

NAME:	Mrs. Rajashri Grewal	UHID:	
AGE:	47	DATE OF HEALTHCHECK:	12-2-2024
GENDER:	F		

HEIGHT:	157	MARITAL STATUS:	M
WEIGHT:	71	NO OF CHILDREN:	2
BMI:	28.8		

C/O: weakness

K/C/O: DM, Thyroid dysfunction
 PRESENT MEDICATION: 2 Thyroid tabs
 P/S/H: -
 Hysterectomy 2018. on medication

P/M/H: - No

ALLERGY: - No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

ALCOHOL:

TOBACCO/PAN:

NO

FAMILY HISTORY FATHER: -

MOTHER: - DM.

O/E:

BP: 110/70 PULSE: - 88/min

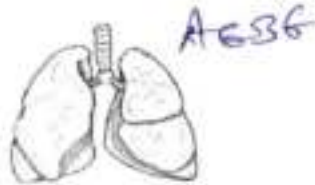
TEMPERATURE: A SCARS:

LYMPHADENOPATHY:

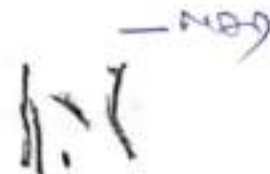
PALLOR/ICTERUS/CYNOSIS/CLUBBING:

OEDEMA:

S/E:
RS:



P/A:



CVS: S.2+

Extremities & Spine: - NO

ENT: - NO

CNS: Cordis deteriorated

Skin: - NO

Vision:

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

Name: Rajashri A GujraV

Age: 47y

Date of Health check-up: 13/02/24

Findings and Recommendation:

Findings:-

- Sugar ↑↑
- Dyslipidemia
- HbA_{1c} ↑
- TC ↑↑

Recommendation:-

- Diet / Exercise
- T. Sitamaan 500 mg 1 FORTE
- T. Rozumat Forte 2nd

Signature:

Consultant -


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

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 13/2/24

Name: Rajashri - Gurav. Age: 27 Gender: Male Female

Without Correction :

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

Near : Right Eye N.12 Left Eye N.12

With Correction :

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

Near : Right Eye N.6 Left Eye N.8

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	<u>—————→</u>					<u>←————</u>				
Near					<u>Add +1.50 sph.</u>					

Colour Vision: (Normal)

Anterior Segment Examination: _____

Pupils: _____

Fundus: _____ was

Intraocular Pressure: _____

Diagnosis: _____

Advice: _____

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

DR. SHETH NIKET PRASHANT
 (Consultant Ophthalmologist)
 M.B.B.S. (Ophthalmology)
 Regn No 2008/10/3646

DENTAL CHECKUP

Name: Mrs. Rajashree Gurav.	MR NO:
Age/Gender : 47yrs / F	Date: 13/2/24

Medical history: Diabetes Hypertension On medication

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 ₹ 500/-

After
 DR. NEELAM PATIL
 B. D. S
 Reg. No: A 23226

• ANDHERI • COLABA • NASHIK • VASHI

Rajashri Grewal

47yrs

13/02/2024

AMP.
menses → postmenopausal → 2018
↳ hysterectomy done
11/10 AMB

- H/O bowel, bladder disturbances.
- H/O DM on OHA's.
- H/O thyroid on thyroxine
- no H/O malignancies in the family

Adv

PE - bc pairs
afabils
nopallias

P- 88/111

para 2
Brtm FMP

- USG Pelvis

- R/O TBare

PA - soft, nontender.

Aditi
2019/05/14/2020
Dr Aditi K

PIV - } not done.
PAP smear not done.

DR. ADITI KAUNDINYA
MBBS, MS (DGO), DNB (GYN)
OBSTETRICIAN, GYNAECOLOGIST
AND LAPAROSCOPIC SURGEON
REG. No: 2918/03/4070

Dr. _____



Apollo Clinic
VASHI

- Consultation
- Diagnostics
- Health Check-Ups
- Dentistry

Name : Mrs. Rajashri Abaji Gurav Gender : Female Age : 47 Years
UHID : FVAH 10602 Bill No : Lab No : V-1674-23
Ref. by : SELF Sample Col.Dt : 13/02/2024 08:50
Barcode No : 8352 Reported On : 13/02/2024 18:10

TEST

RESULTS

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

ABO Group: :A:
Rh Type: **Positive**
Method : Matrix gel card method (forward and reverse)

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

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Fasting Plasma Glucose : **294** 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 : **396** 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 UNITS BIOLOGICAL REFERENCE INTERVAL

