

MEDICAL SUMMARY

NAME:	Mrs. Rajyee D. D. D.	UHID:	5485
AGE:	57 YRS	DATE OF HEALTHCHECK:	12/12/2023
GENDER:	Female		

HEIGHT:	150.5 cm	MARITAL STATUS:	M
WEIGHT:	47.1 kg	NO OF CHILDREN:	2

BMI - 20.9
 C/O: UH & AP - again
planned.
 P/M/H: Haemorrhoids

K/C/O: -
 PRESENT MEDICATION: - No
 P/S/H: - Haemorrhoid surgery 2014.

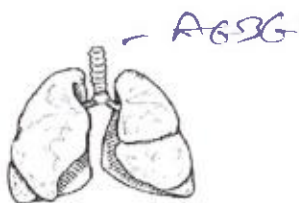
H/A: SMOKING:) NAD
 ALCOHOL:)
 TOBACCO/PAN:)

FAMILY HISTORY FATHER: - Ca P
 MOTHER: - Ca, Stomach

O/E:
 BP: - 130/80. PULSE: - 60/min
 TEMPERATURE: NSCARS: -

LYMPHADENOPATHY:) NAD
 PALLOR/LCTERUS/CYNOSIS/CLUBBING:)
 OEDEMA: -

S/E:
 RS:



P/A:) NAD

CVS: Sicut

Extremities & Spine: - NAD

CNS: Cordons cordates

ENT:) NAD

Skin:) NAD

Vision:

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

OPHTHALMIC EVALUATION

UHID No.: 5485 Date: 31/3/23
 Name: Mrs Ranjana Age: 52 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 NI Left Eye NI

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	+0.75					+0.75				
Near	+3.25					+3.25				

Colour Vision : Normal (BU)

Anterior Segment Examination : _____

Pupils : _____

Fundus : NO (BU)

Intraocular Pressure : _____

Diagnosis : Myopia (BU)

Advice : glasses

Re-Check on 6 mths (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

DENTAL CHECKUP

Name: <u>Ranjana Bausode.</u>	MR NO:
Age/Gender : <u>57/F</u>	Date: <u>13/3/23</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				6
Impacted Tooth				
Missing Tooth			6	5
Existing Denture				

TREATMENT ADVISED:

TREATMENT	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling				
Root Canal Therapy				
Crown				
Extraction				6

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

DR. SNEHA NITIN GADHIYA
 BDS (BACHELOR OF DENTAL SURGERY)
 REG NO: 39708

• ANDHERI • COLABA • NASHIK • VASHI

Name: Mrs Ranjana Barode Age: 59 Sex: F UHID No.: _____ Date: 13/3/2

S94^{no} | P₃L₂D₁A₂ prev 1Lscs. sterilised

SH: ClO something coming out of vagina

∴ 30 years.
(Doesn't report on its own).

DIR

4c fai.

Afebrile-

P- 70/min

PA - SFT N7

P/S - II^o UV prolapse
Min cystocle.

NO rectocle.
PB = 1cm

Plv: Ut small size

Rlv.

Blx fr free

Plan

VN E Akupai^o

- PAPS smear

- HNH.

- Urine $\begin{matrix} \leftarrow \\ \leftarrow \\ \leftarrow \end{matrix}$

- Physician Fitness for
major surgery [VN E Akupai^o]

Dr. [Signature]
Dr. TRIPATI SHINDE



Apollo Clinic
VASHI

- Consultation
- Diagnostics
- Health Check-Ups
- Dentistry

Name : Mrs. Ranjana Shantaram Bansode Gender : Female Age : 57 Years
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Barcode No : 8559 Reported On : 13/03/2023 16:46


TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

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

Haemoglobin(Colorimetric method)	11.6	g/dl	11.5 - 15
RBC Count (Impedance)	3.99	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	35.8	%	35 - 55
MCV:(Calculated)	89.7	fl	78 - 98
MCH:(Calculated)	29.2	pg	26 - 34
MCHC:(Calculated)	32.5	gm/dl	30 - 36
RDW-CV:	14.5	%	10 - 16
Total Leucocyte count(Impedance)	7160	/cumm.	4000 - 10500
Neutrophils:	51	%	40 - 75
Lymphocytes:	40	%	20 - 40
Eosinophils:	06	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	3.53	Lakhs/c.mm	1.5 - 4.5
MPV	7.8	fl	6.0 - 11.0
ESR(Westergren Method)	18	mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)			
RBCs:	Normochromic, Normocytic		
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 7 of 04  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:

:B:

Rh Type:


Positive

Method :

Tube Agglutination (forward and reverse)

Shweta Unavane
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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

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

PLASMA GLUCOSE

Fasting Plasma Glucose : 101 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 : 98 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

