

NAME:	Mrs. Agavea Unegadekar	UHID:	
AGE:	31	DATE OF HEALTHCHECK:	29/12/24
GENDER:	F		

HEIGHT:	155	MARITAL STATUS:	M
WEIGHT:	36.8	NO OF CHILDREN:	1
BMI:	15.3		

C/O: Burning - urination

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: - ) NAD  
MOTHER: - ) NAD

ALCOHOL: - ) NAD

TOBACCO/PAN: - ) NAD

O/E:

LYMPHADENOPATHY: - ) NAD

BP: 60/100 PULSE: 60/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING: - ) NAD

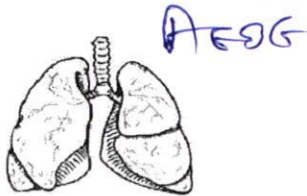
TEMPERATURE: - SCARS: -

OEDEMA: -

S/E:

P/A: - ) NAD

RS:



CVS: - ) NAD

Extremities & Spine: - ) NAD

CNS: Conscious, orientated

ENT: - ) NAD

Skin: - ) NAD

Vision:

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

Name: Ms. Apurva Undegaonkar Age: 31/F Date of Health check-up: 29/3/2024

### Findings and Recommendation:

#### Findings:-

Hb +  
Cystitis

#### Recommendation:-

① Urologist opinion  
Iron supplement

Signature: 

Consultant -

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

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**OPHTHALMIC EVALUATION**

UHID No.: \_\_\_\_\_

Date : 29/3/24.

Name : ms. Apurva Undegaonkar Age : 31y Gender : Male/Female

Without Correction :

Distance: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

Near : Right Eye N-6 Left Eye N-6

With Correction :

Distance: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

Near : Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance		-0.75	150		6/6		-0.75	180		6/6
Near										

Colour Vision : (BE) - WNL

Anterior Segment Examination : (BE) - WNL

Pupils : (BE) - WNL

Fundus : (BE) - WNL

Intraocular Pressure : \_\_\_\_\_

Diagnosis : (BE) - WNL

Advice : \_\_\_\_\_

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

Dr. Sagorika Dey  
(Consultant Ophthalmologist)

**DR. SAGORIKA DEY**

MBBS, DOMS

REGN NO: 2008/04/1182

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

## DENTAL CHECKUP

<b>Name:</b> Apurva Undegaonkar	<b>MR NO:</b>
<b>Age/Gender :</b> 31 / F	<b>Date:</b> 29/3/24.

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: \_\_\_\_\_

- Scaling & polishing - 1200 .

**DR. AQSA SHAIKH**  
B. D. S  
Reg. No: A 42611



• ANDHERI • COLABA • NASHIK • VASHI

Name: Apurva Indefu Age: 31 Sex: \_\_\_\_\_ UHID No.: \_\_\_\_\_ Date: 29/3/24

MP-3/3/2024.

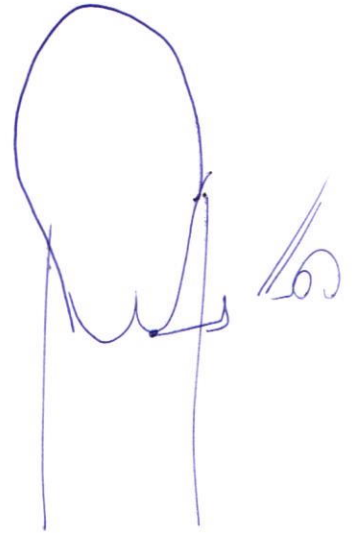
OIU-PIL (FYWI)

PIH - no medical or SxG

OIE - Gl fern

PIA - soft

PI S / utau uslfus  
PI V / BLUFALM



Adv  
fup after PAP

Annvi

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

Dr. \_\_\_\_\_



**Apollo Clinic**  
VASHI

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

Name : Ms. Apurva Pravin Undegaonkar Gender : Female Age : 31 Years  
UHID : FVAH 11184. Bill No : Lab No : V-3473-23  
Ref. by : SELF Sample Col.Dt : 29/03/2024 08:30  
Barcode No : 3951 Reported On : 29/03/2024 14:57


TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

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

Haemoglobin(Colorimetric method)	<b>10.2</b>	g/dl	11.5 - 15
RBC Count (Impedance)	4.00	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	<b>32.5</b>	%	35 - 55
MCV:(Calculated)	81.2	fl	78 - 98
MCH:(Calculated)	<b>25.5</b>	pg	26 - 34
MCHC:(Calculated)	31.4	gm/dl	30 - 36
RDW-CV:	<b>16.9</b>	%	10 - 16
Total Leucocyte count(Impedance)	7150	/cumm.	4000 - 10500
Neutrophils:	72	%	40 - 75
Lymphocytes:	22	%	20 - 40
Eosinophils:	03	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	3.95	Lakhs/c.mm	1.5 - 4.5
MPV	9.2	fl	6.0 - 11.0
ESR(Westergren Method)	<b>56</b>	mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)			
RBCs:	Anisocytosis(Mild)		
WBCs:	Normal		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter. Manual diff performed.		