LIPID PROFILE - Serum

S. Cholesterol(Oxidase)	205	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable: >240
S. Triglyceride(GPO-POD)	320	mg/dL	Desirable < 150 Borderline: >150-<499 Undesirable: >500
S. VLDL:(Calculated)	64	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	28.4	mg/dL	Desirable > 60 Borderline: >40- <59 Undesirable: <40
S. LDL:(calculated)	112.6	mg/dL	Desirable < 130 Borderline: >130-<159 Undesirable: >160
Ratio Cholesterol/HDL	7.2		3.5 - 5
Ratio of LDL/HDL	4		2.5 - 3.5

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
LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	8.00	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.16	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.84	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.08		0.9 - 2
S.Total Bilirubin (DPD):	0.50	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.18	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.32	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	28	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	24	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	119	U/L	35 - 105
S.GGT(IFCC Kinetic):	48	U/L	07 - 32

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
BIOCHEMISTRY		
S.Urea(Urease Method)	21.7 mg/dl	10.0 - 45.0
BUN (Calculated)	10.12 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.68 mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	14.88	9:1 - 23:1
S.Uric Acid(Uricase Method)	5.3 mg/dl	2.4 - 5.7

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Thyroid (T3,T4,TSH)- Serum

TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Total T3 (Tri-iodo Thyronine) (ECLIA)	2.14	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	124.3	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	4.43	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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Dr. Milind Patwardhan
M.D(Path)

Page 8 of 8 Chief Pathologist

End of Report

Results are to be correlated clinically

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
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URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	20	mL	
COLOUR	Pale Yellow		
APPEARANCE	Hazy		Clear
SEDIMENT	Absent		Absent

CHEMICAL EXAMINATION(Strip Method)


REACTION(PH)	5.0		4.6 - 8.0
SPECIFIC GRAVITY	1.015		1.005 - 1.030
URINE ALBUMIN	Trace		Absent
URINE SUGAR(Qualitative)	Present (++)		Absent
KETONES	Absent		Absent
BILE SALTS	Absent		Absent
BILE PIGMENTS	Absent		Absent
UROBILINOGEN	Normal(< 1 mg/dl)		Normal
OCCULT BLOOD	Trace		Absent
Nitrites	Absent		Absent

MICROSCOPIC EXAMINATION

PUS CELLS	12 - 15 / hpf		0 - 3/hpf
RED BLOOD CELLS	Occasional		Absent
EPITHELIAL CELLS	Occasional		3 - 4/hpf
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
BACTERIA	Present(+)		Absent

Anushka Chavan
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Ms Kaveri Gaonkar
Verified By



