

NAME:	Ms. Anita Bhasode	UHID:	
AGE:	47	DATE OF HEALTHCHECK:	20/10/2023
GENDER:	F	BMA	37-2

HEIGHT:	162.5	MARITAL STATUS:	0
WEIGHT:	85	NO OF CHILDREN:	2

C/O: Dizziness.

K/C/O: Hypertension

P/M/H: Rheumatoid arthritis

PRESENT MEDICATION: Tab Thyronorm

P/S/H: - US, Iron, ...

H/A: SMOKING:

ALCOHOL:

TOBACCO/PAN:

Appendicectomy, Tuberculosis
R. Rib fracture Lt breast cancer.

FAMILY HISTORY FATHER:

MOTHER:

O/E:

BP: 130/80 PULSE: 74/min

TEMPERATURE: M SCARS:

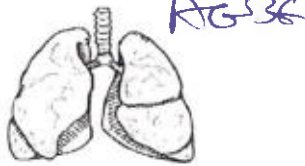
LYMPHADENOPATHY:

PALLOR/LCTERUS/CYNOSIS/CLUBBING:

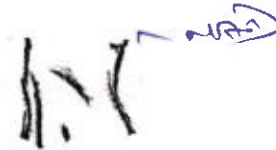
OEDEMA:

S/E:

RS:



P/A:



CVS: S2r

Extremities & Spine: - NAD

CNS: conscious, oriented

ENT:

Skin:

Vision:

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

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 31/3/23

Name: Mrs Aneta Age: 47 Gender: Male/Female

Without Correction: Dep to m

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

Distance: Right Eye 6/6 Left Eye 6/6
N6 N6

Near : Right Eye _____ Left Eye _____

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance		<u>025</u>	<u>38</u>				<u>025</u>	<u>75°</u>		
Near	<u>+1.5</u>					<u>+1.5</u>				

Preferes to wear

Colour Vision : Normal (BC)

Anterior Segment Examination : _____

Pupils : _____

Fundus : NO (BC)

Intraocular Pressure : 16 mm (BC)

Diagnosis : hyperopia

Advice : _____

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

Dr. [Signature]
(Consultant Ophthalmologist)

DENTAL CHECKUP

Name: Anita Bansode.	MR NO:
Age/Gender : 47/F	Date: 25/3/2023.

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: NA

- Scaling and polishing - 1500.
 - Filling - 1000.

• ANDHERI • COLABA • NASHIK • VASHI



Name: Mrs Anita Bhowade Age: 47 Sex: F UHID No.: _____ Date: 25/3/23

47 years / Ms 20 yrs / P2L2

— ~~Pre~~ complain of vaginal dryness
Postmenopausal :: 5 years
Come for PAP smear

O/R

4 cells
fibres


p. 78/min

— Preparation Clean
LA OD x 3 months

PlA soft m

Pls Ep 1 (17)
v1

Plv Ultra small size
no
RTA for fee


Dr. Trupti Shinde



Apollo Clinic
VASHI

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

Name : Mrs. Anita N Bansode Gender : Female Age : 47 Years
UHID : FVAH 18644 Bill No : Lab No : V-3047-23
Ref. by : SELF Sample Col.Dt : 25/03/2023 9:20
Barcode No : 61 Reported On : 25/03/2023 18:58


TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

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

Haemoglobin(Colorimetric method)	11.4	g/dl	11.5 - 15
RBC Count (Impedance)	4.51	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	35.4	%	35 - 55
MCV:(Calculated)	78.6	fl	78 - 98
MCH:(Calculated)	25.4	pg	26 - 34
MCHC:(Calculated)	32.3	gm/dl	30 - 36
RDW-CV:	15.2	%	10 - 16
Total Leucocyte count(Impedance)	6100	/cumm.	4000 - 10500
Neutrophils:	52	%	40 - 75
Lymphocytes:	38	%	20 - 40
Eosinophils:	06	%	0 - 6
Monocytes:	04	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	2.33	Lakhs/c.mm	1.5 - 4.5
MPV	8.2	fl	6.0 - 11.0
ESR(Westergren Method)	30	mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)			
RBCs:	Hypochromasia(Mild)		
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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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 :	112	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 : 5.5 % 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 : 111.15 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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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Lipid Profile- Serum			
S. Cholesterol(Oxidase)	153	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	130	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	26	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<u>32.9</u>	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	94.1	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4.7		3.5 - 5
Ratio of LDL/HDL	2.9		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL


LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	6.92	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.03	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.89	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.39		0.9 - 2
S.Total Bilirubin (DPD):	0.29	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.12	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.17	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	11	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	9	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	93	U/L	35 - 105
S.GGT(IFCC Kinetic):	10	U/L	07 - 32

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

RFT - Renal Profile-serum

S.Urea(Urease-GLDH)	21.2	mg/dL	10.0 - 45.0
S. Urea Nitrogen(Calculated)	9.89	mg/dL	5 - 20
S.Creatinine(Jaffe's Kinetic)	0.83	mg/dL	0.50 - 1.1
S.Uric Acid(Uricase-POD)	5.9	mg/dL	2.4 - 5.7
S.Total Protein(Biuret)	6.92	g/dL	6.6 - 8.7
S.Albumin(BCG)	4.03	g/dL	3.5 - 5.2
S.Globulin(Calculated)	2.89	g/dL	2 - 3.5
A/G Ratio(Calculated)	1.39		0.9 - 2
S.Sodium(Na) (ISE-Direct)	137	mmol/L	135 - 145
S.Potassium(K) (ISE-Direct)	4.3	mmol/L	3.5 - 5.3
S.Chloride(Cl) (ISE-Direct)	102	mmol/L	95 - 106
S.Calcium(NM-BAPTA)	8.85	mg/dL	8.6 - 10.0
S.Phosphorus(UV Phosphomolybdate)	3.49	mg/dL	2.5 - 4.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Thyroid (T3,T4,TSH)- Serum

Total T3 (Tri-iodo Thyronine) (ECLIA)	2.38	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	115.2	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	10.22	□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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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	50	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		Clear
SEDIMENT	Absent		Absent

CHEMICAL EXAMINATION(Strip Method)

REACTION(PH)	6.0		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	1 - 2/hpf		0 - 3/hpf
RED BLOOD CELLS	Nil /HPF		Absent
EPITHELIAL CELLS	2 - 3 /hpf		3 - 4/hpf
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
BACTERIA	Absent		Absent

Anushka Chavan
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CYTOPATHOLOGY REPORT

Specimen No: AP-622-23

Specimen Adequacy: ADEQUATE

CELLS

ENDOCERVICAL: Absent

ENDOMETRIAL: Absent

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

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

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

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18644

25.03.2023 9:47:30

Apollo Clinic

1st Flr, The Emerald Sector-12,

Vashi, Mumbai-400703

65 bpm

--/-- mmHg

47 Years

Female

QRS : 76 ms
 QT / QTcBaz : 396 / 411 ms
 PR : 190 ms
 P : 98 ms
 RR / PP : 920 / 923 ms
 P / QRS / T : 32 / 73 / 63 degrees

