

2

NAME: ALVARA FATIMA

AGE / SEX: 58/F

PACKAGE NAME: Annual plus check Advanced - Female

SR NO	TEST INCLUSION	SIGNATURE OF TEST CONDUCTING EMPLOYEE
1	FASTING BLOOD ✓	<i>[Signature]</i>
2	POST PRANDIAL BLOOD 11:10 ✓	<i>[Signature]</i>
3	URINE ✓	<i>[Signature]</i>
4	PAP SMEAR	<i>[Signature]</i> Manan
5	CHEST XRAY ✓	<i>[Signature]</i>
6	ECG	<i>[Signature]</i>
7	FMT 2D Echo.	<i>[Signature]</i>
8	ULTRASOUND ABDOMEN	<i>[Signature]</i>
9	GENERAL CONSULTATION (PHYSICIAN , DENTAL, EYE, ENT)	
10	DIETICIAN CONSULTATION ✓	<i>[Signature]</i>
	POST CONSULTATION WITH ALL REPORTS WITH MD DOCTOR	
12	COMPLIMENTARY BREAKFAST INCLUDED	

9:10
11:10

13. Mammography / SONOMAMO *[Signature]*





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APEX SUPERSPECIALITY HOSPITALS

A Superspeciality Hospital



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Tele.: 022 - 2898 6677 / 46 / 47 / 48

24/2/24

INTERVENTIONAL CARDIOLOGIST

Dr. Hemant Khemani
Mon to Fri: 10:00 am to 11:00 am
Dr. Rajiv Sharma
Mon to Fri: on appointment

CARDIAC SURGEON

Dr. Shridhar Padagati
Mon & Sat: 08:00 pm to 09:00 pm
Dr. Sagar Kedare
Mon to Sat: 08:00 pm to 09:00 pm

GENERAL PHYSICIAN

Dr. Chirag Shah
Mon to Sat: 11:30 am to 01:00 pm
Dr. Shreya Mehra
Mon to Sat: 01:00 pm to 03:00 pm
Dr. Priyank Jain
Mon to Sat: 01:00 pm to 03:00 pm

CHEST PHYSICIAN

Dr. Parthiv Shah
Wed & Sat: 09:00 am to 10:30 am
Dr. Kinjal Modi
Mon & Thurs: 01:00 pm to 03:00 pm

JOINT REPLACEMENT SURGEON AND SPORT INJURIES

Dr. Amit Munde
Sun: 05:00 pm to 07:00 pm
Dr. Vividh Makwana
Mon to Sat: 11:00 am to 12:00 pm
Dr. Bhavin Doshi
Mon to Sat: 09:00 pm to 10:00 pm
Dr. Arpit Dave
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Deepak Bhaskar
Mon to Sat: on appointment
Dr. Raunak Shah
Mon to Sat: on appointment
Dr. Sandip Vyas
Mon to Sat: 05:30 pm to 07:30 pm

MEDICAL GASTROENTEROLOGIST

HEPATOLOGIST, ENDOSCOPIST
Dr. Darshil Shah
Mon to Fri: 09:00 am to 10:00 am
06:00 pm to 07:00 pm
Dr. Siddhesh Rane
Mon to Sat: on appointment

LAPROSCOPIC SURGEON

Dr. Aditi Agarwal
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Amol Patil
Mon to Sat: 06:00 pm to 07:00 pm
Dr. Geeta Ghag
Mon to Sat: 06:00 pm to 07:00 pm

DIABETIC FOOT SURGEON

Dr. Chrikant Bhojar
Sat: 02:00 pm to 04:00 pm

LAPROSCOPIC GYNAECOLOGIST

Dr. Humashri Patel
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Rashmi Padwaikar
Mon, Wed: on appointment

NEPHROLOGIST

Dr. Amit Jain
Mon to Sat: 10:00 am to 11:00 am
Dr. Ankit Mody
Mon, Wed & Fri: 05:00 pm to 07:00 pm
Dr. Umesh Khanna
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Akash Shingada
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Paras Deshiya
Mon to Sat: on appointment