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Ms Kaveri Gaonkar  
Verified By

Page 7 of 9  
  
Dr. Milind Patwardhan  
M.D(Path)  
Chief Pathologist

End of Report  
Results are to be correlated clinically

Name : Ms. Apurva Pravin Undegaonkar Gender : Female Age : 31 Years  
UHID : FVAH 11184. Bill No : Lab No : V-3473-23  
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TEST

RESULTS

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

ABO Group:

**:O:**

Rh Type:

**Positive**

Method :

Matrix gel card method (forward and reverse)

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Sheetal Nakate  
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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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Indira Health And Lifestyle Private Limited.  
**NABL Accredited Laboratory**  
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 : Ms. Apurva Pravin Undegaonkar Gender : Female Age : 31 Years  
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

**PLASMA GLUCOSE**


Fasting Plasma Glucose : 89 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 : 80 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

Pooja Surve  
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M.D(Path)  
Chief Pathologist

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Page 2 of 2

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

**LIPID PROFILE - Serum**

S. Cholesterol(Oxidase)	122	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	64	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	12.8	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<b><u>38.8</u></b>	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	70.4	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	<b><u>3.1</u></b>		3.5 - 5
Ratio of LDL/HDL	<b><u>1.8</u></b>		2.5 - 3.5

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>LFT(Liver Function Tests)-Serum</b>			
S.Total Protein (Biuret method)	8.27	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.24	g/dL	3.5 - 5.2
S.Globulin (Calculated)	<b>4.03</b>	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.05		0.9 - 2
S.Total Bilirubin (DPD):	0.44	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.15	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.29	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	12	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	7	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	75	U/L	35 - 105
S.GGT(IFCC Kinetic):	10	U/L	07 - 32

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	<b>BIOCHEMISTRY</b>	
S.Urea(Urease Method)	16 mg/dl	10.0 - 45.0
BUN (Calculated)	7.46 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	<b>0.41</b> mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	18.2	9:1 - 23:1
S.Uric Acid(Uricase Method)	4.1 mg/dl	2.4 - 5.7

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M.D(Path)  
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

**Thyroid (T3,T4,TSH)- Serum**

Total T3 (Tri-iodo Thyronine) (ECLIA)	1.98	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	98.27	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	1.02	□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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M.D(Path)

Page 8 of 9 Chief Pathologist

End of Report  
Results are to be correlated clinically

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

**URINE REPORT**

**PHYSICAL EXAMINATION**

QUANTITY	20	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	1.005	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	Occasional	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	<b>5 - 6 / hpf</b>	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	Absent	Absent

Anushka Chavan  
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Ms Kaveri Gaonkar  
Verified By



Dr. Milind Patwardhan  
M.D(Path)

Page 1 of 1 Chief Pathologist

End of Report  
Results are to be correlated clinically

Name : Ms. Apurva Pravin Undegaonkar Gender : Female Age : 31 Years  
UHID : FVAH 11184 Bill No : Lab No : V-3473-23  
Ref. by : SELF Sample Col.Dt : 29/03/2024 11:35  
Barcode No : 3951 Reported On : 29/03/2024 20:22

**CYTOPATHOLOGY REPORT**  
**Conventional - PAP Smear**

Specimen No: AP-648-24

Specimen Adequacy: ADEQUATE

**CELLS**

ENDOCERVICAL: Absent

ENDOMETRIAL: Absent

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

HISTIOCYTES: Absent

RBCs: Absent

POLYMORPHS: **Present(+)**

**FLORA**

TRICHOMONAS VAGINALIS: Absent

FUNGI: **Fungal organisms morphologically consistent with Candida Spp.**

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  
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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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Apurva, Undegaonkar  
11184

Female

31 Years

29.03.2024 8:44:53  
Apollo Clinic  
1st Flr, The Emerald Sector-12,  
Vashi, Mumbai-400703.

