

NAME:	Mr. Dhanraj Shedge	UHID:	
AGE:	30	DATE OF HEALTHCHECK:	10-12-2024
GENDER:	F		

HEIGHT:	155	MARITAL STATUS:	M
WEIGHT:	50.3 kg	NO OF CHILDREN:	1
BMI:	20.9		

C/O: → Pain in AS29 Bone

K/C/O:
PRESENT MEDICATION: → No

P/M/H: → No

P/S/H: → No CSC

ALLERGY: → No

PHYSICAL ACTIVITY: Active / Moderate / Sedentary

H/A: SMOKING:

FAMILY HISTORY FATHER: → NAD
MOTHER: → NAD

ALCOHOL: → NAD
TOBACCO/PAN: → NAD

O/E:

LYMPHADENOPATHY:

BP: 100/60 PULSE: → 70/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING: → NAD

TEMPERATURE: → M SCARS:

OEDEMA:

S/E:
RS:



P/A:

→ SGT, MT
h.i.t

CVS: SGT

Extremities & Spine: Lower back pain

CNS: Gaiters, unsteady

ENT: → NAD

Skin: → Urticaria

Vision:

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

Name: ^{Shedra} Darshana Shetty	Age: 30y	Date of Health check-up: 10/01/2014
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Findings and Recommendation:

Findings:-

ESR ++
PC ++
PCOD.

Recommendation:-

- Diet / Exercise
- Use C/S
- & gynae ref

Signature:

Consultant -



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

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 10/2/24

Name: Miss Durshana Age: 30 Gender: Male/ Female

Without Correction :

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

Near : Right Eye N6 Left Eye N6

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 : NAD

Anterior Segment Examination : NPD BC

Pupils : _____

Fundus : _____

Intraocular Pressure : 14 mmHg BC

Diagnosis : _____

Advice : _____

Re-Check on 1y (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 ■ Diagnostic

DENTAL CHECKUP

Name: <u>Deerghana Shedge</u>	MR NO:
Age/Gender : <u>30 / F</u>	Date: <u>10/2/24</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				

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: _____

- Filling / RCT E 6/7 - 1200 / 4K
 - Extraction E 6/6

• ANDHERI • COLABA • NASHIK • VASHI



Name: Mrs. Darshana Shedge Age: 30 Sex: F UHID No.: _____ Date: 10/2/2024

30 years / P, L (uses)

No complaints, willing for PAP smear

Mh
Comp - 1/2/2024

✓

O/G
GCM
Afbid
P - 90/min.

Pls report

PA - normal

TVS : Co. ly healthy
(PAP smear taken)


Dr. TRUPTI SHINDE



Apollo Clinic
VASHI

DR. TRUPTI VIJAY SHINDE
MBBS, M.S. (OBS & GYNAE)
REG. NO.: 2014/07/3301

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

Name : Mrs. Darshana Nathuram Shedge Gender : Female Age : 30 Years
 UHID : FVAH 10561. Bill No : Lab No : V-1299-23
 Ref. by : SELF Sample Col.Dt : 10/02/2024 08:54
 Barcode No : 7977 Reported On : 10/02/2024 19:48

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)	5.06 Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	39.1 %	35 - 55
MCV:(Calculated)	78.0 fl	78 - 98
MCH:(Calculated)	24.5 pg	26 - 34
MCHC:(Calculated)	31.8 gm/dl	30 - 36
RDW-CV:	14.8 %	10 - 16
Total Leucocyte count(Impedance)	6090 /cumm.	4000 - 10500
Neutrophils:	56 %	40 - 75
Lymphocytes:	38 %	20 - 40
Eosinophils:	02 %	0 - 6
Monocytes:	04 %	2 - 10
Basophils:	00 %	0 - 2
Platelets Count(Impedance method)	1.61 Lakhs/c.mm	1.5 - 4.5
MPV	11 fl	6.0 - 11.0
ESR(Westergren Method)	50 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.	