Vasanti Gondal
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Lipid Profile- Serum

S. Cholesterol(Oxidase)	147	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>32.2</u>	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	88.8	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4.6		3.5 - 5
Ratio of LDL/HDL	2.8		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL


LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.86	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.49	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.37	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.33		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): 16		U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P): 8		U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic): 105		U/L	35 - 105
S.GGT(IFCC Kinetic): 18		U/L	07 - 32

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	20.2 mg/dl	10.0 - 45.0
BUN (Calculated)	9.42 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.80 mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	11.77	9:1 - 23:1
S.Uric Acid(Uricase Method)	4.2 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)	1.50	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	83.22	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.13	□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	30	mL
COLOUR	Pale Yellow	
APPEARANCE	Slightly Hazy	Clear
SEDIMENT	Absent	Absent

CHEMICAL EXAMINATION(Strip Method)

REACTION(PH)	6.5	4.6 - 8.0
SPECIFIC GRAVITY	1.010	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	2 - 3 / hpf	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	3 - 4 / hpf	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	Absent	Absent

Anushka Chavan
Entered By

Ms Kaveri Gaonkar
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Dr. Milind Patwardhan
M.D(Path)

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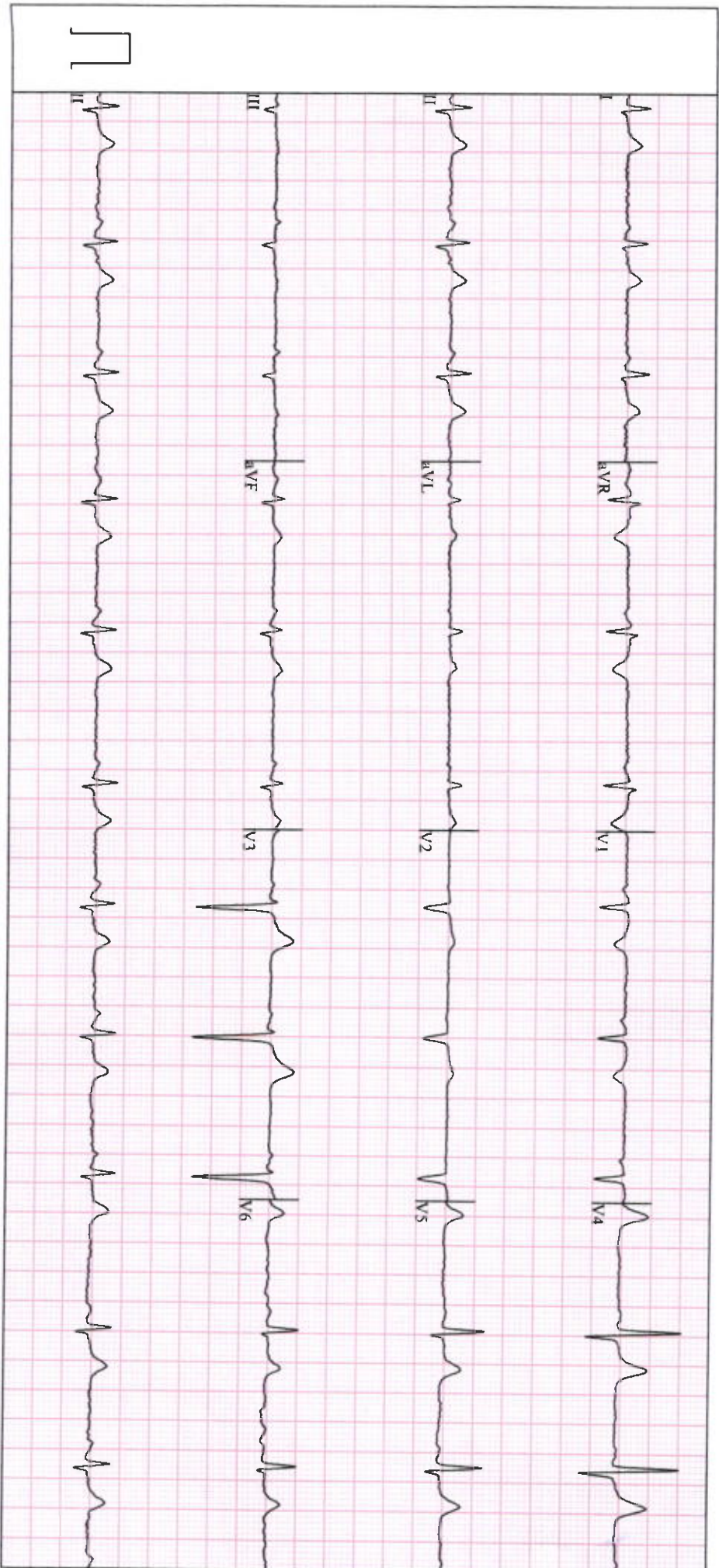
ORS : 76 ms
 QT / QTcBaz : 376 / 391 ms
 PR : 124 ms
 P : 50 ms
 RR / PP : 920 / 923 ms
 P / QRS / T : 77 / 4 / 40 degrees

