

### MEDICAL SUMMARY

NAME:	Mrs. Syama Dabekar	UHID:	
AGE:	40	DATE OF HEALTHCHECK:	24/1/2024
GENDER:	F		

HEIGHT:	153	MARITAL STATUS:	M
WEIGHT:	78.3	NO OF CHILDREN:	2
BMI:	33.4		

C/O: Headache - 1 yr on left  
 K/C/O: Hypertension - 4 yrs.  
 PRESENT MEDICATION: Tab - Thyronorm 88A  
 P/S/H: LSCS, Mono

P/M/H: -

ALLERGY: - NO

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING: -

ALCOHOL: -

TOBACCO/PAN: -

FAMILY HISTORY FATHER: - HTN

MOTHER: - Arthritis

O/E:

BP: 120/80 PULSE: - 72/min

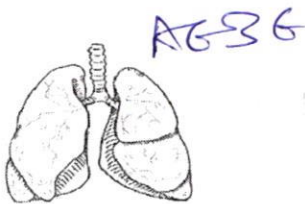
TEMPERATURE: - SCARS: -

LYMPHADENOPATHY: -

PALLOR/ICTERUS/CYNOSIS/CLUBBING: -

OEDEMA: -

S/E:  
RS:



P/A: -

CVS: -

Extremities & Spine: -

CNS: Cervical, Osteoarthritis

ENT: -

Skin: -

Vision:

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

• ANDHERI • COLABA • NASHIK • VASHI

Name: Syama L Dixi Saha	Age: 40y	Date of Health check-up: 21/07/2014
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**Findings and Recommendation:**

**Findings:-**

- P.A.P - Regularly (P)
- Bulky uterus (P)

**Recommendation:-**

Gynae ref.

Signature:

Consultant -



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

## OPHTHALMIC EVALUATION

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

Date: 24/12/24

Name: Miss Shyamlat Age: 39 Gender: Male/Female

Without Correction :

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

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

With Correction :

Distance: Right Eye 7/6 Left Eye 6/6

Near : Right Eye 2/6 Left Eye 2/6

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>0.75</u>	<u>0.50</u>	<u>160°</u>			<u>0.75</u>	<u>0.50</u>	<u>30°</u>		
Near										

Presbyopia Ascl

Colour Vision : NO

Anterior Segment Examination : NO (B)

Pupils : \_\_\_\_\_

Fundus : \_\_\_\_\_

Intraocular Pressure : 14mmHg

Diagnosis : Refresh test EMV 2 hrs

Advice : X web

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

Dr. \_\_\_\_\_  
(Consultant Ophthalmologist)

**DR. RUCHIRA SHARMA**  
M.S. (OPHTH)  
CONSULTING OPHTHALMOLOGIST  
& MICRO SURGEON  
REG. No.: 3282/0015

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

## DENTAL CHECKUP

<b>Name:</b> Syama Divisala	<b>MR NO:</b>
<b>Age/Gender:</b> 40   F	<b>Date:</b> 24/2/24

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: \_\_\_\_\_

✓ Adv OPG  
 - Extraction 8/8  
 - Re-RCT 7 (Maybe)

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



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Name : Mrs. Syama Latha Dirisala      Gender : Female      Age : 40 Years  
UHID : FVAH 10751.      Bill No :      Lab No : V-3237-23  
Ref. by : SELF      Sample Col.Dt : 24/02/2024 10:10  
Barcode No : 9915      Reported On : 24/02/2024 18:37

**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**  
Entered By

**Ms Kaveri Gaonkar**  
Verified By



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

End of Report  
*Results are to be correlated clinically*



Indira Health And Lifestyle Private Limited.

**NABL Accredited Laboratory**

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Besides Neel Siddhi Tower, Vashi-Navi Mumbai-400703.

Tel.: (022) - 2788 1322 / 23 / 24 ☎ 8291490000

Email: apolloclinicvashi@gmail.com

**Apollo Clinic**  
**VASHI**

Name : Mrs. Syama Latha Dirisala      Gender : Female      Age : 40 Years  
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TEST      RESULTS      UNITS      BIOLOGICAL REFERENCE INTERVAL

**PLASMA GLUCOSE**

Fasting Plasma Glucose :      92      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)

Method :      Hexokinase

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin )WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.3 % 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 : 105.41 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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**LIPID PROFILE - Serum**

S. Cholesterol(Oxidase)	176	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	53	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	10.6	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	43.5	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	121.9	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4		3.5 - 5
Ratio of LDL/HDL	2.8		2.5 - 3.5

