



भारत सरकार  
Government of India

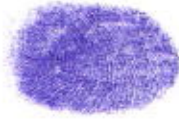


Laxmi Dhondiram Khutekar  
DOB: 10/01/1973  
Female



8701 2526 9117

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Address: W/O: Dhondiram Khutekar,  
MU TERDEWADI PO jite, Mahad,  
Raigarh, Mahad, Maharashtra, 402301

8701 2526 9117

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in



Apollo Clinic Vashi &lt;apolloclinicvashi@gmail.com&gt;

**Health Check up Booking Request(bobS23236),Package Code(PKG10000243),Beneficiary Code(69437)**

1 message

Mediwheel &lt;customercare@policywheel.com&gt;

Sat, Dec 17, 2022 at 9:49 AM

To: "apolloclinicvashi@gmail.com" &lt;apolloclinicvashi@gmail.com&gt;

Cc: Mediwheel CC &lt;customercare@mediwheel.in&gt;, Mediwheel CC &lt;mediwheelwellness@gmail.com&gt;



011-41195959

Email:wellness@mediwheel.in

Dear Apollo Clinic Vashi,  
City : Navi Mumbai , Location : Vashi,

We have received the following request for Health Check up from

Name : Laxmi KHUTEKAR  
 Age : 49  
 Gender : Female  
 Member Relations : Spouse  
 Package Name : Medi-Wheel Metro Full Body Health Checkup Female Above 40  
 Package Code : PKG10000243  
 User Location : Maharashtra,RAIGAD,411218  
 Contact Details : 9325450583  
 Booking Date : 17-12-2022  
 Appointment Date : 24-12-2022

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Laxmi KHUTEKAR	49	Female	Cashless
Total amount to be paid			Cashless

Please login to your account to confirm the same. Also you mail us for confirmation

Package Name : Medi-Wheel Metro Full Body Health Checkup Female Above 40 - Includes (41 )Tests

Tests included in this Package : Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Gynec Consultation, Blood Sugar Postprandial, Dental Consultation, A g Ratio, Blood Group, Total Cholesterol, Triglycerides, Pap Smear, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Mammography, Hdl, Vldl, Urine Analysis, LDL, Total Proline, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

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**MEDICAL SUMMARY**

NAME:	Ms. Laxmi Ichhakar	UHID:	3631
AGE:	49 YRS	DATE OF HEALTHCHECK:	24-12-2022
GENDER:	Female		

HEIGHT:	169 cm	MARITAL STATUS:	M
WEIGHT:	75 kg	NO OF CHILDREN:	3
BMI:	26.3		

C/O: *Acid reflux*

K/C/O:  
PRESENT MEDICATION: - *NO*

P/M/H: - *NO*

P/S/H: - *NO*

ALLERGY: - *NO*

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING: *NO*  
ALCOHOL: *NO*  
TOBACCO/PAN: *NO*

FAMILY HISTORY FATHER: *NO*  
MOTHER: *NO*

O/E:  
BP: *120/84* PULSE: *72/min*  
TEMPERATURE: *37.5* SCARS:

LYMPHADENOPATHY: *NO*  
PALLOR/ICTERUS/CYNOSIS/CLUBBING: *NO*  
OEDEMA:

S/E:  
RS: *AG BE*



P/A: *NO*

CVS: *NO*

Extremities & Spine: - *Lower Back pain*

CNS: *Concussion, vertigo*

ENT: *NO*  
Skin: *NO*

Vision:

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

## OPHTHALMIC EVALUATION

UHID No.: 3631

Date: 27/12/22

Name: M/s taxmi kutebi Age: 49 Gender: Female

Without Correction: (cloty) Acft for near ✓

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

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

With Correction: (cloty)

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			<u>Plano</u>					<u>Plano</u>		
Near	<u>+1.75</u>	<u>—</u>				<u>+1.75</u>	<u>+</u>			

Colour Vision: Normal (BU)

Anterior Segment Examination: \_\_\_\_\_

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

Fundus: Normal (BU)

Intraocular Pressure: 14 mm y (BU)