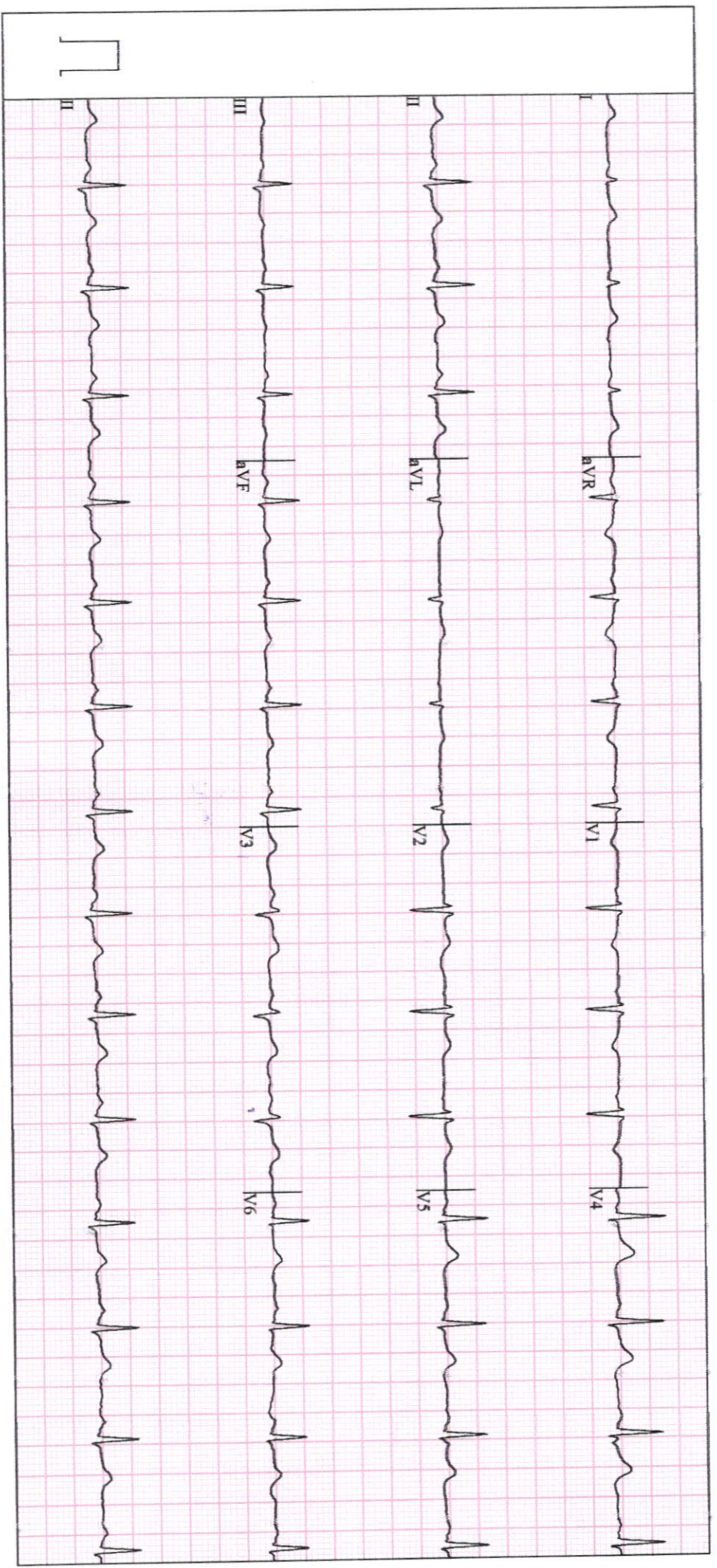
84 bpm  
--/-- mmHg

**NORMAL ECG**

QRS : 84 ms  
QT / QTcBaz : 372 / 439 ms  
PR : 132 ms  
P : 106 ms  
RR / PP : 716 / 714 ms  
P / QRS / T : 59 / 79 / 39 degrees

Normal sinus rhythm  
Normal ECG

*WRC*  
**DR. ANIRBANDASGUPTA**  
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



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: 011184  
Height:  
Weight:

DOB: 04.09.1991  
Age: 32yrs  
Gender: Female  
Race: Asian

Study Date: 29.03.2024  
Test Type: Treadmill Stress Test  
Protocol: BRUCE

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

Medications:  
--

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	00:29	0.00	0.00	95	100/70	
	STANDING	00:12	0.00	0.00	95		
	HYPERV.	00:18	0.00	0.00	100		
EXERCISE	WARM-UP	00:11	0.00	0.00	96		
	STAGE 1	03:00	1.70	10.00	122	110/70	
	STAGE 2	03:00	2.50	12.00	151	120/80	
	STAGE 3	01:00	3.40	14.00	169	140/90	
RECOVERY		01:03	0.00	0.00	142	150/90	

The patient exercised according to the BRUCE for 7:00 min:s, achieving a work level of Max. METS: 10.00. The resting heart rate of 93 bpm rose to a maximal heart rate of 169 bpm. This value represents 89 % of the maximal, age-predicted heart rate. The resting blood pressure of 100/70 mmHg, rose to a maximum blood pressure of 150/90 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

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

<b>PATIENT'S NAME</b>	<b>APURVA P UNDEGAONKAR</b>	<b>AGE :- 31Y/F</b>
<b>UHID</b>	<b>11184</b>	<b>DATE :- .30 Mar. 24</b>

### 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)**

<b>PATIENT'S NAME</b>	<b>APURVA P UNDEGAONKAR</b>	<b>AGE :- 31Y/F</b>
<b>UHID</b>	<b>11184</b>	<b>29 Mar 2024</b>

**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 9.2 x 3.8 cm. **LEFT KIDNEY** measures 9.5 x 4.2 cm.

**URINARY BLADDER** is well distended; no e/o wall thickening or mass or calculi seen. Few moving internal echoes are seen.

**UTERUS** is anteverted and is normal in size, shape and echotexture; No focal lesion seen. ET measures 13 mm.

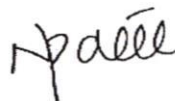
Both ovaries are normal in size, shape and position.

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

**IMPRESSION** –

- Cystitis.
- 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. NITESH PATEL**  
**DMRE (RADIOLOGIST)**