

MEDICAL SUMMARY

NAME:	Ms. Harsha Jorawane	UHID:	
AGE:	36	DATE OF HEALTHCHECK:	24/12/2024
GENDER:	F		

HEIGHT:	169.	MARITAL STATUS:	M
WEIGHT:	82.4	NO OF CHILDREN:	1
BMI:	28.9		

C/O: -

K/C/O: Hypertension, Diabetes, Thyroid
 PRESENT MEDICATION: - Tab. Thyronorm 20mg

P/M/H: - Stoletin, Aspirin / Plavix

P/S/H: - CSC

ALLERGY: - No

PHYSICAL ACTIVITY: Active / Moderate / Sedentary

H/A: SMOKING: - No

ALCOHOL: - No

TOBACCO/PAN: - No

FAMILY HISTORY FATHER: - DM

MOTHER: - DM

O/E:

BP: 110/70 PULSE: - 90/min

TEMPERATURE: - SCARS: -

LYMPHADENOPATHY: - No

PALLOR/ICTERUS/CYNOSIS/CLUBBING: - No

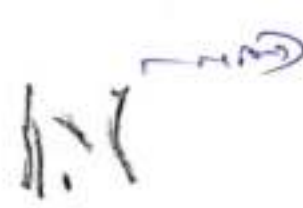
OEDEMA: - No

S/E:

RS:



P/A:



CVS: S1S2*

Extremities & Spine: - No

ENT: -

CNS: Concious, oriented

Skin: - Dryness, pruritus

Vision:

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

• ANDHERI • COLABA • NASHIK • VASHI

Name: Harsha Sawane Age: 3y Date of Health check-up: 21/07/2024

Findings and Recommendation:

Findings:-

Hb - 9.7
ESR
TSS - 7.25
Lb Polyp^x

Recommendation:-

- Iron supplements ⊕
- Suf

Signature:

Consultant -



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

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 29/2/21

Name: Miss Archana Age: 36 Gender: Female

Without Correction :

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

Near : Right Eye NA Left Eye NA

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 : NAD | BC

Pupils : _____

Fundus : _____

Intraocular Pressure : 12 mm Hg | BC

Diagnosis : _____

Advice : _____

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

Dr. R
 (Consultant Ophthalmologist)
DR. RUCHIRA SHARM
 M. S. (OPHTH)
 CONSULTING OPHTHALMOLOGIST
 & MICRO SURGEON
 REG No: 3262/08/02

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

DENTAL CHECKUP

Name: Harsha Sonawane	MR NO:
Age/Gender : 36 / F	Date: 24/2/24

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: _____

- Scaling & polishing - 700.
- Start using floss.

DR. AQSA SHAIKH

B. D. S

Reg. No: A 42611

• ANDHERI • COLABA • NASHIK • VASHI



Name: Mrs Narsha Age: 36 Sex: F UHID No.: Date 24/2/2024

Sonawane

36 years | Married | P, 4 (Uses).

normo withy for PABomea

UMP - 19/2/2024.

012

GCFan

metrol

P - 88/min

PA - 87/17.

Dr.  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 : Ms. Harsha Suresh Sonawane Gender : Female Age : 36 Years
 UHID : FVAH 10743. Bill No : Lab No : V-3216-23
 Ref. by : SELF Sample Col.Dt : 24/02/2024 09:15
 Barcode No : 9894 Reported On : 24/02/2024 15:07


TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

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

Haemoglobin(Colorimetric method)	9.7	g/dl	11.5 - 15
RBC Count (Impedance)	4.75	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	32.2	%	35 - 55
MCV:(Calculated)	67.7	fl	78 - 98
MCH:(Calculated)	20.5	pg	26 - 34
MCHC:(Calculated)	30.2	gm/dl	30 - 36
RDW-CV:	19.4	%	10 - 16
Total Leucocyte count(Impedance)	7670	/cumm.	4000 - 10500
Neutrophils:	65	%	40 - 75
Lymphocytes:	32	%	20 - 40
Eosinophils:	01	%	0 - 6
Monocytes:	02	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	3.78	Lakhs/c.mm	1.5 - 4.5
MPV	9.3	fl	6.0 - 11.0
ESR(Westergren Method)	30	mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)			
RBCs:	Hypochromasia(+),Microcytosis(+),Anisocytosis(+)		
WBCs:	Normal		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter. Manual diff performed.		