Diagnosis: \_\_\_\_\_

Advice: use glasses

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

Dr. [Signature]  
(Consultant Ophthalmologist)

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

Consultation • Diagnostics • Health Check-Ups • Dentistry

# Apollo Clinic

## DENTAL CHECKUP

### VASHI

Name: <u>Laxmi Khutekar.</u>	MR NO: <u>3681</u>
Age/Gender: <u>49/F</u>	Date: <u>23/12/22.</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			6	6

#### 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

• ANDHERI • COLABA • NASHIK • VASHI

Name: Mrs Laxmi Age: 49 yrs Sex: F UHID No.: Date: 21/12/2022

49 yrs, F, P5L5 (FTMB)  
no menstrual cycles  
for gynae consultation

u/h + m - postmenopausal 5 yrs

u/h + P5L5

bst - nil

ac-fan

atcub

u/h / m

HA - HA

u/h / m

Dr. [Signature]



Apollo Clinic VASHI

- Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

Name : Mrs. Laxmi Dhohndu Khutekar Gender : Female Age : 49 Years  
UHID : FVAH 3631 Bill No : Lab No: V-2637-19  
Ref. by : SELF Sample Col.Dt : 24/12/2022 08:05  
Barcode No : 4413 Reported On : 24/12/2022 16:31

## TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

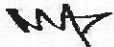
### CBC (Complete Blood Count)-WB (EDTA)

Haemoglobin(Colorimetric method)	12	g/dl	11.5 - 15
RBC Count (Impedance)	4.22	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	36.2	%	35 - 55
MCV:(Calculated)	85.8	fl	78 - 98
MCH:(Calculated)	28.4	pg	26 - 34
MCHC:(Calculated)	33.1	gm/dl	30 - 36
RDW-CV:	14.4	%	10 - 16
Total Leucocyte/WBC count(Impedance)	9470	/cumm.	4000 - 10500
Neutrophils:	62	%	40 - 75
Lymphocytes:	33	%	20 - 40
Eosinophils:	02	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	3.2	Lakhs/c.mm	1.5 - 4.5
MPV Peripheral Smear (Microscopic examination)	8.7	fl	6.0 - 11.0
RBCs:	Normochromic, Normocytic		
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

End of Report  
Results are to be correlated clinically  
• ANDHERI • COLABA • NASHIK • VASHI

Name : Mrs. Laxmi Dhohndu Khutekar Gender : Female Age : 49 Years  
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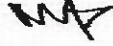
TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

**ESR(Westergren Method)**

**Erythrocyte Sedimentation Rate:-** **36** mm/1st hr 0 - 20

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## TEST

## RESULTS

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

ABO Group:

:O:

Rh Type:

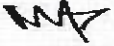
Positive

Method :

Tube Agglutination (forward and reverse)

Shweta Unavane  
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Ms Kaveri Gaonkar  
Verified By

  
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Chief Pathologist

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

**HbA1c(Glycosylated Haemoglobin )WB-EDTA**

(HbA1C) Glycosylated Haemoglobin : 6.0 % 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 : 125.5 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

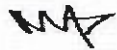
Method High Performance Liquid Chromatography (HPLC).

**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 than the routine chromatographic methods & also for the diabetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb variants 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 diabetics .
- \* 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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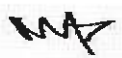
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>PLASMA GLUCOSE</b>			
Fasting Plasma Glucose :	96	mg/dL	Normal < 100 mg/dL Impaired Fasting glucose : 101 to 125 mg/dL Diabetes Mellitus : $\geq$ 126 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)
Post Prandial Plasma Glucose :	81	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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End of Report

• ANDHRA Results are to be correlated clinically

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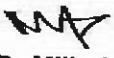
TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

**Lipid Profile- Serum**

S. Cholesterol(Oxidase)	159	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	78	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	15.6	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<b>37.2</b>	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	106.2	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4.3		3.5 - 5
Ratio of LDL/HDL	2.9		2.5 - 3.5

