

MEDICAL SUMMARY **Apollo Clinic** VASHI

NAME:	MS. Pournima Jawale	UHID:	3648
AGE:	41 yrs	DATE OF HEALTHCHECK:	26/12/22
GENDER:	Female		

HEIGHT:	162 cm	MARITAL STATUS:	Married
WEIGHT:	57.6 kg	NO OF CHILDREN:	1
BMI:	21.9		

C/O: - K/C/O: -
 P/M/H: No PRESENT MEDICATION: - NO
 P/S/H: No

ALLERGY: No
 PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary ✓

H/A: SMOKING: ALCOHOL: TOBACCO/PAN: *(Handwritten: No)*
 FAMILY HISTORY FATHER: - HTN, MOTHER: -

O/E: Lymphadenopathy: *(Handwritten: No)*
 BP: 100/80 PULSE: 80/min PALLOR/ICTERUS/CYNOSIS/CLUBBING: *(Handwritten: No)*
 TEMPERATURE: N SCARS: OEDEMA:

S/E: RS: *(Handwritten: A&B)* P/A: *(Handwritten: No)*

CVS: *(Handwritten: S&A)* Extremities & Spine: - *(Handwritten: No)*
 CNS: *(Handwritten: Conscious, oriented)* ENT: - *(Handwritten: No)*
 Skin: - *(Handwritten: No)*

Vision:

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

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DENTAL CHECKUP

Name: <u>Poojima Javale</u>	MR NO: <u>3648</u>
Age/Gender : <u>36/8</u>	Date: <u>26/11/22</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: NAD.

Namrata Patil
 Dr. Namrata Patil
 MDS, Pedodontics.
 Reg: A-16738

OPHTHALMIC EVALUATION

UHID No.: 3648

Date: 20/12/22

Name: Miss Purvima Age: 41 Gender: Male/Female

Without Correction: pat Nam

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										
Near	<u>+D.75</u>					<u>+0.75</u>				

Colour Vision: NPO (BL)

Anterior Segment Examination: _____

Pupils: NPO (BL)

Fundus: _____

Intraocular Pressure: 12 mm Hg (BL)

Diagnosis: _____

Advice: same glasses.

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

DR. RUCHIRA SHARMA
M. S. (OPHTH)
CONSULTING OPHTHALMOLOGIST
& MICRO SURGEON
REG. No.: 3262 / 09 / 02

Dr. [Signature]
(Consultant Ophthalmologist)

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

Name: Ms. Parvina Age: 41 yrs Sex: F UHID No.: _____ Date: 26/12/2022

41 yrs, F, P14 (500)

Asymptomatic

nil + np - 10/12/2022

o14 + P14.

rest :- nil.

astax
atenolol

cup
R3/RAD

RA-24
mucosa.

R/S - pap. some
fair

Dr. [Signature]



Apollo Clinic
VASHI

- Consultation
- Diagnostics
- Health Check-Ups
- Dentistry

Name : Ms. Pournima Balu Jawale
UHID : FVAH 3648
Ref. by : SELF
Barcode No : 4560

Gender : Female Age : 41 Years
Bill No : Lab No: V-2784-19
Sample Col.Dt : 26/12/2022 08:20
Reported On : 26/12/2022 14:32

TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
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CBC (Complete Blood Count)-WB (EDTA)

Haemoglobin(Colorimetric method)	9.3	g/dl	11.5 - 15
RBC Count (Impedance)	4.12	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	29.8	%	35 - 55
MCV:(Calculated)	72.4	fl	78 - 98
MCH:(Calculated)	22.7	pg	26 - 34
MCHC:(Calculated)	31.3	gm/dl	30 - 36
RDW-CV:	16.7	%	10 - 16
Total Leucocyte/WBC count(Impedance)	6480	/cumm.	4000 - 10500
Neutrophils:	64	%	40 - 75
Lymphocytes:	29	%	20 - 40
Eosinophils:	04	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	4.18	Lakhs/c.mm	1.5 - 4.5
MPV Peripheral Smear (Microscopic examination)	8.4	fl	6.0 - 11.0
RBCs:	Hypochromasia(Mild),Microcytosis(+),Anisocytosis(Mild)		
WBCs:	Normal		
Platelets	Adequate		

Note: Test Run on 5 part cell counter. Manual diff performed.