Neha More
Entered By

Ms Kaveri Gaonkar
Verified By


Page 4 of 06 Milind Patwardhan
M.D(Patr)
Chief Pathologist

End of Report
Results are to be correlated clinically

Name : Mrs. Darshana Nathuram Shedge Gender : Female Age : 30 Years
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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
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Dr. Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
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
TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	90	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 :	109	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

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

Page 3 of 3

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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

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 glycomia 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 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 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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Dr. Vinod Patwardhan
Page 5 of 10
M.D(Path)

Chief Pathologist

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LIPID PROFILE - Serum

S. Cholesterol(Oxidase)	190	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	137	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	27.4	mg/dL	Desirable <30.
S. HDL-Cholesterol(Direct)	37.9	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable: <40
S. LDL:(calculated)	124.7	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	5		3.5 - 5
Ratio of LDL/HDL	3.3		2.5 - 3.5

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

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Page 6 of 10

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
LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.81	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.60	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.21	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.43		0.9 - 2
S.Total Bilirubin (DPD):	0.35	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.13	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.22	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with PSP):	16	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with PSP):	18	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	53	U/L	35 - 105
S.GGT(IFCC Kinetic):	18	U/L	07 - 32

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Page 7 of 10


Dr. Milind Patwardhan
M.D(Path)
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
BIOCHEMISTRY		
S.Urea(Urease Method)	25.7 mg/dl	10.0 - 45.0
BUN (Calculated)	11.99 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.57 mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	21.04	9:1 - 23:1
S.Uric Acid(Uricase Method)	5.0 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)	2.3	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	99.32	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	6.36	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 Chief Pathologist

End of Report
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CYTOPATHOLOGY REPORT - PAP SMEAR

Specimen No: AP-218-24
Specimen Adequacy: ADEQUATE
CELLS
ENDOCERVICAL: Absent
ENDOMETRIAL: Absent
SQUAMOUS: **SUPERFICIAL(++) AND INTERMEDIATE(+) SQUAMOUS CELLS**
HISTIOCYTES: Absent
RBCs: Absent
POLYMORPHS: **Present(++)**
FLORA
TRICHOMONAS VAGINALIS: Absent
FUNGI: Absent
LACTOBACILLI: Absent
CELLULAR CHANGES
METAPLASIA: Absent
DYSPLASIA: Absent
MALIGNANT CELL: Absent
ATROPHIC CHANGES: Absent
BARE NUCLEI: Absent
IMPRESSION: **NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY**

Anushka Chavan
Entered By

Ms Kaveri Gaonkar
Verified By



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

End of Report
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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	10	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	1.015		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	20 - 25 / hpf		0 - 3/hpf
RED BLOOD CELLS	Nil /HPF		Absent
EPITHELIAL CELLS	10 - 15 / hpf		3 - 4/hpf
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
BACTERIA	Absent		Absent