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• ANDHERI • COLABA • **End of Report** • VASHI  
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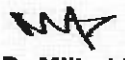
TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

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

S.Total Protein (Biuret method)	7.03	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.01	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.02	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.33		0.9 - 2
S.Total Bilirubin (DPD):	0.15	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	<b>0.08</b>	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	<b>0.07</b>	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	15	U/L	5 - 36
S.ALT (SGPT) (IFCC Kinetic with P5P):	14	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	99	U/L	35 - 105
S.GGT(IFCC Kinetic):	18	U/L	07 - 32

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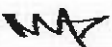
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
<b>BIOCHEMISTRY</b>		
S.Urea(Urease Method)	24.4 mg/dl	10.0 - 45.0
BUN (Calculated)	11.38 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.84 mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	13.55	9:1 - 23:1
S.Uric Acid(Uricase Method)	4.5 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)	2.21	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	124.4	nmol/L	66 - 181 nmol/L
TSH (Thyroid-stimulating hormone) (ECLIA)	1.52	□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 :**

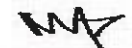
1. Total T3 and T4 Values may also be altered in other condition due to changes in serum proteins or binding sites, Pregnancy Drugs (Androgens,Estrogens,O C pills, Phenytoin), Nerphrosis etc. In such cases Free T3 and Free T4 give Corrected values.

**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
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**URINE REPORT**

**PHYSICAL EXAMINATION**

QUANTITY	60	mL
COLOUR	Pale Yellow	
APPEARANCE	Slightly Hazy	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 PROTEIN	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><u>Trace</u></b>	Absent
Nitrites	Absent	Absent

**MICROSCOPIC EXAMINATION**

PUS CELLS	<b><u>8 - 10 / hpf</u></b>	0 - 3/hpf
RED BLOOD CELLS	<b><u>Occasional</u></b>	Absent
EPITHELIAL CELLS	2 - 3 /hpf	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	<b><u>Present(+)</u></b>	Absent

Anushka Chavan  
Entered By

Ms Kaveri Gaonkar  
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Chief Pathologist

End of Report

Results are to be correlated clinically  
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Laxmi Khutekar  
3631

Female

49 Years

24.12.2022 8:25:59  
Apollo Clinic  
1st Flr, The Emerald, Sector-12,  
Vashi, Mumbai-400703.

**NORMAL ECG**

WNL

**DR. RISHI A. BHARGAVA**

MD, DM (Cardiology)