URO SURGEON

Dr. Saket Sathe
Mon to Sat: on appointment
Dr. Rushabh Daga
Mon to Sat: on appointment
Dr. Aniket Shirke
Mon to Sat: on appointment

NEUROLOGIST

Dr. Mehoob Basale
Saturday: 02:00 pm to 04:00 pm
Mon to Fri: on appointment
Dr. Gaurav Kusundara
Mon to Wed: 08:30 am to 09:30 pm

S/B. Dr. Priyanka.

Mrs. Alvana Fatima

Age/sex - 58 yrs / F.

KICLO - Hypothyroidism on Rx
SIH - Hypertectomy status (8 yrs back)
O/E - GC - med

Temp - Afebr

Bp - 120/80 mm Hg

P - 82/min

SPO₂ - 98%

SIG - CVS } NAD
CVS }
RS }
PIA - soft

→ General examination

- Appetite - (N) diet
- Abd - (N)
- Urine - (N)
- stool - (N)

ENT examination,
Both ear - clear.

Nose - Sinus & Irregular Rx,
Throat - (N)

→ Optha examination,

fore vision - (N) 2 aspects,

Near vision - (N)

colour vision - (N)

NEUROSURGEON

Dr. Dhiraj Thakare
Tues & Thurs: 03:00 pm to 04:00 pm
Dr. Sameer Parikh
Tues & Thurs: 03:00 pm to 04:00 pm
Dr. Mayank Patel
Mon, Wed & Fri: 07:00 pm to 08:00 pm

HAEMATOLOGIST

Dr. Shraddha Thakkar
Tue, Wed & Fri: 03:00 pm to 04:00 pm

MEDICAL ONCOLOGIST

Dr. Ashish Joshi
Thurs: 09:00 am to 10:00 am
Dr. Pradip Kendre
Tues: 09:00 am to 10:00 am

ONCOSURGEON

Dr. Praveen Kammar
Tues & Thurs: 04:00 pm to 05:00 pm
Dr. Yogen Chhadha
Mon, Wed & Sat: 05:00 pm to 06:00 pm

OPHTHALMOLOGIST

Dr. Anurag Agarwal
Mon to Sat: 09:00 am to 10:00 am
Dr. Kishor Khade
Mon to Sat: on appointment
Dr. Prasan Mahajan
Mon to Sat: on appointment

PAEDIATRICIAN

Dr. Sunila Nagvekar
Fri: 02:00 pm to 03:00 pm

PAEDIATRIC SURGEON

Dr. Yogendra Sanghavi
Mon to Sat: 11:00 am to 12:00 pm

INTERVENTIONAL VASCULAR SURGEON

Dr. Simit Vora
Tues, Thurs & Sat: 06:00 pm to 08:00 pm
Dr. Virendra Yadav
Mon to Sat: 09:00 pm to 10:00 pm
Dr. Maunil Bhuta
Wed to Fri: 05:00 pm to 07:00 pm
Dr. Kunal Arora
Mon, Wed & Fri: 07:00 pm to 08:00 pm

ENT SPECIALIST

Dr. Sneha Mahajan
Mon to Fri: on appointment
Dr. Rachana Mehta Shroff
Mon to Sat 03:00 pm to 04:00 pm (on appointment)
Dr. Sonal Devangan
Mon to Fri: on appointment

PSYCHIATRIST

Dr. Pratik Surandash
Mon to Sat: 06:00 pm to 07:00 pm
Dr. Payal Sharma Kamat
Tue, Thurs & Fri: 09:00 am to 11:00 am

CLINICAL PSYCHOLOGIST

Hemangi Mhapolkar
Sun: 01:00 pm to 04:00 pm

COSMETOLOGIST

Dr. Vikas Verma
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Leena Jain
Tues: 06:00 pm to 08:00 pm
Dr. Sushil Nehete
Wed: 06:00 pm to 08:00 pm
Dr. Pratap Nadar
Thurs: 06:00 pm to 08:00 pm