Ms Kaveri Gaonkar
Entered By

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Verified By

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 Dr. 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: **:AB:**
Rh Type: **Positive**
Method : Matrix gel card method (forward and reverse)

Sheetal Nakate
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE


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 : 92 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 BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.6 %
 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 : 114.02 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 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

LIPID PROFILE - Serum

S. Cholesterol(Oxidase)	195	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable: >240
S. Triglyceride(GPO-POD)	157	mg/dL	Desirable < 150 Borderline: >150-<499 Undesirable: >500
S. VLDL:(Calculated)	31.4	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	38.8	mg/dL	Desirable > 60 Borderline: >40-<59 Undesirable: <40
S. LDL:(calculated)	124.8	mg/dL	Desirable < 130 Borderline: >130-<159 Undesirable: >160
Ratio Cholesterol/HDL	5		3.5 - 5
Ratio of LDL/HDL	3.2		2.5 - 3.5

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL


LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.28	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.10	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.18	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.29		0.9 - 2
S.Total Bilirubin (DPD):	0.26	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.10	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):	13	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	8	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	143	U/L	35 - 105
S.GGT(IFCC Kinetic):	12	U/L	07 - 32

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY	
S.Urea(Urease Method)	13.4 mg/dl	10.0 - 45.0
BUN (Calculated)	6.25 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.59 mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	10.59	9:1 - 23:1
S.Uric Acid(Uricase Method)	4.3 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)	1.86	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	94.52	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	7.25	□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)

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End of Report
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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)	7.0	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	Occasional	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
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Dr. Milind Patwardhan
M.D(Path)

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End of Report
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26 Years Female