Normal sinus rhythm
Normal ECG

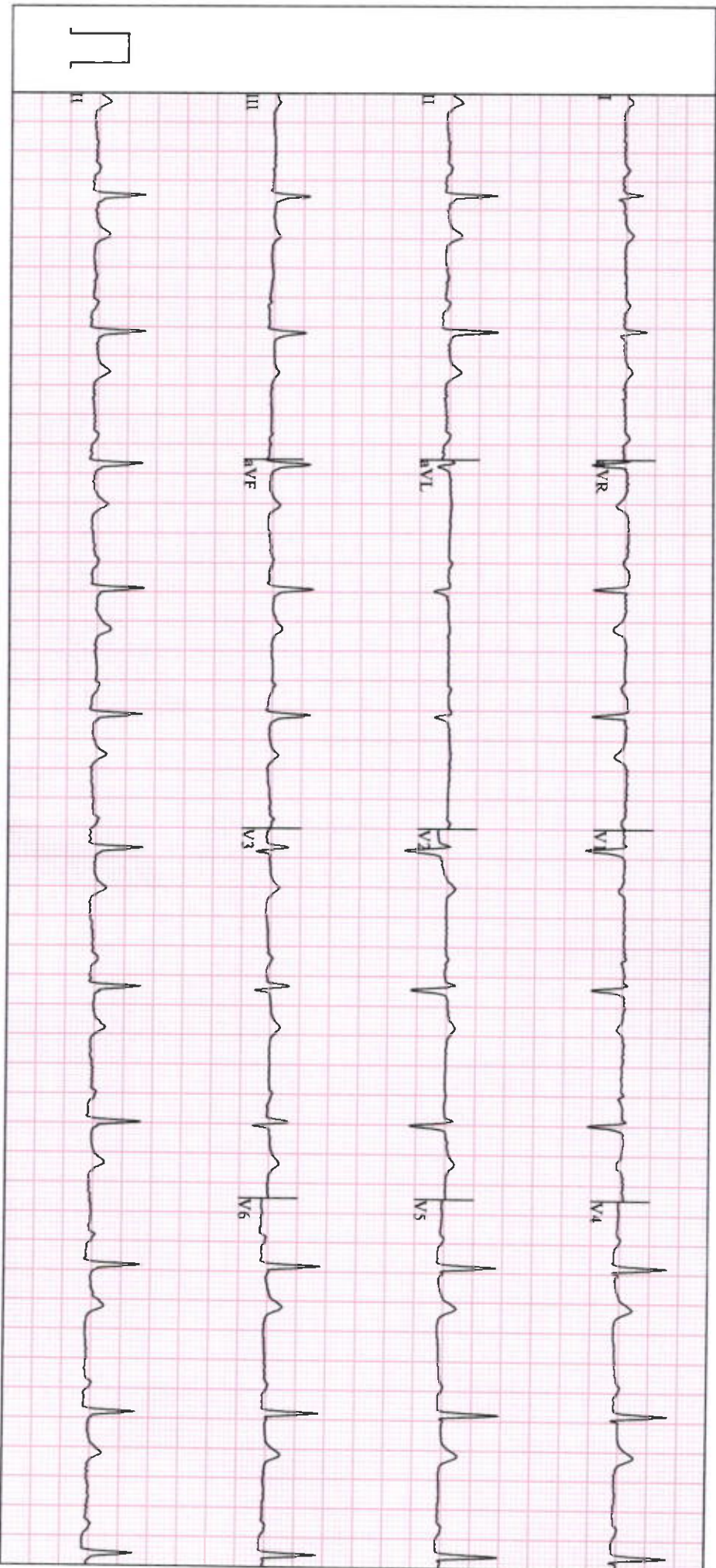
NORMAL ECG

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	MRS. ANITA BANSODE	AGE :- 47 Y/F
UHID	18644	DATE :- 25 Mar. 23

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.
- PASP – 16 mmHg.
- No diastolic dysfunction.
- Peak systolic gradients across LVOT/AV – 08mmHg.

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Measurements

Aorta annulus	21 mm
Left Atrium	31 mm
LVID(Systole)	26 mm
LVID(Diastole)	42 mm
IVS(Diastole)	11 mm
PW(Diastole)	11 mm
LV ejection fraction.	60%

Conclusion

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



DR. RISHI BHARGAVA
MD DM
CONSULTANT INTERVENTIONAL CARDIOLOGIST

• ANDHERI • COLABA • NASHIK • VASHI

PATIENT'S NAME	ANITA N BANSODE	AGE :- 47 y/F
UHID NO	18644	25 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. CHHAYA S. SANGANI
CONSULTANT SONOLOGIST
Reg No. 073826

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PATIENT'S NAME	ANITA BANSODE	AGE :- 47Y/F
UHID	18644	25 Mar 2023

USG WHOLE ABDOMEN (TAS)

LIVER is normal in size, shape and shows bright 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 10.5 x 4.0 cm. **LEFT KIDNEY** measures 10.0 x 3.8 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 7.6 x 4.6 x 3.5 cm; ET measures 6.5 mm.

Both ovaries are bulky in size, shape and position.

RIGHT OVARY measures : 4.8 x 3.5 x 3.3 cm (Vol: 29.5ml),

LEFT OVARY measures : 3.4 x 2.8 x 3.3 cm (Vol: 16.5ml).

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

IMPRESSION –

- **Grade I fatty liver.**
- **Bilateral bulky 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.CHHAYA S. SANGANI
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Reg: No. 073826

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Findings and Recommendation:

Findings :-

OAT
TSHIT
Bulky ovaries.

Recommendation:-

- Acd/Euree
- T. Febuc 40mg ~~to be~~ inak
- Gynace copies.
- Thyroid den chape

Signature:

Consultant -



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MMC- 2005/02/0920