ANESTHESIST

Dr. Sagar Yesale
Mon to Sat: 08:00 pm to 04:00 pm

RADIOLOGIST

Dr. Soumil Pandya
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Forum Kothari
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Deep Vora
Mon to Sat: 09:00 pm to 09:30 pm

DIETICIAN

Ms. Sakshi Gupta
Mon to Sat: 08:00 am to 04:00 pm

PHYSIOTHERAPIST

Dr. Manal Alvi
Mon to Sat: 09:00 am to 04:00 pm

→ Gyno history

- Hysterectomy done (8 yrs back).
- Menopausal since -8 yrs.
- Live present Gravida - 1
Para - 0.

R



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Apex Super Speciality Hospitals
Shantayurga Mangesh Chetty Trust Medical Centre 194-A, I. T. Road,
Beside Punjab & Sind Bank, Bahbar, Haryana (W.O. Manohar-800093)
Tel: 022-25986774-4748 Fax: apexsuperhospitals.com
Email: medical.admin.apexhospitals.in

UHD : ASH232404345
Patient : Montelro Alvara
Address : Vasai West
Date : 24-Feb-2024
Dietician : GUPTA SAKSHI SATISH

Diet Chart

ID : HC232400006
Age/Sex : 59/Female
Department : Rmo
Diet Chart : High protein diet

BMI and IBW calculation			
Height	: 161 Cms	Weight	: 67 Kgs
BMI Category	: Over Weight	IBW	: 57
MNT	FULL DIET, HIGH PROTEIN, LOW FAT		BMI : 27.18 Diagnosis : c/o- Weight management

- Early morning:** 1 cup tea/ coffee (**preferable avoid**) + 4 almonds, 2 walnut halves
- Breakfast:** 1 Bowl upma/ poha/ daliya upma **OR** 2 small idli/ 1 dosa with vegetable sambar **OR** 1 roti with bhaji **OR** 1 bowl cornfalkes/ oats in water
- Mid-morning:** 1 Fruit - **Include Whole fruits - Papaya , Pear, Banana ,Orange, Muskmelon & Watermelon** (No Fruit juices)
- Lunch:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)
2 medium whole wheat roti/ 1 bowl rice
1 bowl bhaji (**Avoid Potato , Yam, Raw banana, ladyfinger,brinjal**)
1 bowl dal (**yellow moong dal, masoor dal, matki, green moong dal**)
1 bowl curd/ 1 glass buttermilk
- Evening snack:** 1 cup tea/ coffee /Green Tea / Black Coffee
1 handful of roasted yellow chana **OR** 1 besan chilla **OR** 1 bowl sprouts chat
- Mid-evening:** 1 bowl dal and vegetable soup + ½ teaspoon dry roasted flax seed powder
- Dinner:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)
2 medium whole wheat roti/1 bowl rice
1 bowl bhaji
1 bowl dal
OR 1 bowl dal khichadi/ daliya
1 bowl curd/ 1 glass buttermilk
- Bedtime :-** 1tsp Sesame seed

Remarks: Drink ample of fluids, upto 3 litres of water daily. Can add sabja seeds to it.
Include more of whole pulses, green leafy vegetables and fruits in the diet
Restrict consumption of non-vegetarian foods and alcohol for about a month.
Avoid all sources of extra salt, spices and oils like sauces, pickles, papads, chutneys, chips, etc.
Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.
Avoid processed foods and fried food.
Avoid all spicy, oily and refined flour products. Restrict bakery products.
For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.

