

NAME:	Ms. Purnan Sathe	UHID:	18805
AGE:	39 YRS	DATE OF HEALTHCHECK:	8/4/2022
GENDER:	Female		

HEIGHT:	151 cm	MARITAL STATUS:	M
WEIGHT:	72.2 kg	NO OF CHILDREN:	2
BMI:	31.7		

C/O: Sotrophocaria on Rx.

K/C/O: DM, HTN, Hypothyroid  
PRESENT MEDICATION: on medication - Schizophrenic

P/M/H: - Schizophrenia

P/S/H: - LSC.

ALLERGY: - No

PHYSICAL ACTIVITY: Active / Moderate / Sedentary

H/A: SMOKING: ) NAD

FAMILY HISTORY FATHER: DM

ALCOHOL: ) NAD

MOTHER:

TOBACCO/PAN: ) NAD

O/E:

LYMPHADENOPATHY: ) NAD

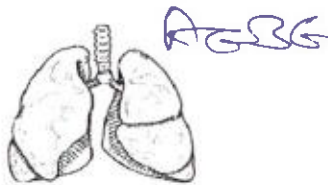
BP: 110/80 PULSE: - 88/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING: ) NAD

TEMPERATURE: SCARS:

OEDEMA:

S/E:  
RS:



P/A: ) NAD

CVS: Side

Extremities & Spine: ) NAD

CNS: Coma, orientated

ENT: ) NAD

Skin: ) NAD

Vision:

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

### Findings and Recommendation:

#### Findings:-

- Kidney ~~size~~ → shrunken
- Serum ↑ P, ↑ SHP.
- Urea ↑ ⊕
- Dyslipidemia ⊕
- Lp II B FL.
- HbA<sub>1c</sub> - 9.1

#### Recommendation:-

- Nephrologist opia.
- T. ~~gt~~ Verapamil AM.
- T. Rosuvastatin F O
- D. d / Eum
- T. Tiazac 12.5mg

Signature:  
Consultant -



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

## OPHTHALMIC EVALUATION

UHID No.: 18805

Date: 8/4/23

Name: Mrs Poonam Age: 39 Gender: Male/Female

Without Correction :

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

Near : Right Eye 2/6 Left Eye 2/6

With Correction :

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

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

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance										
Near										

Colour Vision : Normal (BC)

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

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

Fundus : NOV (BU)

Intraocular Pressure : 14 mm Hg (BU)

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

Advice : \_\_\_\_\_

Re-Check on 6-11-23 (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

<b>Name:</b> Poonam Sahoo	<b>MR NO:</b>
<b>Age/Gender :</b> 39 / F	<b>Date:</b> 8/4/2023

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

- Filling per tooth - 1200 X 5

• ANDHERI • COLABA • NASHIK • VASHI



**ENT EVALUATION**

<b>Name:</b> MRS. POONAM SATHU	<b>MR NO:</b>
<b>Age/Gender:</b> 39/F	<b>Date:</b> 8/4/25

**EAR :**

Tympanic Membrane:  
Pre-auricular :-  
Pina / EAC:  
Mastoid Tuning Fork tests :-  
Pure tone audiometry

/ M

**NOSE :-**

External Nose :-  
Anterior Rhinoscopy:-  
Post - Nasal space:-

/ M

**THROAT :-**

70% scopy :  
Tongue / palate / Teeth :-

/ M

**NECK :-**

Nodes :-  
Thyroid :-  
Glands :-

/ M

Sleep -Related examination:-  
Tongue - Base :-  
Palate:-  
Uvula:

**INVESTIGATIONS :**

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**IMPRESSION:-**

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**DR. MANOJ JONDHALE**  
**M.S. (ENT) , DNB,FCPS**  
**Reg. No. 2010/05/1791**  
**Consultation ENT & Head- Neck Surgeon**

• ANDHERI • COLABA • NASHIK • VASHI

Name: Mrs. Parvati S. Age: 39 Sex: F UHID No.: Date: 8/4/2023

394mg F, P142  
As per paper

with 2 mg - 28/3/2023

As per nil

✓ ac-fair

atenule.

cyt/AD

PIA - soft

PIs - papular  
tallen.