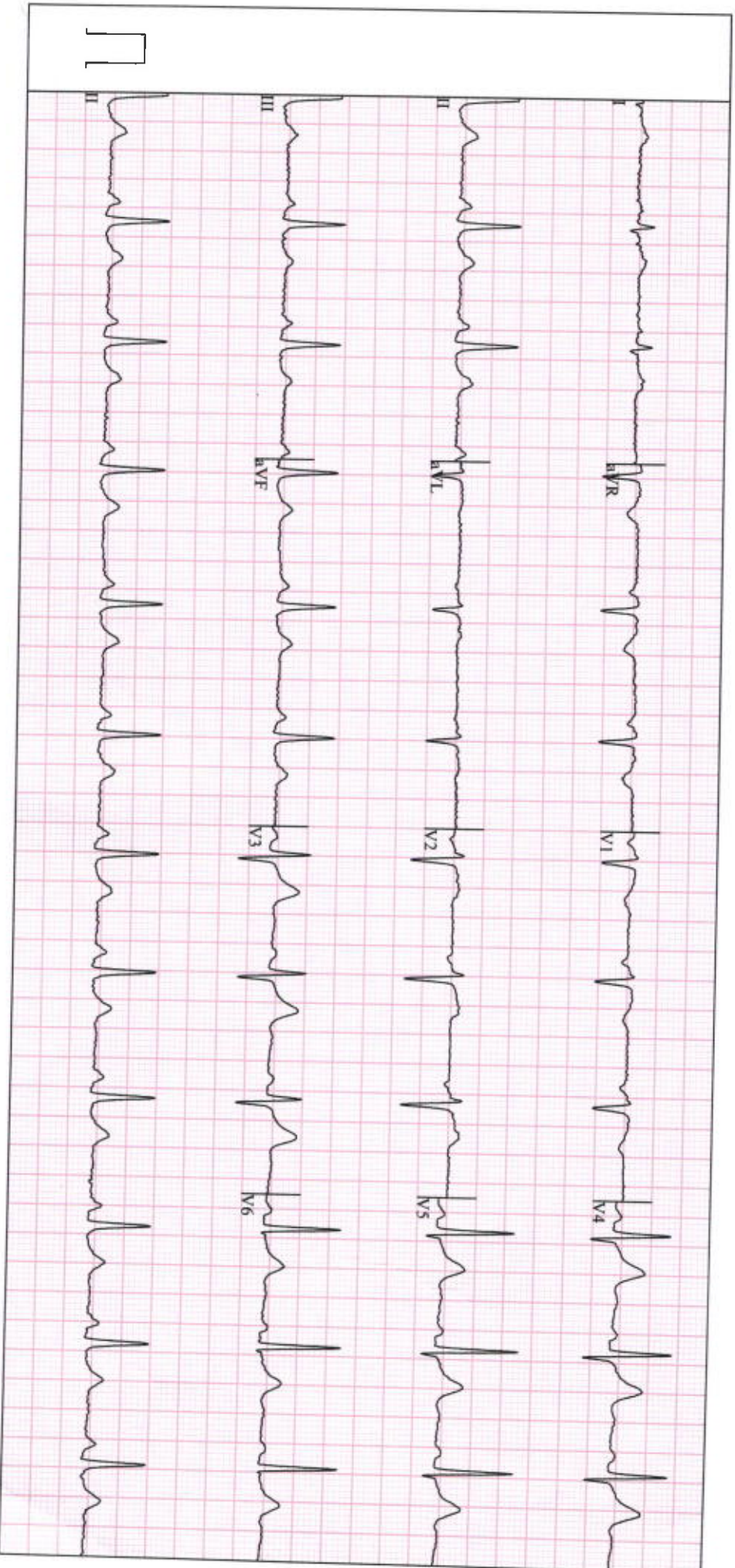
CONSULTANT CARDIOLOGIST

Reg. No.: 2019/02/0494

71 bpm  
--/-- mmHg

QRS : 78 ms  
QT / QTcBaz : 386 / 419 ms  
PR : 146 ms  
P : 92 ms  
RR / PP : 848 / 845 ms  
P / QRS / T : 74 / 82 / 60 degrees

Normal sinus rhythm  
Possible Left atrial enlargement  
Borderline ECG



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	LAXMI KHUTEKAR	AGE :- 49 Y/F
UHID	3631	DATE :- 24-12-22

## 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

Trivial MR, TR

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.

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## Measurements

Aorta annulus	19 mm
Left Atrium	31 mm
LVID(Systole)	20 mm
LVID(Diastole)	40 mm
IVS(Diastole)	09 mm
PW(Diastole)	10 mm
LV ejection fraction.	55-60%

## Conclusion

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

*Dasgupta*

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

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PATIENT'S NAME	LAXMI KHUTEKAR	AGE :- 49 y/F
UHID	3631	26 Dec 2022

## 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. DISHA MINOCHA  
DMRE (RADIOLOGIST)**

• ANDHERI • COLABA • NASHIK • VASHI

PATIENT'S NAME	LAXMI D KHUTEKAR	AGE : 49Y/F
UHID NO	3631	DATE :- 24-12-22

## 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. DISHA MINOCHA  
DMRE (RADIOLOGIST)

PATIENT'S NAME	LAXMI KHUTEKAR	AGE :- 49 Y/F
UHID	3631	24 Dec 2022

## USG WHOLE ABDOMEN (TAS)

LIVER is normal in size , 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 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 10.4 x 3.8 cm. LEFT KIDNEY measures 10.4 x 4.7 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 6.8 x 5.2 x 4.2 cm; ET measures 5 mm.

Both ovaries are normal in size, shape and position.

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.



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