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**LFT(Liver Function Tests)-Serum**

S.Total Protein (Biuret method)	7.24	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.18	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.06	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.37		0.9 - 2
S.Total Bilirubin (DPD):	0.71	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.28	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.43	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	20	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	17	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	77	U/L	35 - 105
S.GGT(IFCC Kinetic):	12	U/L	07 - 32


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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
<b>BIOCHEMISTRY</b>		
S.Urea(Urease Method)	12.7      mg/dl	10.0 - 45.0
BUN (Calculated)	5.92      mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.62      mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	9.55	9:1 - 23:1
S.Uric Acid(Uricase Method)	4.1      mg/dl	2.4 - 5.7

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Thyroid (T3,T4,TSH)- Serum</b>			
Total T3 (Tri-iodo Thyronine) (ECLIA)	1.78	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	115.4	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	1.49	□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 - PAP SMEAR**

Specimen No: AP-311-24

Specimen Adequacy: ADEQUATE

**CELLS**

ENDOCERVICAL: Absent

ENDOMETRIAL: Absent

SQUAMOUS: **SUPERFICIAL(++) AND INTERMEDIATE(++) SQUAMOUS CELLS**

HISTIOCYTES: Absent

RBCs: Absent

POLYMORPHS: **Present(Few)**

**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**

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**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	<b>Trace</b>	Absent
Nitrites	Absent	Absent

**MICROSCOPIC EXAMINATION**

PUS CELLS	2 - 3 / hpf	0 - 3/hpf
RED BLOOD CELLS	<b>Occasional</b>	Absent
EPITHELIAL CELLS	<b>10 - 12 / hpf</b>	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	Absent	Absent

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End of Report  
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40 Years