Vasanti Gondal
Entered By

Ms Kaveri Gaonkar
Verified By


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

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End of Report
Results are to be correlated clinically

Name : Ms. Pournima Balu Jawale Gender : Female Age : 41 Years
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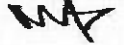
TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

ESR(Westergren Method)

Erythrocyte Sedimentation Rate:- 13 mm/1st hr 0 - 20

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TEST

RESULTS

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

ABO Group:

:A:

Rh Type:


Positive

Method :

Tube Agglutination (forward and reverse)

Alsaba Shaikh
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	93	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 :	86	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 BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.4 % 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 : 108.28 mg/dL

Correlation 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 correlate 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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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Lipid Profile- Serum

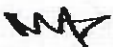
S. Cholesterol(Oxidase)	180	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	89	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	17.8	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	49.1	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	113.1	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	3.7		3.5 - 5
Ratio of LDL/HDL	2.3		2.5 - 3.5

Sushant Gaikwad
Entered By

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	8.15	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.58	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.57	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.28		0.9 - 2
S.Total Bilirubin (DPD):	0.84	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.27	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.57	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	13	U/L	5 - 36
S.ALT (SGPT) (IFCC Kinetic with P5P):	11	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	84	U/L	35 - 105
S.GGT(IFCC Kinetic):	12	U/L	07 - 32

Sushant Gaiwad
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End of Report
Results are to be correlated clinically

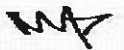
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
BIOCHEMISTRY		
S.Urea(Urease Method)	19.2 mg/dl	10.0 - 45.0
BUN (Calculated)	8.96 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.74 mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	12.11	9:1 - 23:1
S.Uric Acid(Uricase Method)	5.0 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)	1.65	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	128.0	nmol/L	66 - 181 nmol/L
TSH (Thyroid-stimulating hormone) (ECLIA)	3.50	□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 :

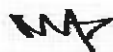
1. Total T3 and T4 Values may also be altered in other condition due to changes in serum proteins or binding sites, Pregnancy Drugs (Androgens,Estrogens,O C pills, Phenytoin), Nerphrosis etc. In such cases Free T3 and Free T4 give Corrected values.

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

Sushant Gaikwad
Entered By

Ms Kaveri Gaonkar
Verified By


Dr.Milind Patwardhan
M.D(Pathologist)
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End of Report
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

Vitamin D(25-OH Cholecalciferol)-Serum

25 Hydroxy (OH) vit D by ECLIA **17.91** ng/ml Deficiency : Less than 12
insufficiency : 12 - 30
Sufficiency : 30 - 70
Toxicity : More than 70

Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver. Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake.

For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase. During monitoring of oral vitamin D therapy - suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 mths of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal (especially winter) & individual variability depending on age, body fat, sun exposure, physical activity, genetic factors (especially variable vitamin D receptor responses), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism. Vitamin D toxicity is known but very rare. Kindly correlate clinically, repeat with fresh sample if indicated.

Sushant Gaikwad
Entered By

Ms Kaveri Gaonkar
Verified By


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

End of Report
Results are to be correlated clinically

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Name : Ms. Pournima Balu Jawale Gender : Female Age : 41 Years
UHID : FVAH 3648 Bill No : Lab No: V-2784-19
Ref. by : SELF Sample Col.Dt : 26/12/2022 12:00
Barcode No : 4560 Reported On : 26/12/2022 18:24

CYTOPATHOLOGY REPORT

Specimen No: AP-1722-22

Specimen Adequacy: ADEQUATE

CELLS

ENDOCERVICAL: Absent

ENDOMETRIAL: Absent

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

HISTIOCYTES: Absent

RBCs: Absent

POLYMORPHS: **Present(++)**

LYMPHOCYTES: Absent

FLORA

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
Entered By

Ms Kaveri Gaonkar
Verified By


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

End of Report

Results are to be correlated clinically

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Pournima Jawale
3648

41 Years

Female

26.12.2022 8:51:57
Apollo Clinic
1st Flr, The Emerald Sector-12,
Vashi, Mumbai-400703.