Dr. 



**Apollo Clinic**  
**VASHI**

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

Name : Mrs. Poonam Prava Sahoo Gender : Female Age : 39 Years  
UHID : FVAH 18805. Bill No : Lab No : V-916-23  
Ref. by : SELF Sample Col.Dt : 08/04/2023 09:40  
Barcode No : 1901 Reported On : 08/04/2023 18:25


**TEST RESULTS BIOLOGICAL REFERENCE INTERVAL**

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

Haemoglobin(Colorimetric method)	12.4	g/dl	11.5 - 15
RBC Count (Impedance)	4.61	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	38.3	%	35 - 55
MCV:(Calculated)	83	fl	78 - 98
MCH:(Calculated)	26.9	pg	26 - 34
MCHC:(Calculated)	32.4	gm/dl	30 - 36
RDW-CV:	16	%	10 - 16
Total Leucocyte count(Impedance)	9540	/cumm.	4000 - 10500
Neutrophils:	66	%	40 - 75
Lymphocytes:	26	%	20 - 40
Eosinophils:	05	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	3.98	Lakhs/c.mm	1.5 - 4.5
MPV	8.4	fl	6.0 - 11.0
ESR(Westergren Method)	<b>45</b>	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.		

**Sushant Gaikwad**  
Entered By

**Ms Kaveri Gaonkar**  
Verified By

Page 8 of 9   
**Dr. Milind Patwardhan**  
M.D(Path)  
Chief Pathologist

End of Report  
Results are to be correlated clinically

Name : Mrs. Poonam Prava Sahoo      Gender : Female      Age : 39 Years  
UHID : FVAH 18805.      Bill No :      Lab No : V-916-23  
Ref. by : SELF      Sample Col.Dt : 08/04/2023 09:40  
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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)

-----

**Anushka Chavan**  
Entered By

**Ms Kaveri Gaonkar**  
Verified By



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

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

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

(HbA1C) Glycosylated Haemoglobin : **9.1** %  
 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 : 214.47 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

Sushant Gaikwad  
Entered By

Ms Kaveri Gaonkar  
Verified By

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

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

**PLASMA GLUCOSE**


Fasting Plasma Glucose : **180** 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 : **322** 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)	221	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	<b>260</b>	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	<b>52</b>	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<b>29.1</b>	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	139.9	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	<b>7.6</b>		3.5 - 5
Ratio of LDL/HDL	<b>4.8</b>		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL


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

S.Total Protein (Biuret method)	7.69	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.02	g/dL	3.5 - 5.2
S.Globulin (Calculated)	<b>3.67</b>	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.1		0.9 - 2
S.Total Bilirubin (DPD):	0.29	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.13	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.16	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P): <b>69</b>		U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P): <b>64</b>		U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic): 91		U/L	35 - 105
S.GGT(IFCC Kinetic): <b>97</b>		U/L	07 - 32

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 UHID : FVAH 18805. Bill No : Lab No : V-916-23  
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>RFT - Renal Profile-serum</b>			
S.Urea(Urease-GLDH)	11.1	mg/dL	10.0 - 45.0
S. Urea Nitrogen( Calculated)	5.18	mg/dL	5 - 20
S.Creatinine(Jaffe's Kinetic)	0.62	mg/dL	0.50 - 1.1
S.Uric Acid(Uricase-POD)	4.6	mg/dL	2.4 - 5.7
S.Total Protein(Biuret)	7.69	g/dL	6.6 - 8.7
S.Albumin(BCG)	4.02	g/dL	3.5 - 5.2
S.Globulin(Calculated)	<b>3.67</b>	g/dL	2 - 3.5
A/G Ratio(Calculated)	1.1		0.9 - 2
S.Sodium(Na) (ISE-Direct)	<b>134</b>	mmol/L	135 - 145
S.Potassium(K) (ISE-Direct)	4.7	mmol/L	3.5 - 5.3
S.Chloride(Cl) (ISE-Direct)	100	mmol/L	95 - 106
S.Calcium(NM-BAPTA)	8.77	mg/dL	8.6 - 10.0
S.Phosphorus(UV Phosphomolybdate)	2.81	mg/dL	2.5 - 4.5