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Tele.:
022 - 2898 6677 / 46 / 47 / 48

Patient	: Monteiro Alvares	UHID	: ASH232404345
Age/Sex	: 59/Female	ID	: HC232400006
Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 24-Feb-2024
Collection Centre	: Apex Hospital		

COMPLETE BLOOD COUNT

Test	Result	Normal Value
HAEMOGLOBIN	L <u>11.6 Gm%</u>	13.5-18.0 Gm%
RBC Count	H <u>6.07 Millions/cumm</u>	4.0-6.0 Millions/cumm
PCV	37.1 %	37-47 %
MCV	L <u>61.12 Fl</u>	78-100 Fl
MCH	L <u>19.11 Pg</u>	27-31 Pg
MCHC	L <u>31.27 %</u>	32-35 %
RDW	14.5 %	11-15 %
Total WBC Count	7900 /C.MM	4000-11000 /C.MM
Differential Count		
Neutrophils	60 %	40-75 %
Eosinophils	03 %	01-06 %
Basophils	00 %	00-01 %
Lymphocytes	33 %	20-45 %
Monocytes	04 %	01-10 %
BANDCELLS	00 %	00-03 %
Abnormalities Of WBC	NORMAL	
Abnormalities Of RBC	HYPO(+)MICRO(+)	
PLATELET COUNT	317 X 10 ³ /cumm	150-450 X 10 ³ /cumm
PLATELET ON SMEAR	ADEQUATE ON SMEAR	
MPV	10.1 Fl	7.0-11.0 Fl

HEMATOLOGY

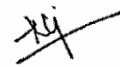
Test	Result	Normal Value
ESR	10 mm/hr	0 - 10 mm/hr

Remarks : **

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By
Lab Technician

Checked By
Biochemist


Pathologist
DR.GUJAR NEERAJ VILAS
MD PATHOLOGY



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Age/Sex	: 59/Female	ID	: HC232400006
Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 24-Feb-2024
Collection Centre	: Apex Hospital		

HEMATOLOGY

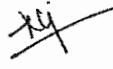
Test	Result	Normal Value
BLOOD GROUP	" B "	
Rh FACTOR	POSITIVE	

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

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Patient	: Monteiro Alvara	UHID	: ASH232404345
Age/Sex	: 59/Female	ID	: HC232400006
Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 24-Feb-2024
Collection Centre	: Apex Hospital		

FASTING BLOOD SUGAR

Test	Result	Normal Value
FBS	H <u>127.4 Mg/dl</u>	70-110 Mg/dl
URINE SUGAR	ABSENT	
URINE KETONES	ABENT	

POST LUNCH BLOOD SUGAR


Test	Result	Normal Value
PLBL (2 HOUR AFTER FOOD)	H <u>182.1 Mg/dl</u>	70-140 Mg/dl
URINE SUGAR (PP)	SNR	-
URINE KETONE (PP)	SNR	

Remarks : **

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Patient	: Monteiro Alvara	UHID	: ASH232404345
Age/Sex	: 59/Female	ID	: HC232400006
Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 24-Feb-2024
Collection Centre	: Apex Hospital		

LIPID PROFILE

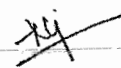
Test	Result	Normal Value
TOTAL CHOLESTEROL	183.4 Mg%	150-250 Mg%
TRIGLYCERIDES	97.1 Mg%	35-160 Mg%
HDL CHOLESTEROL	36.21 Mg%	30-70 Mg%
VLDL CHOLESTEROL	19.42	7-35
LDL CHOLESTEROL	127.77 Mg%	108-145 Mg%
TC/HDL CHOL RATIO	H <u>5.06</u>	3.5-5.0
LDL/HDL RATIO	3.53	1.1-3.9

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

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Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 24-Feb-2024
Collection Centre	: Apex Hospital		

RENAL FUNCTION TEST

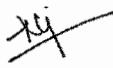
Test	Result	Normal Value
SERUM CREATININE	0.86 Mg/dl	0.6-1.6 Mg/dl
URIC ACID	3.85 Mg/dl	2.5-7.7 Mg/dl
BLOOD UREA NITROGEN / BUN	13.13 Mg/dl	0-23 Mg/dl