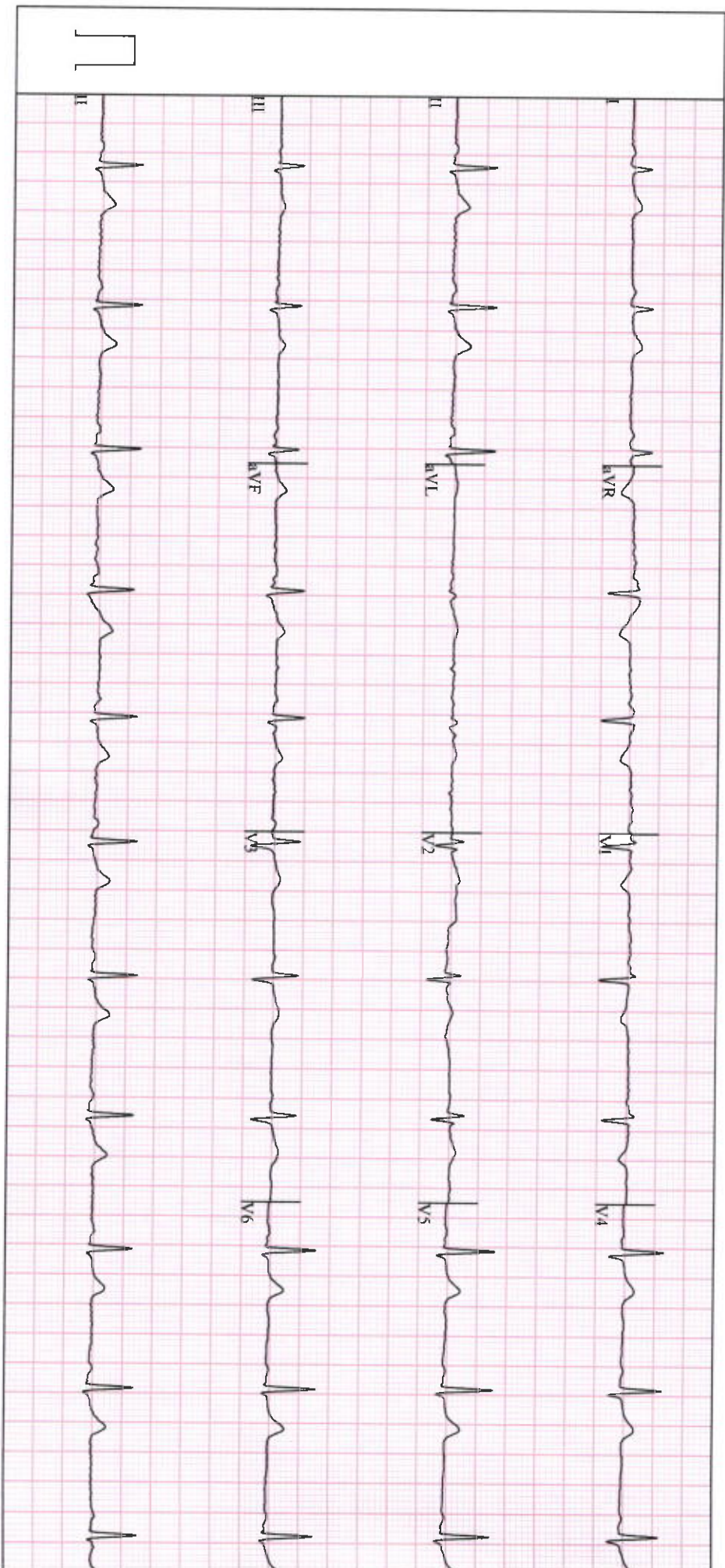
NORMAL ECG

65 bpm
--/-- mmHg

QRS : 78 ms
QT/QTcBaz : 390 / 405 ms
PR : 140 ms
P : 94 ms
RR/PP : 926 / 923 ms
P/QRS/T : 36 / 56 / 45 degrees

Normal sinus rhythm
Normal ECG

DR. ANIRBAN DASGUPTA
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

PATIENT'S NAME	POURNIMA B JAWALE	AGE :- 41Y/F
UHID	3648	DATE :- 26-12-22

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

Mild MR

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	19 mm
Left Atrium	31 mm
LVID(Systole)	18 mm
LVID(Diastole)	37 mm
IVS(Diastole)	08 mm
PW(Diastole)	08 mm
LV ejection fraction.	55-60%

Conclusion

- Good biventricular function
- No RWMA
- Valves – Structurally normal
- No diastolic dysfunction
- No PAH

Anirban Dasgupta

Performed by: Dr. Anirban Dasgupta
D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).

PATIENT'S NAME	POURNIMA B JAWALE	AGE :- 41y/F
UHID	3648	DATE :- 26 Dec. 22

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. Ashwin Y.
M.D. (Radio-Diagnosis)

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PATIENT'S NAME	POURNIMA JAWALE	AGE :- 41 y/F
UHID	3648	26 Dec 2022

USG WHOLE ABDOMEN (TAS)

LIVER is normal in size (15.6 cm), 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 (9.4 cm) 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.

URINARY BLADDER is well distended; no e/o wall thickening or mass or calculi seen. Post-void residual urine volume is not significant.

UTERUS is retroverted and is normal in size, shape and echotexture; No focal lesion seen. It measures 6.6 x 3.6 x 4.7 cm; ET measures 8.6 mm.

Both ovaries are normal in size, shape and position.
RIGHT OVARY Vol: 3.8 x 1.7 cm , LEFT OVARY Vol: 2.7 x 1.7 cm.

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

IMPRESSION -

- No 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. Ashwin Y.
M.D. (Radio-Diagnosis)

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Findings and Recommendation:

Findings:-

- Hb - 9.3
- vit D - 17.91

Recommendation:-

- Capr Depo orange 1000 x 1 month
- Dr. size Sacklet once a week x 8 weeks
- Iron rich food in diet

→ Iron studies
Femur

Signature: 

Consultant -

Dr. Mahesh Naik

DR MAHESH NAIK
PHYSICIAN