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Name : Mrs. Poonam Prava Sahoo Gender : Female Age : 39 Years  
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Thyroid (T3,T4,TSH)- Serum</b>			
Total T3 (Tri-iodo Thyronine) (ECLIA)	2.32	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	137.3	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	<b>11.76</b>	□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**  
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Page 9 of 9 **Chief Pathologist**

End of Report  
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 UHID : FVAH 18805.      Bill No :      Lab No : V-916-23  
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TEST      RESULTS      BIOLOGICAL REFERENCE INTERVAL

**URINE REPORT**

**PHYSICAL EXAMINATION**

QUANTITY	30	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		Clear
SEDIMENT	Absent		Absent

**CHEMICAL EXAMINATION(Strip Method)**

REACTION(PH)	7.0		4.6 - 8.0
SPECIFIC GRAVITY	1.010		1.005 - 1.030
URINE ALBUMIN	<b>Trace</b>		Absent
URINE SUGAR(Qualitative)	<b>Present (+)</b>		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	<b>4 - 5 / hpf</b>		3 - 4/hpf
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
BACTERIA	Absent		Absent

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M.D(Path)

Page 1 of 1 **Chief Pathologist**

End of Report  
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UHID : FVHA 18805.      Bill No :      Lab No : V-916-23  
Ref. by : SELF      Sample Col.Dt : 08/04/2023 11:57  
Barcode No : 1901      Reported On : 08/04/2023 18:25

### CYTOPATHOLOGY REPORT

Specimen No: AP-794-23

Specimen Adequacy: ADEQUATE

#### **CELLS**

ENDOCERVICAL: Absent

ENDOMETRIAL: Absent

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

HISTIOCYTES: Absent

RBCs: Absent

POLYMORPHS: **Present(Few)**

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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M.D(Path)  
Chief Pathologist

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QRS : 88 ms  
QT/QTcBaz : 380 / 467 ms  
PR : 120 ms  
P : 90 ms  
RR/PP : 660 / 659 ms  
P/QRS/T : 64 / 77 / 39 degrees