Normal sinus rhythm with sinus arrhythmia
 Septal infarct, age undetermined
 Abnormal ECG

- 95 in Ant lead
 - Coronal clinically



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



PATIENT'S NAME	RANJANA S BANSODE	AGE :- 57Y/F
UHID	5485	DATE :- 13-03-23

2D Echo and Colour doppler report

Ectopics during study.

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.

• ANDHERI • COLABA • NASHIK • VASHI

Measurements

Aorta annulus	15 mm
Left Atrium	22 mm
LVID(Systole)	21 mm
LVID(Diastole)	31 mm
IVS(Diastole)	09 mm
PW(Diastole)	08 mm
LV ejection fraction.	55-60%

Conclusion

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



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

• ANDHERI • COLABA • NASHIK • VASHI

PATIENT'S NAME	RANJANA S BANSODE	AGE :- 57 y/F
UHID	5485	DATE :- .13 Mar. 23

X-RAY CHEST PA VEIW

OBSERVATION:

Small calcified granuloma in left upper zone may be due to old parenchymal infection rest of the visualized 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.

Advise : Clinical co-relation.



DR.CHHAYA S. SANGANI
CONSULTANT SONOLOGIST
Reg No. 073826

PATIENT'S NAME	RANJANA S BANSODE	AGE :- 57 y/F
UHID	5485	13 Mar 2023

X-RAY BILATERAL MAMMOGRAMS

Film screen mammography of the breasts was performed using low radiation dose. Medio-lateral oblique and cranio - caudal projections were obtained.

Indication: Screening mammogram.

Comparison: No previous mammogram is available for comparison.

Findings-

ACR B-Mild scattered dense fibroglandular parenchyma.

Right breast:

No dominant mass, suspicious calcifications or architectural distortion is seen.

Left breast:

No dominant mass, suspicious calcifications or architectural distortion is seen.

IMPRESSION-

No mass is observed- ACR BIRADS category 1.

Recommendation: Routine screening follow up and regular self breast examinations.

DISCLAIMER: Not all breast abnormalities show up on mammography. The false negative rate of mammography is approximately 10%. The management of a palpable abnormality must be based on clinical grounds. If you detect a lump or any other change in your breast before your next screening mammogram, consult your doctor immediately.

Lexicon: ACR BIRADS category 1- negative for malignancy; ACR BIRADS category 2- benign finding; ACR BIRADS category 3- probably benign finding, 98 % benign and 2 % risk of malignancy; ACR BIRADS category 4a- low suspicion of malignancy, 2-10% risk of malignancy; ACR BIRADS category 4b- intermediate suspicion of malignancy, 10-50% risk of malignancy; ACR BIRADS category 4c- high suspicion of malignancy, 50-95 % risk of malignancy; ACR BIRADS category 5- highly suggestive of malignancy, > 95% risk of malignancy; ACR BIRADS category 6- biopsy proven malignancy



DR. CHHAYA S. SANGANI
CONSULTANT SONOLOGIST
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PATIENT'S NAME	RANJANA S BANSODE	AGE :- 57Y/F
UHID	5485	13 Mar 2023

USG WHOLE ABDOMEN (TAS)

LIVER is normal in size, shape and echotexture. Evidence of 19 x 13 mm well defined cystic lesion in left lobe of liver. 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 3.7 cm. **LEFT KIDNEY** measures 9.8 x 4.7 cm.

URINARY BLADDER is well distended; no e/o wall thickening or mass or calculi seen.

UTERUS is atrophic and anteverted and is normal in size, shape and echotexture; No focal lesion seen. Visualized uterus measures 5.3 x 3.1 x 1.7 cm; ET measures 6.4 mm. Post menopausal status.

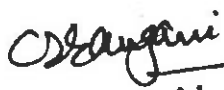
Both ovaries are normal in size, shape and position.

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

IMPRESSION –

- Simple cyst in left lobe of liver.
- 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
CONSULTANT SONOLOGIST
Reg: No. 073826

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Name: Mrs. Ranjana S. Bansode Age: 57 Date of Health check-up: 13/3/23

Findings and Recommendation:

Findings :-

- qrs in Ant leads - on ECG
- Simple cyst in left lobe of liver

Recommendation:-

② S₁ ref

Signature:

Consultant -

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