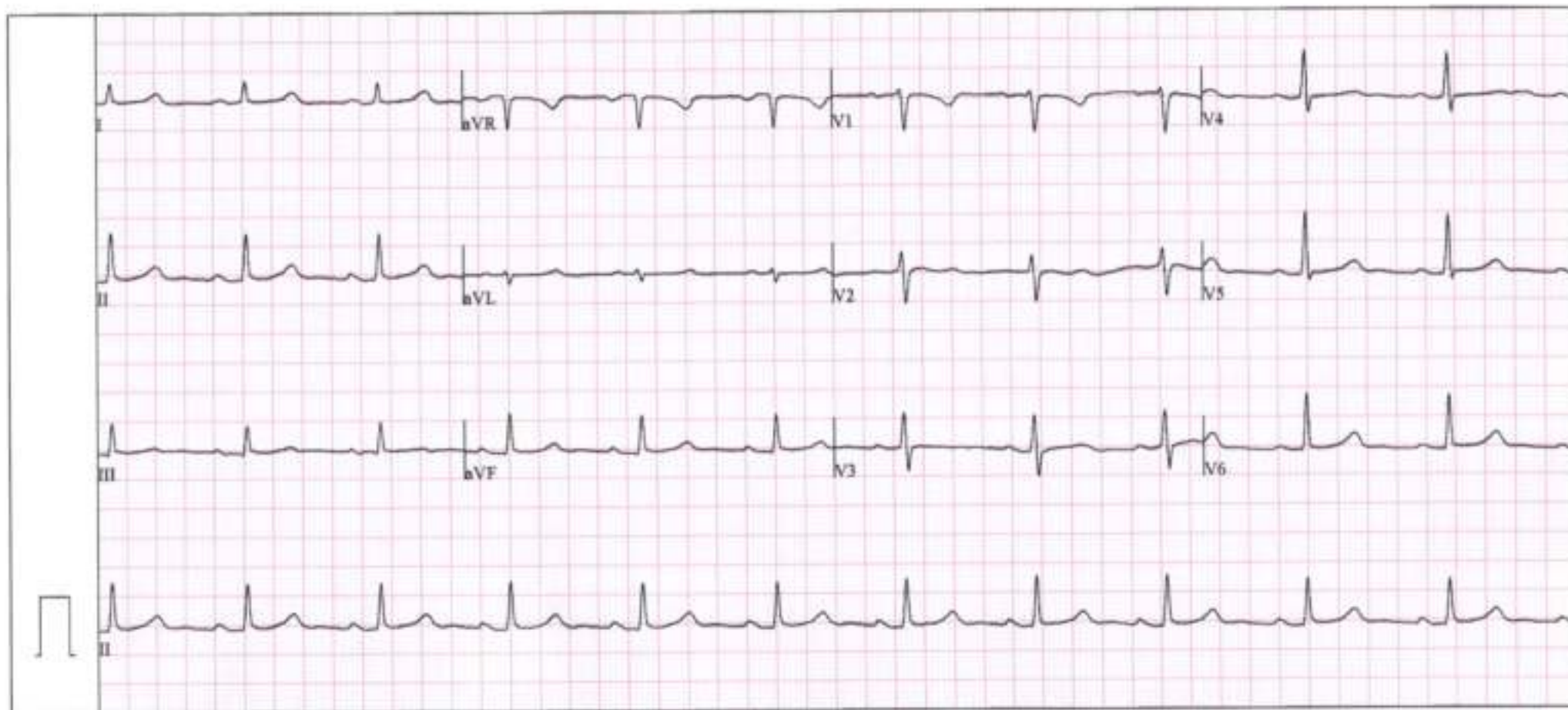
NORMAL ECG

QRS : 78 ms
QT / QTcBaz : 444 / 465 ms
PR : 188 ms
P : 106 ms
RR / PP : 906 / 909 ms
P / QRS / T : 33 / 68 / 53 degrees

Normal sinus rhythm
Normal ECG

WNL


Dr. ANIRBAN DASGUPTA
M.B.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: HARSHA, SONAWANE
Patient ID: 10743
Height:
Weight:

DOB: 21.08.1987
Age: 36yrs
Gender: Female
Race: Asian

Study Date: 24.02.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

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

Medications:
NIL

Medical History:
NIL

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	00:08	0.00	0.00	83	110/70	
	STANDING	00:15	0.00	0.00	81		
	HYPERV.	00:15	0.00	0.00	84		
	WARM-UP	00:08	0.00	0.00	85		
EXERCISE	STAGE 1	03:00	1.70	10.00	134	120/80	
	STAGE 2	01:35	2.50	12.00	160	140/90	
RECOVERY		01:04	0.00	0.00	126	150/90	

The patient exercised according to the BRUCE for 4:34 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 85 bpm rose to a maximal heart rate of 160 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 150/90 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

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

PATIENT'S NAME	HARSHA S SONAWANE	AGE :- 36Y/F
UHID NO	10743	24 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	HARSHA S SONAWANE	AGE :- 36Y/F
UHID	10743	24 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. Evidence of 8.1mm and 5.5 mm posterior wall polyps.

Visualized 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 10.9 x 3.8 cm. **LEFT KIDNEY** measures 10.1 x 4.1 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 6.6 x 3.9 x 3.2 cm; ET measures 8.1 mm.

Both ovaries are normal in size, shape and position.

RIGHT OVARY measures: 2.8 x 1.3 cm, **LEFT OVARY** measures: 1.8 x 1.7 cm.

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

IMPRESSION –

- **Grade I fatty liver.**
- **Gall bladder polyps.**
- **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

• ANDHERI • COLABA • NASHIK • VASHI