Apollo TOUCHING LIVES

Apollo Clinic VASHI

MEDICAL SUMMARY

NAME:	Mrs. [illegible]	UHID:	
AGE:	51	DATE OF HEALTHCHECK:	12-1-2024
GENDER:	F		

HEIGHT:	167	MARITAL STATUS:	M
WEIGHT:	78	NO OF CHILDREN:	6.
BMI:	28.0		

C/O: —

K/C/O:
PRESENT MEDICATION: — No

P/M/H: — No

P/S/H: — No

ALLERGY: — No

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING: ALCOHOL: TOBACCO/PAN: No

FAMILY HISTORY FATHER: — MOTHER: — NAD

O/E:

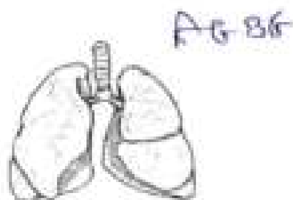
BP: 120/80 PULSE: 82/min

TEMPERATURE: N SCARS:

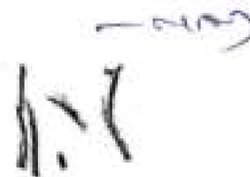
LYMPHADENOPATHY: PALLOR/ICTERUS/CYNOSIS/CLUBBING: NAD

OEDEMA:

S/E:
RS: AEBE



P/A: — NAD



CVS: S1 S2 +

Extremities & Spine: — NAD

ENT: NAD

CNS: Conscious, Oriented

Skin: — NAD

Vision:

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

• ANDHERI • COLABA • NASHIK • VASHI

Name: Mrs. Laxmi Khutekar	Age: 57	Date of Health check-up: 13/01/2024

Findings and Recommendation:

Findings:-

CBC – 11-00gm%.
S. Uric acid – 6.2 mg/dl

Left scapular scar

Recommendation:-

Consult Physician
for Uric acid levels

DR. PRADNY[illegible]
Reg. No. 87641

Signature:

Consultant –

DR. PRADNYA P. DANI
(M.B.B.S)
Reg. No. 87641

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Apollo Clinic VASHI

OPHTHALMIC EVALUATION

UHID No.: ______________ Date : 13/1/24

Name : Ms Josari Age : 40 Gender : Male/Female

Without Correction :

Distance: Right Eye ______ Left Eye ______

Near : Right Eye ______ Left Eye ______

With Correction :

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										
Near	+1-0					+1-0				

Colour Vision : for near NAD (B)

Anterior Segment Examination :

Pupils : NAD (B)

Fundus :

Intraocular Pressure : 14 mm Hg (B)

Diagnosis :

Advice : glasses

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

Dr. ______

(Consultant Ophthalmologist)

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

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DENTAL CHECKUP

Name: Laxmi Khatekar		MR NO:	
Age/Gender :	51/F	Date:	13/11/24

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 ADVICED:

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: ________________

Treatment Adv:-
- filling ē 76|67 - 1200 x 4.

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Name : Mrs Laxmi K. Age : 50 Sex : F UHID No. : Date : 13/01/2024

50 year | P2L2 (Both FTND) sterilised.

No complaints.

MH LMP - Postmenopause : 2 years

O/E

G C fair
Afebrile
P - 80/min

Sts Trupti

PA - Soft NT.

P/S. Cx } healthy
Vg }

(PAP smear taken)

Dr. Trupti Shinde

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

Apollo Clinic
VASHI

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

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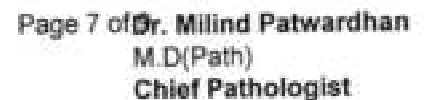
Email: apolloclinicvashi@gmail.com

Apollo Clinic VASHI

Name	: Mrs. Laxmi Dhondu Khutekar	Gender	: Female	Age	: 51 Years
UHID	: FVAH 10229	Bill No	:	Lab No	: V-1687-23
Ref. by	: SELF	Sample Col.Dt	: 13/01/2024 08:35		
Barcode No	: 3957	Reported On	: 13/01/2024 15:09		

TEST	RESULTS		BIOLOGICAL REFERENCE INTERVAL
HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)			
Haemoglobin(Colorimetric method)	**11**	g/dl	11.5 - 15
RBC Count (Impedance)	**3.89**	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	**33.8**	%	35 - 55
MCV:(Calculated)	86.8	fl	78 - 98
MCH:(Calculated)	28.4	pg	26 - 34
MCHC:(Calculated)	32.7	gm/dl	30 - 36
RDW-CV:	13.9	%	10 - 16
Total Leucocyte count(Impedance)	8930	/cumm.	4000 - 10500
Neutrophils:	55	%	40 - 75
Lymphocytes:	39	%	20 - 40
Eosinophils:	02	%	0 - 6
Monocytes:	04	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	2.53	Lakhs/c.mm	1.5 - 4.5
MPV	9.1	fl	6.0 - 11.0
ESR(Westergren Method)	08	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.		



Pooja Surve
Entered By

Ms Kaveri Gaonkar
Verified By

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

End of Report
Results are to be correlated clinically

Name	: Mrs. Laxmi Dhondu Khutekar	Gender	: Female	Age	: 51 Years
UHID	: FVAH 10229	Bill No	:	Lab No	: V-1687-23
Ref. by	: SELF	Sample Col.Dt	: 13/01/2024 08:35		
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TEST	RESULTS
Blood Grouping (ABO & Rh)-WB(EDTA) Serum	
ABO Group:	**:O:**
Rh Type:	**Positive**
Method :	Matrix gel card method (forward and reverse)
------	--------------------------

Neha More
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Chief Pathologist

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Apollo Clinic VASHI

Name	: Mrs. Laxmi Dhondu Khutekar	Gender	: Female	Age	: 51 Years
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Ref. by	: SELF	Sample Col.Dt	: 13/01/2024 08:35		
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TEST	RESULTS		BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

TEST	RESULTS	Unit	BIOLOGICAL REFERENCE INTERVAL
(HbA1C) Glycosylated Haemoglobin :	5.8	%	Normal <5.7 % Pre Diabetic 5.7 - 6.5 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evalution of therapy > 8.0 %
Mean Blood Glucose :	119.76	mg/dL	

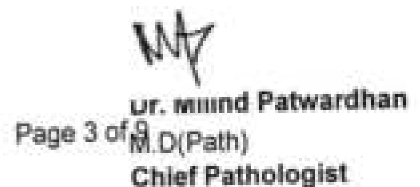
Corelation of A1C with average glucose

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



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Name	: Mrs. Laxmi Dhondu Khutekar	Gender	: Female	Age	: 51 Years
UHID	: FVAH 10229	Bill No	:	Lab No	: V-1687-23
Ref. by	: SELF	Sample Col.Dt	: 13/01/2024 08:35		
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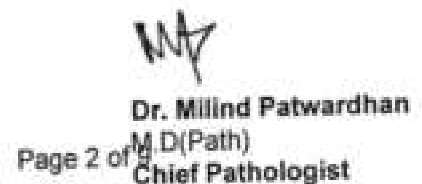
PLASMA GLUCOSE

TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Fasting Plasma Glucose :	101	mg/dL	Normal < 100 mg/dL Impaired Fasting glucose : 101 to 125 mg/dL Diabetes Mellitus : >= 126 mg/dL (on more than one occasion) (American diabetes association guidlines 2016)
Post Prandial Plasma Glucose :	118	mg/dL	Normal < 140 mg/dL Impaired Post Prandial glucose : 140 to 199 mg/dL Diabetes Mellitus : >= 200 mg/dL (on more than one occasion) (American diabetes association guidlines 2016)

Method : Hexokinase



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Apollo Clinic
VASHI

Name	: Mrs. Laxmi Dhondu Khutekar	Gender	: Female	Age	: 51 Years
UHID	: FVAH 10229	Bill No	:	Lab No	: V-1687-23
Ref. by	: SELF	Sample Col.Dt	: 13/01/2024 08:35		
Barcode No	: 3957	Reported On	: 13/01/2024 15:09		

LIPID PROFILE - Serum

TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
S. Cholesterol(Oxidase)	173	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	67	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	13.4	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	42.9	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	116.7	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4		3.5 - 5
Ratio of LDL/HDL	2.7		2.5 - 3.5

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Ref. by	: SELF	Sample Col.Dt	: 13/01/2024 08:35		
Barcode No	: 3957	Reported On	: 13/01/2024 15:09		

TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
LFT(Liver Function Tests)-Serum			
S.Total Protein (Biuret method)	7.24	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.24	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.41		0.9 - 2
S.Total Bilirubin (DPD):	0.60	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.19	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.41	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	22	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	23	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	101	U/L	35 - 105
S.GGT(IFCC Kinetic):	18	U/L	07 - 32

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Chief Pathologist

End of Report
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Name	: Mrs. Laxmi Dhondu Khutekar	Gender	: Female	Age	: 51 Years
UHID	: FVAH 10229	Bill No	:	Lab No	: V-1687-23
Ref. by	: SELF	Sample Col.Dt	: 13/01/2024 08:35		
Barcode No	: 3957	Reported On	: 13/01/2024 15:09		

TEST	RESULTS		BIOLOGICAL REFERENCE INTERVAL
	BIOCHEMISTRY		
S.Urea(Urease Method)	34.4	mg/dl	10.0 - 45.0
BUN (Calculated)	16.05	mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.85	mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	18.88		9:1 - 23:1
S.Uric Acid(Uricase Method)	**6.2**	mg/dl	2.4 - 5.7

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Apollo Clinic VASHI

Name	: Mrs. Laxmi Dhondu Khutekar	Gender	: Female	Age	: 51 Years
UHID	: FVAH 10229	Bill No	:	Lab No	: V-1687-23
Ref. by	: SELF	Sample Col.Dt	: 13/01/2024 08:35		
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
	Thyroid (T3,T4,TSH)- Serum		
Total T3 (Tri-iodo Thyronine) (ECLIA)	2.66	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	132.4	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	1.55	□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 hypothyrodism.
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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UHID	: FVAH 10229	Bill No	:	Lab No	: V-1687-23
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URINE REPORT

TEST	RESULTS		BIOLOGICAL REFERENCE INTERVAL
PHYSICAL EXAMINATION			
QUANTITY	30	mL	
COLOUR	Pale Yellow		
APPEARANCE	Slightly Hazy		Clear
SEDIMENT	Absent		Absent
CHEMICAL EXAMINATION(Strip Method)			
REACTION(PH)	5.0		4.6 - 8.0
SPECIFIC GRAVITY	1.010		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	0 - 1 / hpf		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

Neha More
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Chief Pathologist

End of Report
Results are to be correlated clinically

Laxmi, Khutekar
10229

Female

51 Years

13.11.2024 11:42:53
Apollo Clinic
1st Flr,The Emerald,Sector-12,
Vashi, Mumbai-400703.

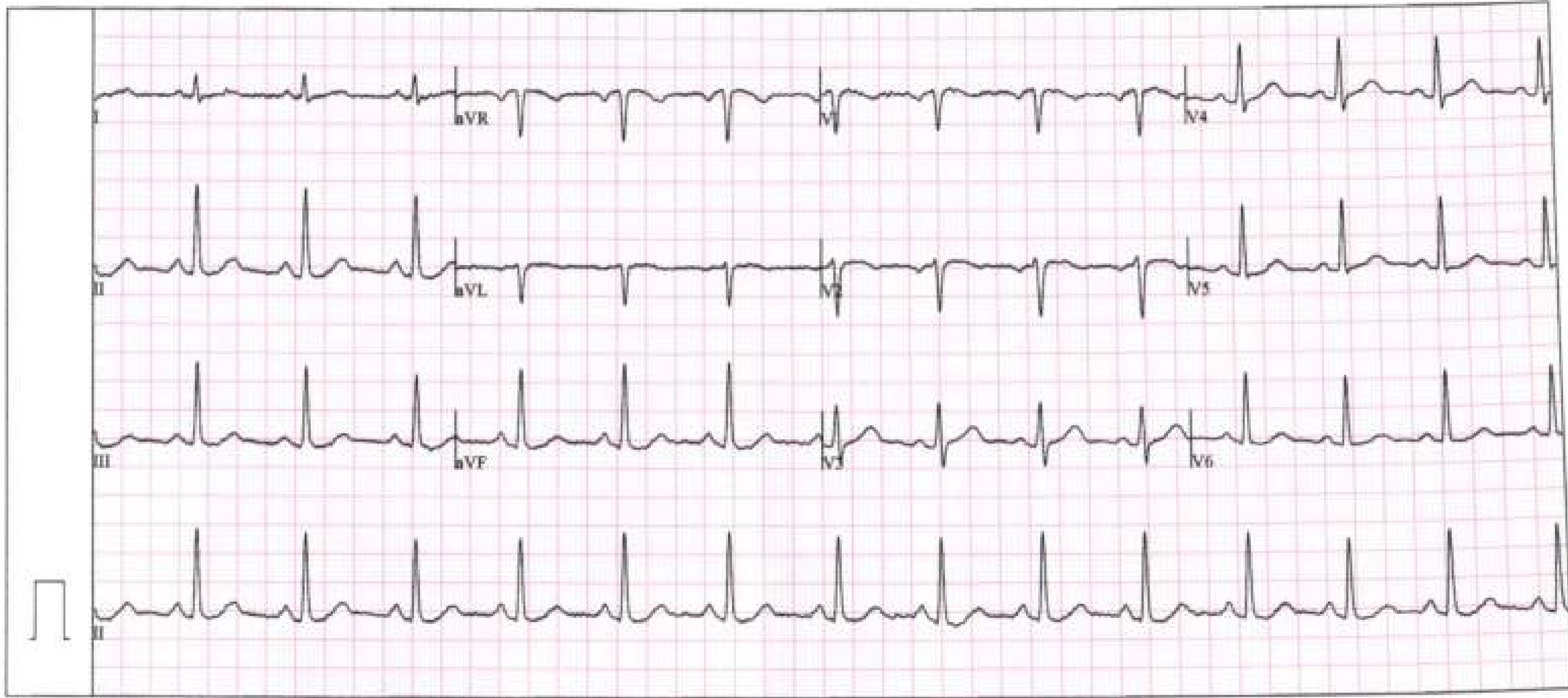
85 bpm
-- / -- mmHg

NORMAL ECG

QRS :	80 ms
QT / QTcBaz :	378 / 449 ms
PR :	140 ms
P :	88 ms
RR / PP :	708 / 705 ms
P / QRS / T :	62 / 82 / 49 degrees

Normal sinus rhythm
Possible Left atrial enlargement
Borderline ECG

Dr. [illegible] DASGUPTA
M.B.B.S. D.N.B. Medicine
Diploma Cardiology
MMC -2005/02/0920



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

ıpollo Clinic
he Emerald, Plot No-195/B, Sector-12,
Jeel Siddhi Towers, Vashi-400703

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: LAXMI, KHUTEKAR
Patient ID: 10229
Height:
Weight:

DOB: 10.01.1973
Age: 51yrs
Gender: Female
Race: Asian

Study Date: 13.01.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

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

Medications:
NIL

Medical History:
NIL

ason 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	00:12	0.00	0.00	80	120/80	
	STANDING	00:16	0.00	0.00	82		
	HYPERV.	00:16	0.00	0.00	79		
	WARM-UP	00:29	0.90	0.00	81		
EXERCISE	STAGE 1	03:00	1.70	10.00	142	130/80	
	STAGE 2	01:31	2.50	12.00	157	150/90	
RECOVERY		01:05	0.00	0.00	131	180/90	

The patient exercised according to the BRUCE for 4:31 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 80 bpm rose to a maximal heart rate of 160 bpm. This value represents 94 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg , rose to a maximum blood pressure of 180/90 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

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

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TOUCHING LIVES

Apollo Clinic VASHI

PATIENT'S NAME	LAXMI D KHUTEKAR	AGE :- 51 y/F
UHID NO	10229	13 Jan 2024

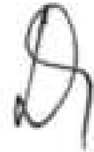
X-RAY CHEST PA VEIW

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
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Apollo
TOUCHING LIVES

Apollo Clinic
VASHI

PATIENT'S NAME	LAXMI D KHUTEKAR	AGE :- 51Y/F
UHID	10229	15 Jan 2024

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 C-Moderate dense scattered parenchyma in both breasts, which may obscure small masses, thereby limiting sensitivity of the mammogram.

Right breast:

No dominant mass, suspicious calcifications or architectural distortion is seen.

Left breast:

No dominant mass, suspicious calcifications or architectural distortion is seen.

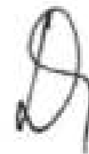
IMPRESSION-

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



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PATIENT'S NAME	LAXMI D KHUTEKAR	AGE :- 51Y/F
UHID	10229	13 Jan 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 10.6 x 3.9 cm. **LEFT KIDNEY** measures 9.9 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 6.3 x 4.1 x 3.6 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 REQURE CLINICAL CO-RELATION BEFORE ANY APPLICATION.

DR. DISHA MINOCHA
DMRE (RADIOLOGIST)