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

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Lab Technician

Checked By
Biochemist


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DR.GUJAR NEERAJ VILAS
MD PATHOLOGY

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Patient : Monteiro Alvara UHID : ASH232404345
Age/Sex : 59/Female ID : HC232400006
Consultant Dr : GUJAR NEERAJ Registered On :
Referring Dr : Reported On : 24-Feb-2024
Collection Centre : Apex Hospital

LIVER FUNCTION TEST

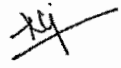
Test	Result	Normal Value
TOTAL BILIRUBIN	1.04 Mg/dl	0.1-1.2 Mg/dl
DIRECT BILIRUBIN	0.27 Mg/dl	0.0-0.3 Mg/dl
INDIRECT BILIRUBIN	0.77 Mg/dl	0.1-1.0 Mg/dl
SGOT	22.69 Iu/l	5-40 Iu/l
SGPT	24.31 Iu/l	5-40 Iu/l
SERUM ALKALINE PHOSPHATES	82.4 U/l	25-147 U/l
SERUM PROTEINS TOTAL	6.49 Gm%	6.0-8.2 Gm%
SERUM ALBUMIN	3.65 Gm%	3.0-5.0 Gm%
SERUM GLOBULIN	2.84 Gm%	1.9-3.5 Gm%
ALBUMIN : GLOBULIN RATIO	1.29 Mg/dl	0.9-2.0 Mg/dl
GAMMA GT	H 57.62 Iu/l	5-45 Iu/l

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

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Patient	: Monteiro Alvares	UHID	: ASH232404345
Age/Sex	: 59/Female	ID	: HC232400006
Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 24-Feb-2024
Collection Centre	: Apex Hospital		

URINE ROUTINE

Test	Result	Normal Value
PHYSICAL EXAMINATION		
QUANTITY	25 ML	ML
COLOUR	PALE YELLOW	
APPEARANCE	SLIGHTLY HAZY	
DEPOSIT	ABSENT	
REACTION [PH]	ACIDIC	
SPECIFIC GRAVITY	1.010	
CHEMICAL EXAMINATION		
URINE ALBUMIN	ABSENT	
SUGAR	ABSENT	
KETONE BODIES	ABSENT	
OCCULT BLOOD	ABSENT	
BILE PIGMENT	ABSENT	
BILE SALT	ABSENT	
MICROSCOPIC EXAMINATION OF CENTRE		
RED BLOOD CELLS	ABSENT /hpf	/hpf
PUS CELLS	1-2 /hpf	/hpf
EPITHELIAL CELLS	4-5 /hpf	/hpf
CASTS	ABSENT	
CRYSTALS	ABSENT	
SPERMATOZOA	ABSENT	
TRICHOMONAS VAGINALIS	ABSENT	
YEAST CELLS	ABSENT	
AMORPHOS DEPOSITS	ABSENT	
BACTERIA	ABSENT	

Remarks : *

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DR.GUJAR NEERAJ VILAS
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Patient Id : **PVD04223-24/68194** Sample ID : 24026707
 Patient : MRS ALVARA MONTEIRO Reg. Date : 24/02/2024
 Age/sex : 59 Yrs/ Female Report Date : 24/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	7.0	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	154.20	mg/dL	

Method : HPLC-Biorad D10-USA


INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.


DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

Patient Id : **PVD04223-24/68194** Sample ID : 24026707
 Patient : MRS ALVARA MONTEIRO Reg. Date : 24/02/2024
 Age/sex : 59 Yrs/ Female Report Date : 24/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	114.35	ng/dl	83-200
			For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.16	ug/dL	5.13 - 14.10
			For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	4.01	uIU/ml	0.27 - 4.20


Method : ECLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

-----End Of Report-----


Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone.Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.


DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

CENTRAL PROCESSING LABORATORY

Grandeur 208/209/210, S.V. Road, Dahisar (East), Mumbai - 400 068.