Anushka Chavan
Entered By

Ms Kaveri Gaonkar
Verified By


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

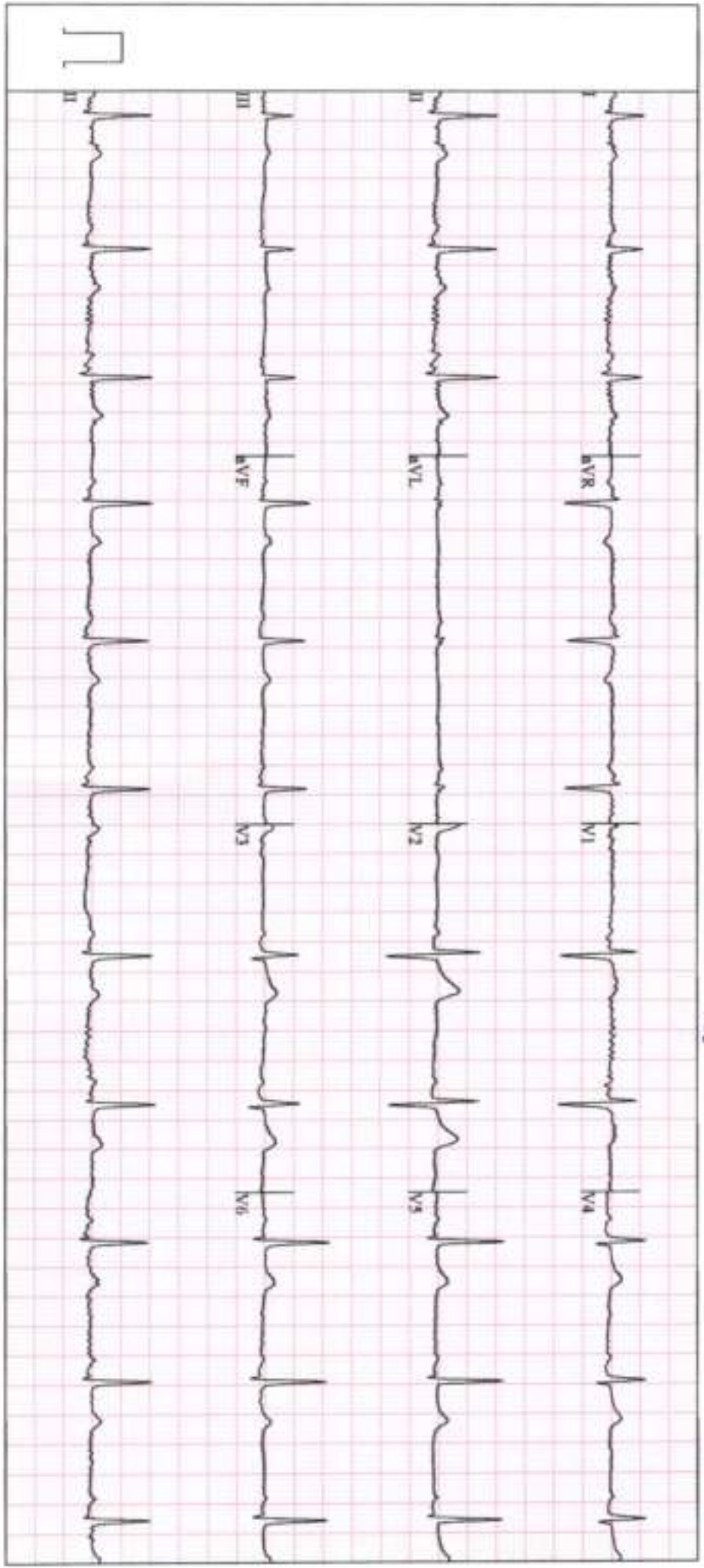
End of Report
Results are to be correlated clinically

QRS : 68 ms
QT / QTcBaz : 380 / 388 ms
PR : 146 ms
P : 88 ms
RR / PP : 94 / 952 ms
P / QRS / T : 39 / 65 / 63 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

Siva Anandhara

Dr. ANIRBAN DASGUPTA
M.S., S.O./B Medicine
Diploma Cardiology
MMC-2005/02/10920



PATIENT'S NAME	DARSHANA N SHEDGE	AGE :- 30Y/F
UHID	10561	DATE :- 10-02-24

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.

No diastolic dysfunction.

Measurements

Aorta annulus	19 mm
Left Atrium	29 mm
LVID(Systole)	19 mm
LVID(Diastole)	37 mm
IVS(Diastole)	08 mm
PW(Diastole)	10 mm
LV ejection fraction.	55-60%

Conclusion

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

Anirban Dasgupta

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

PATIENT'S NAME	DARSHANA N SHEDGE	AGE :- 30 Y/F
UHID NO	10561	10 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

PATIENT'S NAME	DARSHANA N SHEDGE	AGE :- 30Y/F
UHID	10561	10 Feb 2024

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 9.6 x 3.6 cm. **LEFT KIDNEY** measures 10.3 x 4.3 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 7.1 x 3.8 x 3.3 cm; ET measures 9.2 mm.

Both ovaries are enlarged in size and show small multiple peripheral follicles.

RIGHT OVARY measures : 4.3 x 2.7 x 2.9 cm (Vol: 18.4 ml),

LEFT OVARY measures : 2.9 x 2.1 x 3.0 cm (Vol: 9.6 ml).

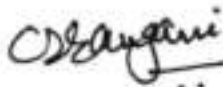
Visualised **BOWEL LOOPS** appear normal. There is no free fluid seen.

Defect of size measuring approx. 5 mm is seen at umbilicus through which there is herniation of fat. No e/o any obstruction / strangulation seen at present scan.

IMPRESSION -

- **Bilateral polycystic ovaries.**
- **Umbilical hernia.**

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

• ANDHERI • COLABA • NASHIK • VASHI