Dr. Milind Patwardhan
M.D(Path)
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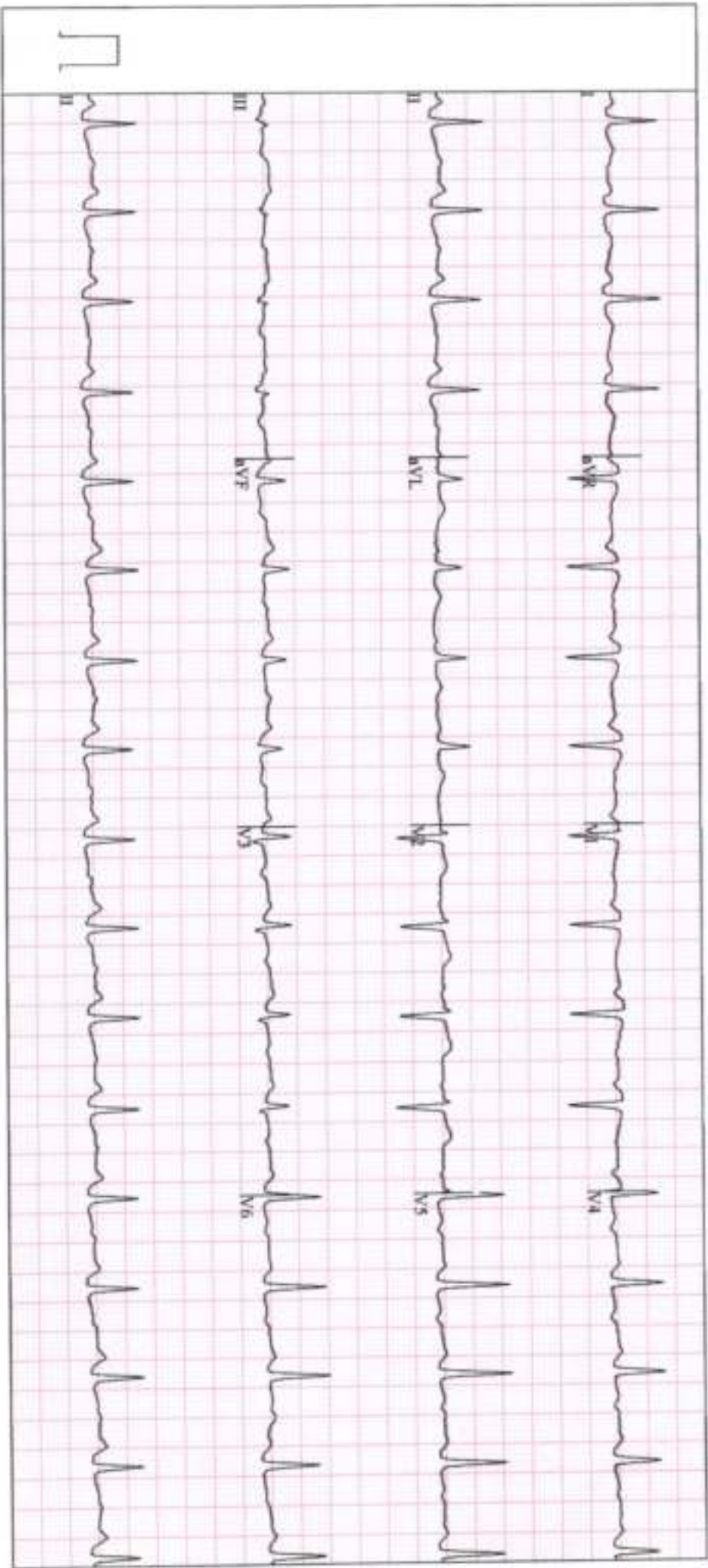
End of Report
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QRS : 74 ms
QT / QTc Baz : 332 / 426 ms
PR : 162 ms
P : 120 ms
RR / PP : 608 / 606 ms
P / QRS / T : 50 / 28 / 39 degrees

Normal sinus rhythm
Possible Left atrial enlargement
Nonspecific T wave abnormality
Abnormal ECG

- T wave - lead V3-V6
- Cobble stochly

[Signature]
Dr. ANIRBAN DASGUPTA
U.S. 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: RAJASHRI, GURAV
Patient ID: 10602
Height:
Weight:

DOB: 21.09.1977
Age: 46yrs
Gender: Female
Race: Asian

Study Date: 13.02.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

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

Medications:
OHA

Medical History:
DM

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	00:21	0.00	0.00	105	110/70	
	STANDING	00:08	0.00	0.00	107		
	HYPERV.	00:16	0.00	0.00	110		
	WARM-UP	00:50	1.00	0.00	108		
EXERCISE	STAGE 1	03:00	1.70	10.00	146	130/80	
	STAGE 2	02:32	2.50	12.00	160	150/90	
RECOVERY		01:04	0.00	0.00	129	180/90	

The patient exercised according to the BRUCE for 5:31 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 105 bpm rose to a maximal heart rate of 160 bpm. This value represents 91% of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 180/90 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

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

PATIENT'S NAME	RAJASHRI A GURAV	AGE :-47 Y/F
UHID NO	10602	13 Feb 2024

DIGITAL RADIOGRAPH OF CHEST (PA VIEW)

The lung fields are clear.

Heart and aorta appears normal.

Both hila appear normal.

Both costo-phrenic angles are clear.

Visualized bony thorax appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED IN CURRENT RADIOGRAPH.

Clinico-haematological correlation is recommended.

Thanking you for the referral,
With regards,



DR. SIDDHI PATIL
Cons. Radiologist

• ANDHERI • COLABA • NASHIK • VASHI

PATIENT'S NAME	RAJASHRI A GURAV	AGE :- 47Y/F
UHID	10602	13 Feb 2024

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 A- Fibrofatty breasts.

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

Thanking you for the referral,

With regards,



DR. SIDDHI PATIL
Con. Radiologist

PATIENT'S NAME	RAJASHRI A GURAV	AGE :- 47Y/F
UHID	10602	13 Feb 2024

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 11.4 x 4.9 cm. **LEFT KIDNEY** measures 11.8 x 5.1 cm.

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

UTERUS not visualised, consistent with post-operative status.

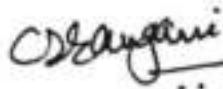
Both ovaries are not visualized, consistent with post-operative status.

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

IMPRESSION –

- **Grade I fatty 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