Tel : 022-26451111, Mob: 9601017023, 8104245961, www.pathvision.com

Patient Id : PVD04223-24/68194	Sample ID : 24026707
Patient : MRS ALVARA MONTEIRO	Reg. Date : 24/02/2024
Age/sex : 59 Yrs/ Female	Report Date : 26/02/2024
Center : APEX SUPERSPECIALITY HOSPITALS	Case No. :
Ref. By : Self	



CYTOLOGY REPORT - PAP SMEAR


Specimen	PAP Smear
Microscopic Description	Smears show superficial, intermediate and few metaplastic cells Background shows sparse neutrophils. No evidence of dyskeratosis or malignancy

Impression

Negative for Intraepithelial lesion or malignancy

-----End Of Report-----

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APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



CASHLESS
FACILITY

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Borivali (W), Mumbai 400091.
email: info@apexhospitals.in | www.apexgroupofhospitals.com

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googlemap



Tele.:
022 - 2898 6677 / 46 / 47 / 48

NAME : ALVARA MONTEIRO	DATE : 24/02/2024
REF: MEDIWHEEL	AGE /SEX 59 Y/ F

2D ECHO & COLOR DOPPLER REPORT

Cardiac history :

Imaging window:

2D Findings :

Chamber dimensions: Mild concentric LVH

RWMA -. Normal

Valve Anatomy-- Normal

Interventricular & Interatrial septum:-- Normal

No intracardiac mass.

No Pericardium effusion

IVC & Hepatic veins -- Normal

Doppler Findings:

LV diastolic Dysfunction :-- Type - I

Color flow across valves :-- Normal



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M-Mode	
AO diam : 2.8 cm	
LA diam : 1.5 cm	
ACS : 1.4 cm	
DE excursion : 1.3 cm	
EF Slope : 0.9 m/s	
EPSS : 0.7 Cm	
IVSd : 1.1 cm	IVSs : 0.8 cm
LVIDd : 4.8cm	LVIDs : 3.7 cm
LVPWd : 1.2 cm	LVPWs : 1.3 cm
LVEF : 55 - 60 %	

Conclusions:

Mild concentric LVH

◡ RWMA Normal

Normal LV systolic function with EF 55 - 60 %

Type - I diastolic Dysfunction.

NO pulmonary hypertension

Normal Pericardium .

DR. SHAH CHIRAG
D.N.B, (M.D.)
GENERAL PHYSICIAN



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Tele.:
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UHID : ASH232404345 ID : HC232400006 Date : 24-Feb-2024
Patient : Monteiro Age/Sex : 59/Female Referred By : Rmo
Alvara
Company :

DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

IMPRESSION:

- o No significant abnormality.

DR. PANDYA SAUMIL
MD,D.N.B
RADIOLOGIST



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Tele.:
022 - 2898 6677 / 46 / 47 / 48

UHID : ASH232404345 ID : HC232400006 Date : 24-Feb-2024
Patient : Monteiro Alvara Age/Sex : 59/Female Referred By : Rmo
Company :

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is mildly enlarged and measures about 16.1 cm, normal in shape and has smooth margins. The hepatic parenchyma shows homogeneous increased echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation

PORTAL VEIN: It is normal in transverse diameter.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 10.1 cm normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
9 X 3.6 cm	9.8 X 3.7 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter bilaterally. Calculi are seen in right kidney midpole (2mm) and left kidney upper pole (2.2mm). left renal upper pole exophytic cortical cyst of about 17 x 12 mm is seen.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

Uterus is not seen - post hysterectomy status. Bilateral ovaries could not be visualized.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

- Grade I fatty infiltration of liver.
- Bilateral renal small non obstructing calculi.
- Left renal small exophytic cortical cyst

DR. PANDYA SAUMIL
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Tele.:
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UHID : ASH232404345 ID : HC232400006 Date : 24-Feb-2024
Patient : Monteiro Age/Sex : 59/Female Referred By : Rmo
Alvara
Company :

BILATERAL BREAST SONOGRAPHY

TECHNIQUE: Real time, B mode, gray scale sonography of both the breasts was performed with linear transducer.