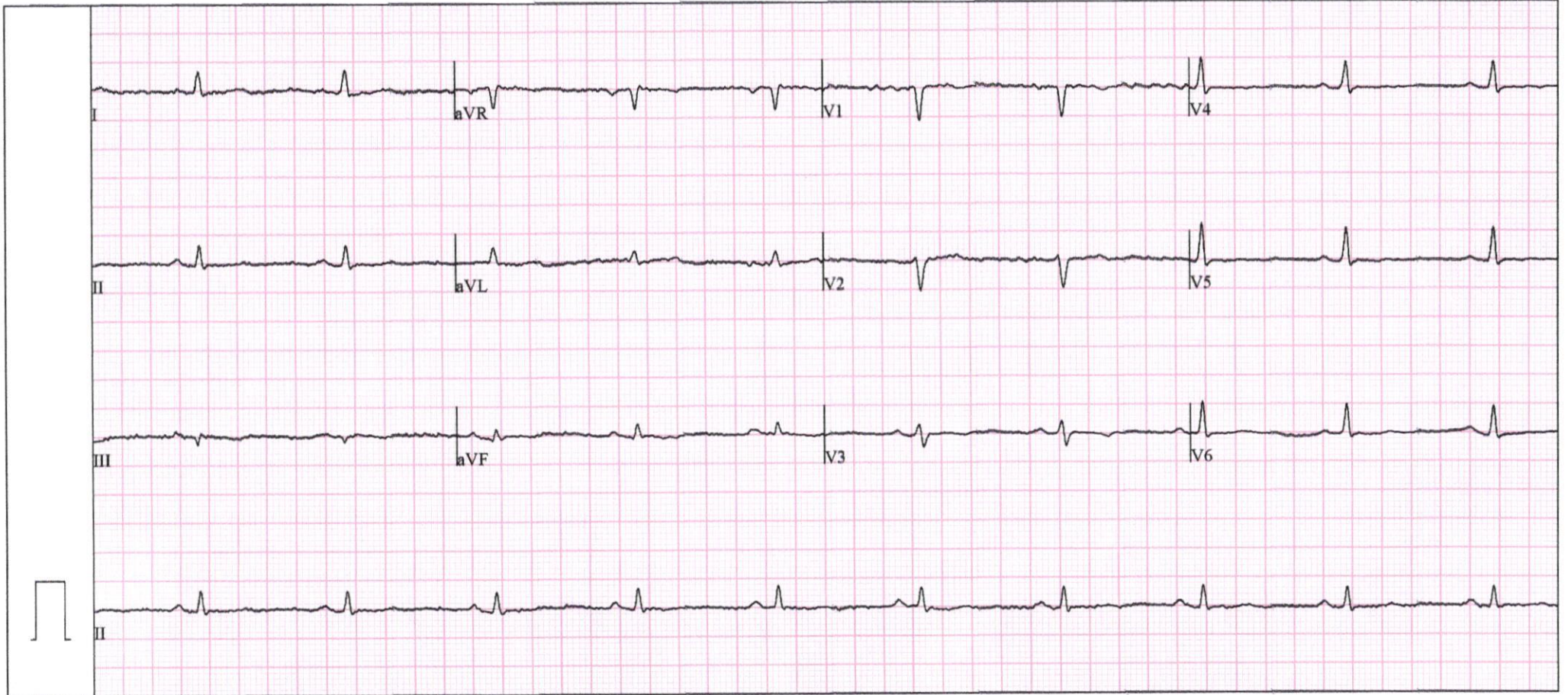
Female

QRS : 70 ms  
QT / QTcBaz : 404 / 406 ms  
PR : 162 ms  
P : 78 ms  
RR / PP : 980 / 983 ms  
P / QRS / T : 51 / 31 / 104 degrees

Normal sinus rhythm  
Low voltage QRS  
Nonspecific ST and T wave abnormality  
Abnormal ECG

*muca ST changes*

*[Signature]*  
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: SYAMA, DIRISALA  
Patient ID: 10751  
Height:  
Weight:

DOB: 28.02.1983  
Age: 40yrs  
Gender: Female  
Race: Asian

Study Date: 24.02.2024  
Test Type: Treadmill Stress Test  
Protocol: BRUCE

Referring Physician: --  
Attending Physician: DR.ANIRBAN DASGUPTA  
Technician: Anu Salve

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	01:14	0.00	0.00	67	120/80	
	STANDING	00:11	0.00	0.00	67	120/80	
	HYPERV.	00:17	0.00	0.00	68		
EXERCISE	WARM-UP	00:09	0.40	0.00	65		
	STAGE 1	03:00	1.70	10.00	134	120/80	
	STAGE 2	02:37	2.50	12.00	155	140/80	
RECOVERY		01:08	0.00	0.00	115	160/90	

The patient exercised according to the BRUCE for 5:37 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 150 bpm rose to a maximal heart rate of 218 bpm. This value represents 121 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 160/90 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

*Anirban Dasgupta*  
Dr. ANIRBAN DASGUPTA  
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Diploma Cardiology  
MMC -2005/02/0920

<b>PATIENT'S NAME</b>	<b>SYAMA LATHA DIRISALA</b>	<b>AGE :- 40 Y/M</b>
<b>UHID</b>	<b>10751</b>	<b>DATE :- 26 Feb. 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>SYAMA LATHA DIRISALA</b>	<b>AGE :- 40Y/F</b>
<b>UHID</b>	<b>10751</b>	<b>24 Feb 2024</b>

### USG ABDOMEN AND PELVIS (TAS)

**Liver** is normal in size, shape and echotexture. There is no focal lesion seen. The portal vein and common bile duct are normal in course and caliber. There is no evidence of intra-hepatic biliary duct dilatation seen. PV = 10.4 mm. CBD = 3.8 mm.

**Gall Bladder** is physiologically distended. No calculus, abnormal wall thickening or pericholecystic fluid collection is seen.

The visualized **Pancreas** is normal in size, shape and echotexture. There is no focal lesion seen.

**Spleen** is normal in size, shape and echotexture. There is no focal lesion seen.

**Right Kidney** measures 9.5 x 4.6 cm. **Left Kidney** measures 10.1 x 5.1 cm. Both kidneys are normal in size, shape and echotexture. No evidence of any focal lesion is noted. Minimal fullness is seen of both pelvi-calyceal systems. No hydronephrosis, hydroureter or calculus is noted in both kidney. Cortico medullary differentiation is well maintained.

**Urinary Bladder** is well distended. There is no evidence of focal lesion. No evidence of any calculus is seen.

**Uterus** is bulky in size and shape & normal in echotexture. No evidence of any focal lesion. It measures about 11 x 4.5 x 2.6 cm in size. The endometrium measures 10.1 mm. Both ovaries are unremarkable.

There is no free fluid or abdominal lymphadenopathy.

**IMPRESSION: FINDINGS REVEAL:-**

- **BULKY UTERUS.**
- **MINIMAL FULLNESS SEEN OF BOTH PELVI-CALYCEAL SYSTEM.**
- **NO OTHER SIGNIFICANT ABNORMALITY IS DETECTED AT PRESENT STUDY.**

Clinico-haematological correlation and imaging follow-up is recommended.

Thanking you for the referral,  
With regards,



**DR. SIDDHI PATIL**  
Con. Radiologist