Normal sinus rhythm  
Normal ECG

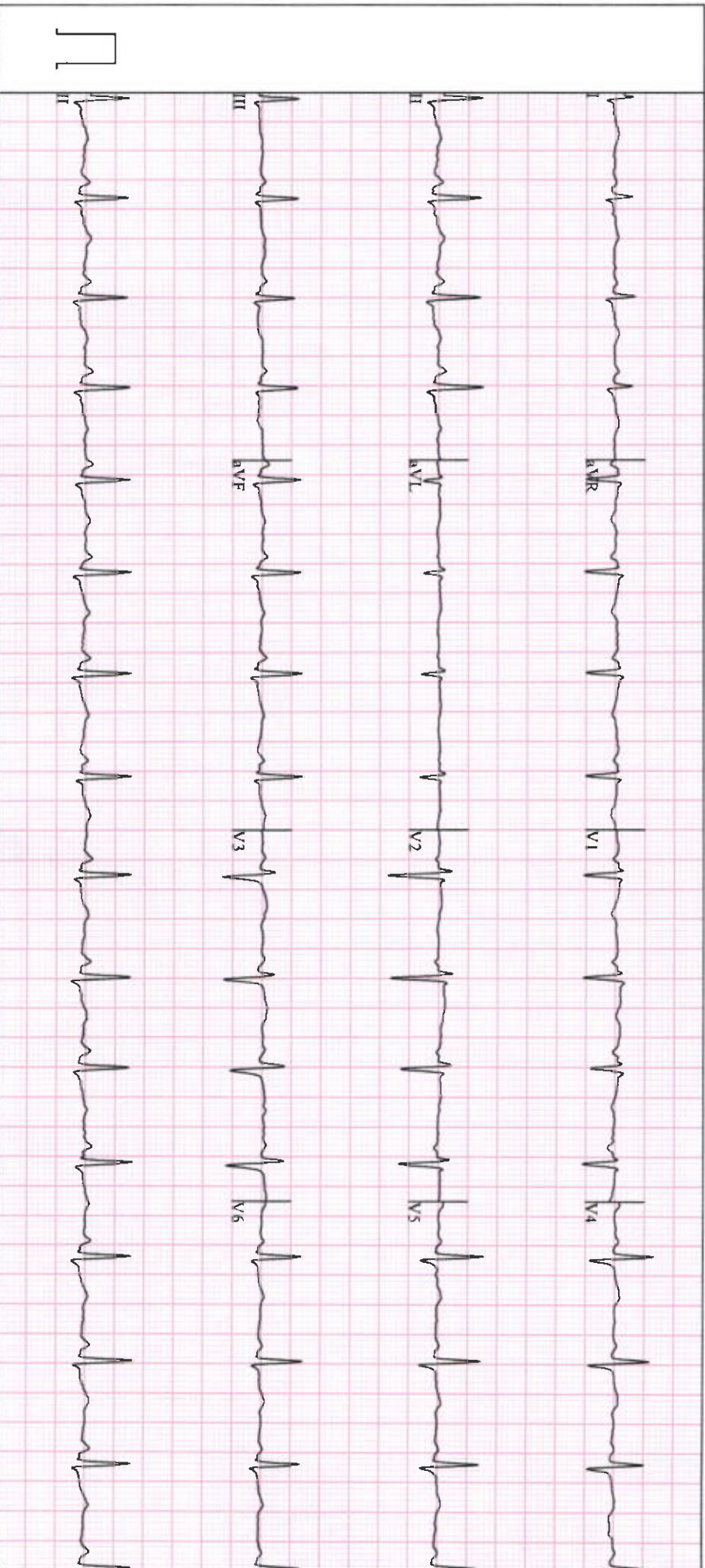
# NORMAL ECG

Dr. ANIRBAN DASSGUPTA

M.B.B.S., D.N.B. Medicine

Diploma Cardiology

MMC -2005/02/0920



PATIENT'S NAME	POONAM P SAHOO	AGE :- 39Y/F
UHID	18805	DATE :- 08-04-23

**2D Echo and Colour doppler report**

**Poor windows**

All cardiac chambers are normal in dimension

No obvious resting regional wall motion abnormalities (RWMA)

Interatrial and Interventricular septum – Appears Normal

Valves – appears 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.

**Measurements**

Aorta annulus	16 mm
Left Atrium	28 mm
LVID(Systole)	17 mm
LVID(Diastole)	34 mm
IVS(Diastole)	09 mm
PW(Diastole)	10 mm
LV ejection fraction.	55-60%

**Conclusion**

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



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

PATIENT'S NAME	POONAM PRAVA SAHOO	AGE :- 39 y/F
UHID NO	18805	8 Apr 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. DISHA MINOCHA**  
**DMRE (RADIOLOGIST)**

PATIENT'S NAME	POONAM P SAHOO	AGE :- 39Y/F
UHID	18805	8 Apr 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.

Right kidney is normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation.

**RIGHT KIDNEY** measures 11.9 x 5.2 cm. No hydronephrosis or calculi or mass seen.

**LEFT KIDNEY** measures 6.4 x 3.3 cm. shows small shrunken and grade I hyperechoic with maintained CMD.

**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 7.8 x 4.6 x 3.3 cm.

Both ovaries are normal in size, shape and position.

**RIGHT OVARY** measures : 2.9 x 1.7 cm, **LEFT OVARY** measures : 3.2 x 2.2 cm.

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

### IMPRESSION -

- **Grade II fatty liver.**
- **Small shrunken grade I hyperechoic left kidney.**

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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