FINDINGS:

The breast parenchyma shows predominantly fibro fatty component.

Nipple and subareolar region appears unremarkable.

No evidence of solid or cystic lesion seen in present scan.

Retro mammary region appears normal.

No significant axillary lymphadenopathy seen.

IMPRESSION:

Ø No significant abnormality noted in this examination. Suggest Xray mammography correlation.

DR. PANDYA SAUMIL
MD,D.N.B
RADIOLOGIST

अपेक्स सुपरस्पेशलिटी हॉस्पिटल्स Name ALVARA FATEMA

Date 24/2/24

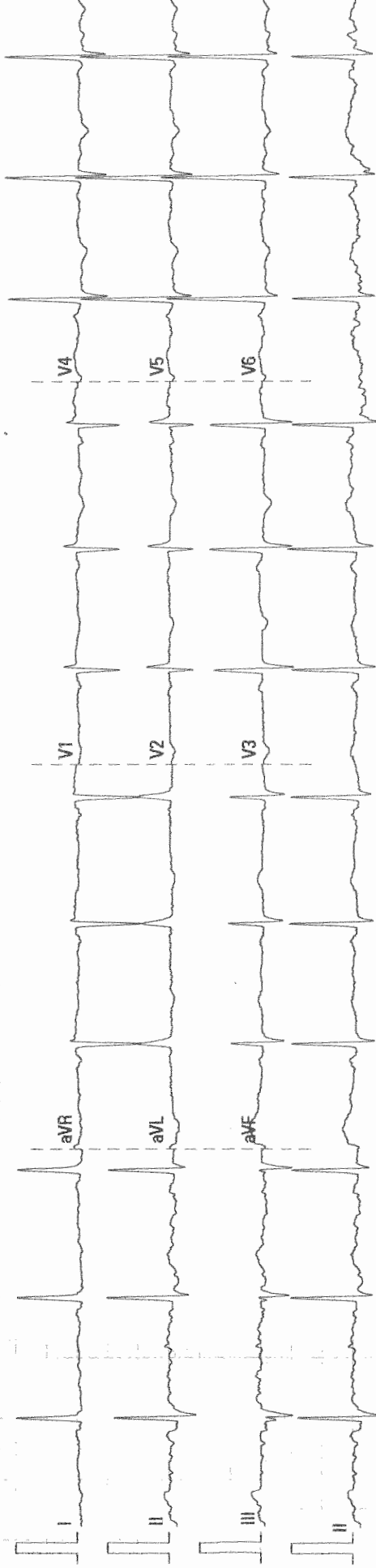
Time 10

Alvara fa

ID: 2024022409534169

24-02-2024 10:01:34 AM

Name:



ID: 2024022409534169

Name:

24-02-2024 10:01:34 AM

Sinus Rhythm

Unconfirmed Diagnosis

25 mm/s 10 mm/mV

50 Hz

BDR 35 Hz

OTc:Gazett

APEX SUPERSPECIALITY HOSPITAL

02.07.00/V04.00.00

SN:FK-83014936

ASH/QA/FORM/NUR/04/MAR22/V1



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CASHLESS FACILITY

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ई. सी. जी.

Name Alvaro Fatima Date 24/2/24

Age 58 Gender: M F UHID NO _____ B.P _____

ELECTROCARDIOGRAPHIC OBSERVATIONS

Rate _____ Axis _____ Q.R.S. Complex _____

Rhythm _____ P. Wave _____ S.T. Segment _____

Standardisation : _____ P.R. Interval _____ T. Wave _____

Voltage : _____ Q. Wave : _____ Q. T. Interval _____

Impression : _____