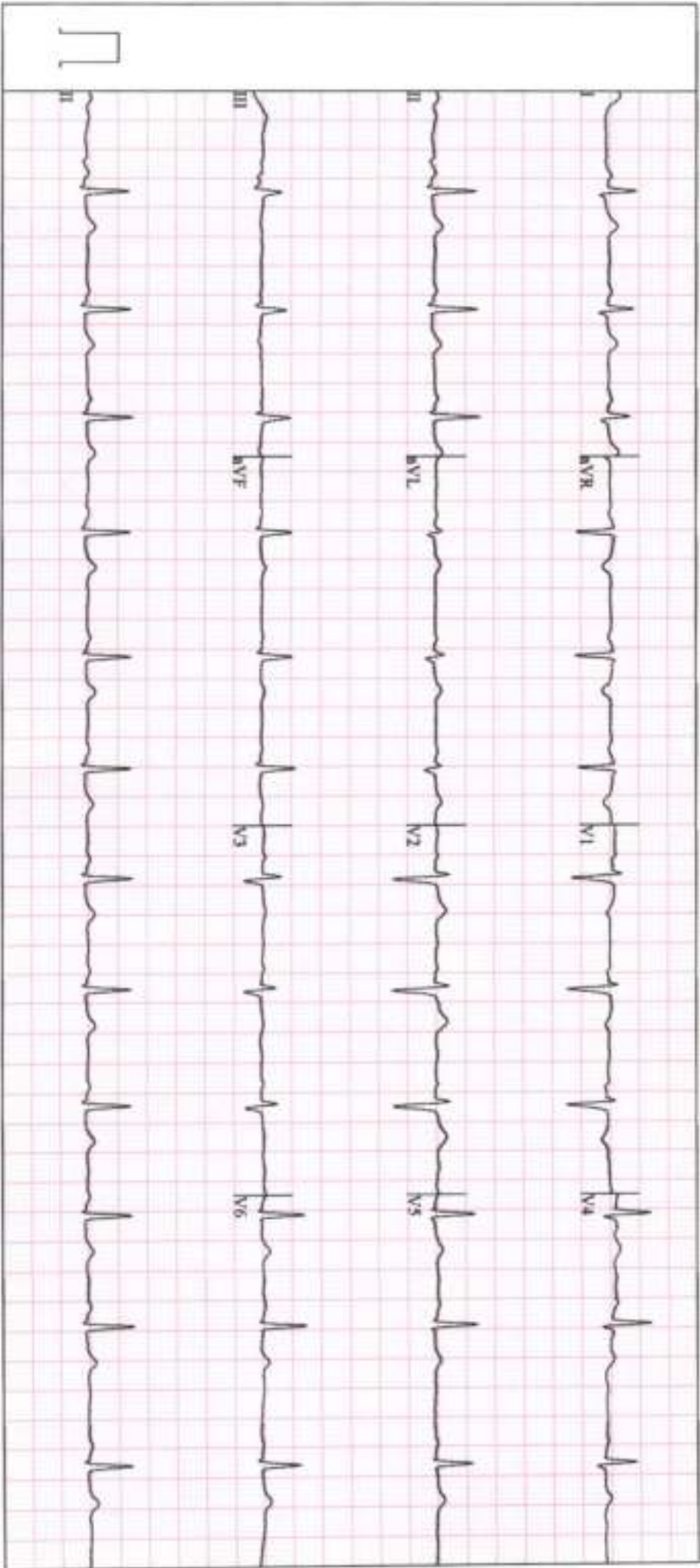
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NORMAL ECG

Normal sinus rhythm with sinus arrhythmia
Normal ECG

QRS : 80 ms
QT / QTc/QTd : 362 / 407 ms
PR : 130 ms
P : 78 ms
RR / PP : 784 / 789 ms
P / QRS / T : 30 / 55 / 22 degree

[Signature]
Dr. ANIRBAN DASGUPTA
M.S., B.S., D.N.B. Medicine
Diploma Cardiology
MMC - 2005/02/0920



PATIENT'S NAME	APURVA P GHADGE	AGE :- 28Y/F
UHID	10236	DATE :- .15 Jan. 24

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 P GHADGE	AGE :- 28Y/F
UHID	10236	13 Jan 2024

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 9.7 x 4.2 cm. **LEFT KIDNEY** measures 9.5 x 3.6 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 6.5 x 4.6 x 3.5 cm; ET measures 6 mm.

Both ovaries are enlarged in size and shows peripherally studded follicles.

RIGHT OVARY measures : 3.5 x 3.0 x 3.4 cm (Vol: 20 ml),

LEFT OVARY measures : 3.0 x 2.0 x 3.1 cm (Vol: 10 ml).

Visualised **BOWEL LOOPS** appear normal. There is no free fluid seen.

IMPRESSION –

- **Polycystic ovaries.**
- **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

PATIENT'S NAME	APURVA P GHADGE	AGE :- 28Y/F
UHID	10236	DATE :- 13-01-24

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.

Measurements

Aorta annulus	18 mm
Left Atrium	31 mm
LVID(Systole)	21 mm
LVID(Diastole)	42 mm
IVS(Diastole)	10 mm
PW(Diastole)	08 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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CYTOPATHOLOGY REPORT

Specimen No: AP-61-24

Specimen Adequacy: ADEQUATE

CELLS

ENDOCERVICAL: **Present**

ENDOMETRIAL: Absent

SQUAMOUS: **SUPERFICIAL(++), INTERMEDIATE(++) & PARABASAL(Few) CELLS**

HISTIOCYTES: Absent

RBCs: Absent

POLYMORPHS: **Present(++)**

FLORA

TRICHOMONAS VAGINALIS: Absent

FUNGI: Absent

LACTOBACILLI: Absent

CELLULAR CHANGES

METAPLASIA: Absent

DYSPLASIA: Absent

MALIGNANT CELL: Absent

ATROPHIC CHANGES: Absent

BARE NUCLEI: Absent

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

Anushka Chavan
Entered By

Ms Kaveri Gaonkar
Verified By



Dr. Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically