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Nurse Assessment Time:

उपचार कक्ष [11 A]

Blood Pressure: 90/60 mm of Hg	Weight: 50	cm
Height: 155	cm	Body Mass Index: 20.83
PULSE 64	SPO2 99	

WHL/NAG/CC/HCU/03

# WOCKHARDT HOSPITAL

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WHL/NAG/CC/HCU/03

WHL/NAG/CC/HCU/03

P. godbole  
rs

Female

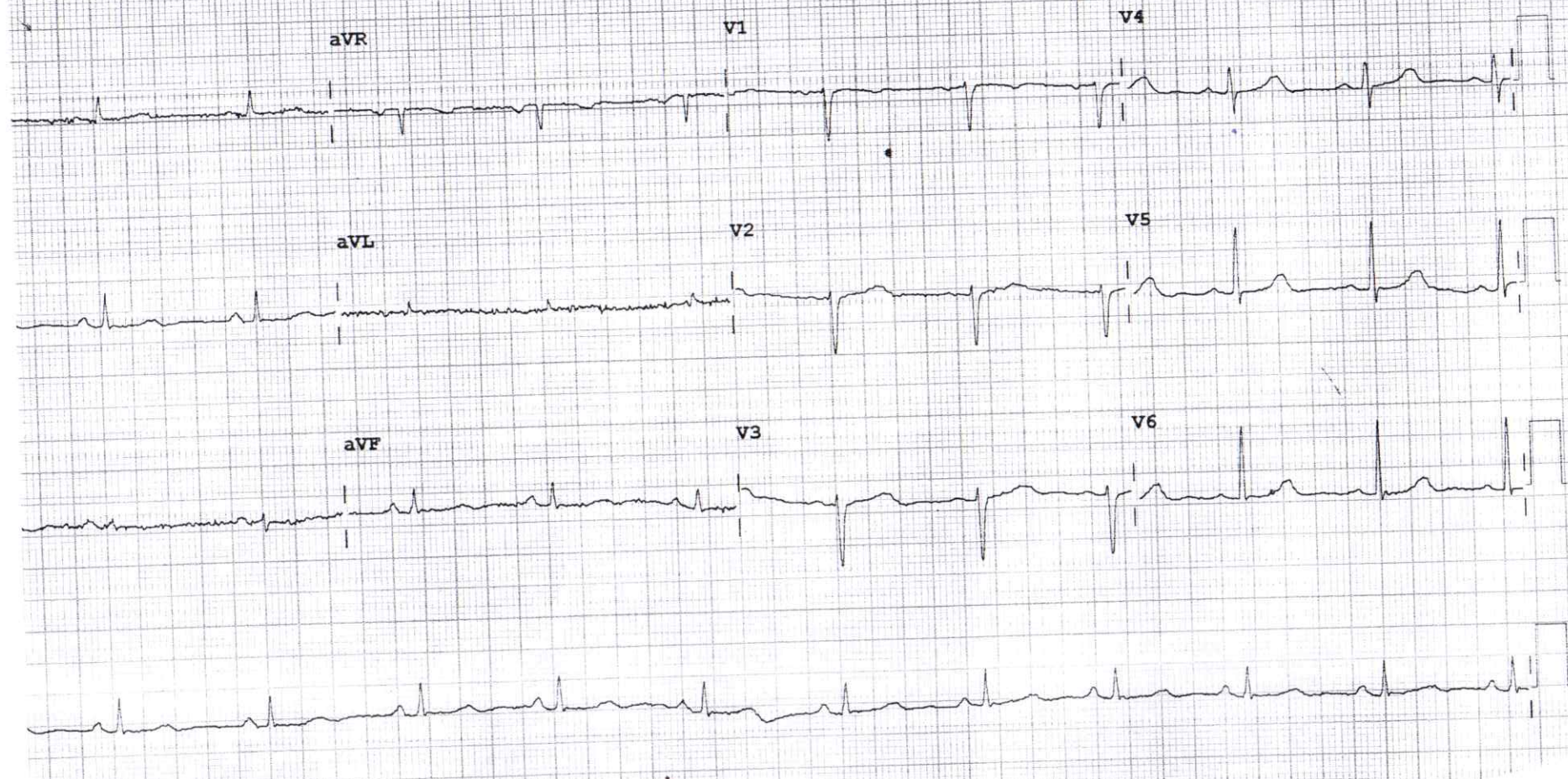
68 . Sinus rhythm.....normal P axis, V-rate 50- 99  
. Low voltage, extremity leads.....all extremity leads <0.5mV

162  
77  
407  
433

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis

d; Standard Placement



Speed: 25 mm/sec    Limb: 10 mm/mV    Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz



## 2D ECHOCARDIOGRAPHY & DOPPLER REPORT

Name : Mrs. Sapna Pramod Godbole      Age / Sex : 32 yrs / Female  
Done by : Dr. Amey Beedkar      Date : November 06, 2024  
UHID NO : 365662      OPD

### M-Mode Measurements

AO : 25 mm	LVID (d) : 40 mm	IVS (d) : 09 mm
AV cusp : mm	LVID (s) : 25 mm	LVPW (d) : 08 mm
LA : 27 mm	LVEF : 63 %	RVID (d) : 20 mm

### Comments

Valves : MV, AV, TV, PV are normal  
Chambers : RA, RV, LA, LV are normal  
RWMA : No regional wall motion abnormality of LV at rest  
IVS/IAS : Intact  
Clot / vegetation : No  
IVC : Normal & collapsing  
Pericardium : Normal, no pericardial effusion

### Dopper Study :

	PG	MG	Grade of regurgitation
MV	N	N	Nil
AV	N	N	Trivial aortic regurgitation
TV	N	N	Trivial tricuspid regurgitation
PV/RVOT	N	N	Nil

Normal LV diastolic function (E / A > 1)

### Conclusion :

Normal 2D Echo, M mode echo doppler study  
Good biventricular function, LVEF – 63 %  
Normal LV diastolic function  
Trivial aortic regurgitation and trivial tricuspid regurgitation  
No clot or effusion, no coarctation of aorta  
No pulmonary hypertension.

**Dr. Amey Beedkar**  
MBBS, MD (General Medicine), DM (Cardiology)  
Consultant – Interventional Cardiologist



**WOCKHARDT HOSPITALS, NAGPUR**

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CIN : U85100MH1991PLC063096



**DEPARTMENT OF LABORATORY MEDICINE**

<b>Patient Name</b>	: MRS. SAPNA PRAMOD GODBOLE	<b>Bill No.</b>	: OCR3/25/0005118
<b>Age/Sex</b>	: 32 Years/Female	<b>Sample Collection</b>	: 06/11/2024 09:14 AM
<b>UHID</b>	: WHN2.0000365662	<b>Receiving Date Time</b>	: 06/11/2024 09:14 AM
<b>Primary Consultant</b>	: DR. WOCKHARDT DOCTOR	<b>Report Date</b>	: 06/11/2024 09:45 AM
<b>Order Date</b>	: 06/11/2024 09:02 AM	<b>Approval Date Time</b>	: 06/11/2024 10:12 AM
<b>Order No.</b>	: 38896	<b>Specimen</b>	: Urine
<b>Visit Code</b>	: OP3.0093800	<b>Bed No.</b>	:

**BIOCHEMISTRY**

<u>PARAMETER</u>	<u>METHOD</u>	<u>RESULT</u>	<u>UNIT</u>	<u>B.R.I</u>	<u>Final Report</u>
Serum Urea	Urease-GLDH	14.4	mg/dL	1-50	
Blood Urea Nitrogen	Calculated	6.72	mg/dL	6-20	
<b>Creatinine- Serum</b>					
Creatinine	Enzymatic colorimetric	0.74	mg/dL	0.51-0.95	
<b>Plasma Glucose</b>					
Random Sugar		95.33	mg/dl	70-150	
<b>Uric Acid- Serum</b>					
Uric Acid	Enzymatic colorimetric	2.7	mg/dL	2.4-5.7	
<b>Lipid Profile</b>					
Cholesterol	Colorimetric - Cholesterol Oxidase	<b>139.15</b>	mg/dL	0-200	
Triglycerides	Enzymatic colorimetric	72.5	mg/dL	0-150	
HDL Cholesterol - Direct	Direct Homogenous Enzymatic Colorimetric	63.3			1. No Risk: >65 2. Moderate Risk: 45-65 3. High Risk: <45
LDL-Cholesterol -Direct	Direct Homogenous Enzymatic Colorimetric	61.35	mg/dL	0-100	
VLDL Cholesterol	Calculated	14.5	mg/dL	10-35	
Chol/HDL Ratio		2.19			1.Low Risk: 3.3-4.4 2.Average Risk: 4.4-7.1 3.Moderate Risk: 7.1-11.0 4.High Risk: >11.0
Remark:					Test done on random sample at the patients/consultants request
<b>Liver Function Test (L.F.T.)</b>					
Alkaline Phosphatase	Colorimetric IFCC	57.3	U/L	35-104	
S.G.O.T (AST)	IFCC Without Pyridoxal 5 Phosphate	14.1	U/L	0-32	
S.G.P.T (ALT)	IFCC Without Pyridoxal 5 Phosphate	7	U/L	0-35	
Total Protein (Serum)	Colorimetric - Biuret Method	7.13	g/dL	6.4-8.3	
Albumin, BCG	Colorimetric - Bromo-Cresol Green	4.46	g/dL	3.5-5.2	
Globulin	Calculated	2.67	g/dL	1.9-3.5	
Albumin/Globulin Ratio	Calculated	1.67		0.9-2	
Serum Total Bilirubin	Colorimetric Diazo	0.75	mg/dL	0-1.2	





**DEPARTMENT OF LABORATORY MEDICINE**

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**BIOCHEMISTRY**

<u>PARAMETER</u>	<u>METHOD</u>	<u>RESULT</u>	<u>UNIT</u>	<u>B.R.I</u>	<u>Final Report</u>
<b>Liver Function Test (L.F.T.)</b>					
Serum Direct Bilirubin	Colorimetric Diazo	0.32	mg/dL	0-0.4	
Serum Indirect Bilirubin	Calculated	0.43	mg/dL	0-1	
--- END OF REPORT ---					

VAISHALI CHALSE  
Verified By

  
Dr. LAXMI LOKESH  
Consultant Pathologist  
MDPATH

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\* B.R.I : BIOLOGICAL REFERENCE INTERVAL



**DEPARTMENT OF LABORATORY MEDICINE**

<b>Patient Name</b> : MRS. SAPNA PRAMOD GODBOLE	<b>Bill No.</b> : OCR3/25/0005118
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**HEMATOLOGY**

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
<b>Complete Blood Count (With ESR)- EDTA Blood</b>				
Haemoglobin	SLS Method	12.2	g%	12.0-16.0
Haematocrit	RBC Pulse Height Detection	39.0	%	40 - 50
MCV	Calculated	85.3	fl	83-101
MCH	Calculated	26.7	pg	27-32
MCHC	Calculated	31.3	g/dl	32-35
RBC Count	DC Detection	4.57	Million/ul	3.8-4.8
RDW-CV	Calculated	12.9	%	12-14
WBC Total Count ( TLC )	Electrical Impedance	7410	Cells/cumm	4000 - 10000
Neutrophils		61	%	40-80
Lymphocytes		29	%	28-48
Monocytes		06	%	2-10
Eosinophils		04	%	0-6
Basophils		0	%	0-2
Absolute Basophil Count		0	Cells/cumm	0-100
Platelet Count	Hydrodynamic Focussing DC	242	Thou/Cumm	150-450
PDW	Calculated	9.2	fL	9.0-17
P-LCR	Calculated	18.8	%	13.0-43.0
MPV	Calculated	9.3	fl	9.4-12.3
PCT	Calculated	0.22	%	0.17-0.35
Blood ESR	Westergren Method	06	mm/hr	0-20

--- END OF REPORT ---

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### BIOCHEMISTRY

PARAMETER	METHOD	RESULT	UNIT	B.R.I	Final Report
<b>Glycosylated Haemoglobin- EDTA Blood</b>					
Glycosylated Haemoglobin	HPLC	5.2	%		Action required: 7.0-8.0% Good control: 6.5-7.0% Normal control: 4.8-6.4% Poor control: >8.0%
Estimated Mean glucose	Calculated	107.82	mg/dL		
--- END OF REPORT ---					

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<b>Visit Code</b>	: OP3.0093800	<b>Bed No.</b>	:

**IMMUNOLOGY**

Final Report

<u>PARAMETER</u>	<u>METHOD</u>	<u>RESULT</u>	<u>UNIT</u>	<u>B.R.I</u>
<b>T3 T4 TSH- Serum</b>				
TOTAL T3	ECLIA	118.9	ng/dl	80-200
TOTAL T4	ECLIA	7.41	ug/dl	4.5-11.7
TSH	ECLIA	1.60	μIU/mL	0.27-4.2
--- END OF REPORT ---				

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**DEPARTMENT OF LABORATORY MEDICINE**

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**CLINICAL PATHOLOGY**

Final Report

<u>PARAMETER</u>	<u>METHOD</u>	<u>RESULT</u>	<u>UNIT</u>	<u>B.R.I</u>
<b>Urine Routine</b>				
Physical Examination				
Colour		p.yel		
Appearance		Clear		
Urinalyser (Roche UriSys 1100)				
Specific Gravity		1.015		1.003 - 1.035
Reaction ( pH )		6.5		
Leukocytes, microscopy		NIL	/hpf	
Erythrocytes, microscopy		neg	/hpf	
Nitrite, urinalyser		Negative		
Protein, urinalyser		Negative		
Glucose, urinalyzer		Negative		
Ketone, urinalyser		Negative		
Urobilinogen urinalyser		Normal		
Billirubin uirnalyser		Negative		

--- END OF REPORT ---

**VAISHALI CHALSE**  
Verified By

  
**Dr. LAXMI LOKESH**  
 Consultant Pathologist  
 MDPATH

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DEPARTMENT OF RADIODIAGNOSTICS

Patient Name : MRS. SAPNA PRAMOD GODBOLE  
Age/Sex : 32 Yrs / Female  
UHID : WHN2.0000365662  
Reporting Date : 06/11/2024 12:04 PM  
Bill No. : OCR3/25/0005118

Order Date : 06/11/2024 09:02 AM  
Referred by :  
Order No. : 15336

USG ABDOMEN WITH PELVIS :

Real time sonography of the abdomen and pelvis was performed using the 3.5 MHz transducer.

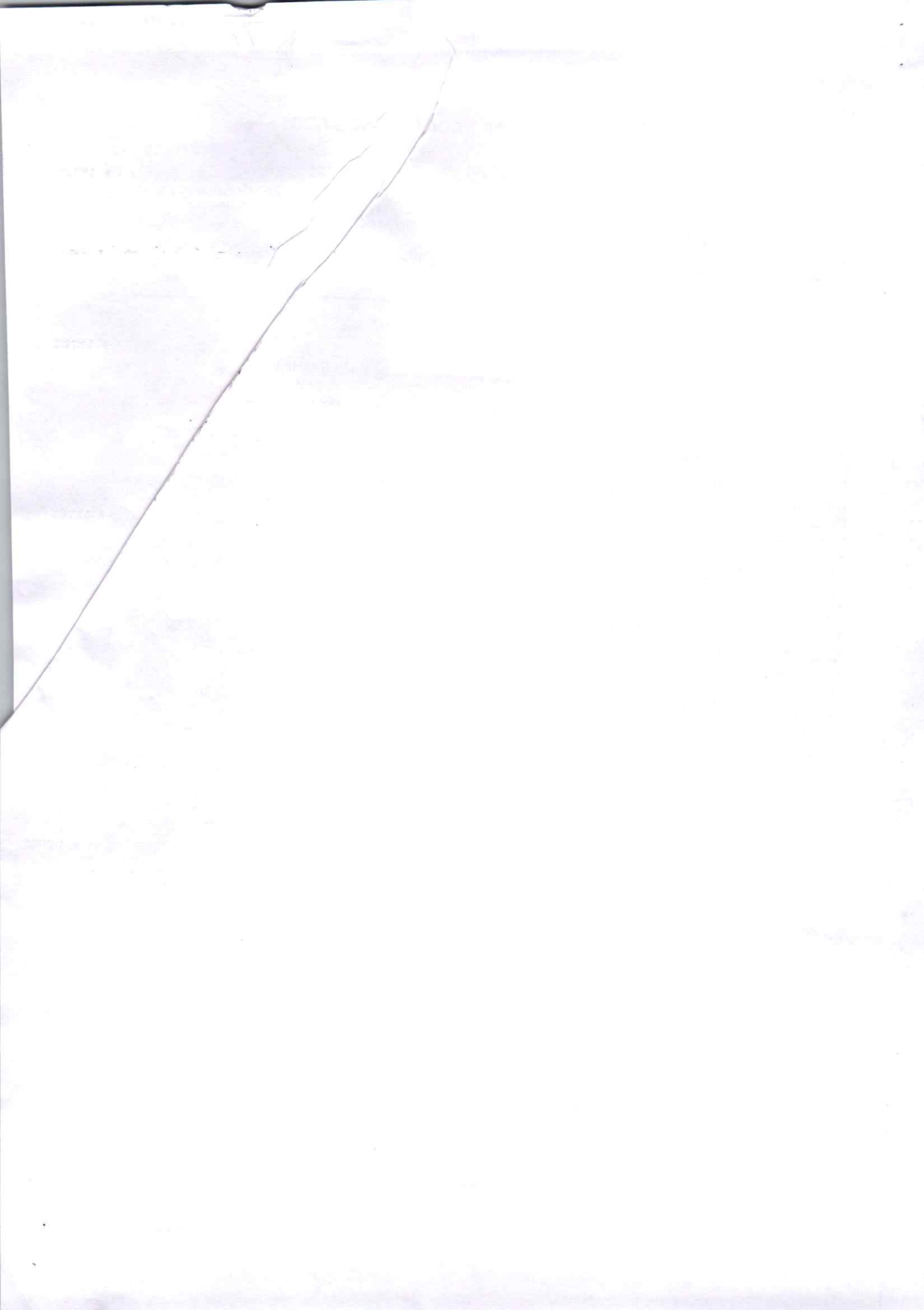
The liver is normal in size and echotexture. No focal parenchymal lesion noted.  
Intrahepatic biliary tree and venous radicles are normal.  
The portal vein and CBD appear normal in course and calibre.  
The gall bladder is normal in size with a normal wall thickness and there are no calculi noted with.  
The pancreas is normal in size and echotexture. No evidence of focal lesion or calcification or duct dilatation seen.  
The spleen is normal in size and echotexture.  
Both kidneys are normal in size, position and echogenicity.  
Cortical thickness and corticomedullary differentiation are normal.  
No hydronephrosis or calculi noted.  
The urinary bladder is normal in contour, capacity and wall thickness.  
No vesical calculi noted.  
The uterus is normal in size and anteverted in position.  
Myometrial echotexture is homogenous. No focal lesions seen.  
Endometrial echocomplex is central in position and 9 mm in thickness.  
Both ovaries are normal in size and echogenicity.  
No adnexal mass lesion seen.  
There is no evidence of free fluid in pouch of Douglas.

There is no evidence of ascites.

Impression :  
No significant abnormality noted on this study.

DR. VISHAL GAJBHIYE  
M.B.B.S., M.D.  
CONSULTANT - RADIOLOGIST





**DEPARTMENT OF RADIO DIAGNOSTICS**

**Patient Name** : MRS. SAPNA PRAMOD GODBOLE  
**Age/Sex** : 32 Yrs / Female  
**UHID** : WHN2.0000365662  
**Reporting Date** : 06/11/2024 12:07 PM  
**Bill No.** : OCR3/25/0005118

**Order Date** : 06/11/2024 09:02 AM  
**Referred by** :  
**Order No.** : 15336

**CHEST X-RAY PA VIEW :**

Both lung fields are clear.

The costophrenic angles and domes of diaphragm appear normal.

No hilar or mediastinal lesion seen.

Cardiac silhouette is within normal limits.

Visualised bony thorax and soft tissues appear normal.

**Impression:**  
Normal Chest X-Ray.

**DR. VISHAL GAJBHIYE**  
M.B.B.S., M.D.  
CONSULTANT - RADIOLOGIST

