



UHID : _____
 NAME : _____
 AGE : _____ SEX : _____
 Doctor In Charge: _____



A Unit of Sahrudaya Health Care Private Limited

OPD Nursing Assessment - Adult Date :

Name: Sangita Shivastava Date of Birth : 48 Age/Sex: F UMR No.: 119530

Assessment : Shivastava
 Height: 157 cms Weight: _____ kg. BMI: 58.4 Respiration: _____ /min Pulse H/R: 82 /min
 BP: 140/80 mmHG Temperature : _____ SpO2: 99 % BSR _____ mg/dl

Chief Complaints : H.C

Nutritional Screening :

Diet : mix diet
 Remark : _____

Status : Weight Loss / Gain in Last 3 Months Yes No
 If Weight Loss / Gain-Dietary Referral Yes No
 Psychological Assessment Agitated Anxious (If Agitated, Inform Physician) Yes No
 Irritable

Any Allergies Known Including Drugs : yes

Past History: Any Surgeries Explain : NO LSCS

Any Other illness: Explain DM

Pain Score: Numerical Scales (1-10) _____ Location _____ Characteristics _____

Need to be seen immediately by the Doctor CMO Yes No

Fall risk : Age 65Yrs. _____ Tremors _____ High Grade Fever _____ H/O Fall in last 3 months _____

Cardiac Medicines _____ Seizure Medications _____ Fall Prevention Education Done _____

| Name of Nurse | ID No. of Nurse | Signature of Nurse | Date & Time |
|-----------------|-----------------|--------------------|-----------------|
| <u>Anuradha</u> | <u>010381</u> | <u>Ashok</u> | <u>23/11/24</u> |



Hospital /Clinic/Doctor's Letterhead



A Unit of Sahrudaya Health Care Private Limited

NAME: - *Sangeeta. Srivastava*

DATE: - *23/11/24*

AGE/SEX: - *48yr*

OPHTHALMIC CHECK UP

| | | |
|----------------|-----------------|------------|
| VISION | NEAR RIGHT EYE: | <i>PLS</i> |
| | NEAR LEFT EYE: | <i>PLS</i> |
| | FAR RIGHT EYE: | <i>6/6</i> |
| | FAR LEFT EYE: | <i>6/6</i> |
| | WITH SPECT: | <i>6/6</i> |
| | WITHOUT SPECT: | <i>6/9</i> |
| COLOUR VISION: | <i>Normal</i> | |

Name & Signature of Ophthalmologist.

Stamp with registration Number.



Mrs. Sonjeev Shivaram (47)

23/11/25

- MIB Gyn complex

- Postmenopausal

- Pm - c/s x2, T2du

Past: - MUI

Ret: - MUI

Allergy: - Zerdol - Rash

Fracture - Cervical

PIASell

RU Q4 vaginismus

- PAP smear done

Dep with Regula - on / pmr

Dr. Pramod Tajane
 MBBS, MRCOG (London, UK), DNB, DGO
 Consultant-Obstetrics & Gynaecology
 Reg. No.: 2002/02/792
 Ashoka Medicover Hospitals, Nashik



LABORATORY REPORT : BIOCHEMISTRY

| | | | |
|--------------------|----------------------------------|------------------|-------------------|
| Name | : Ms. SANGEETA KUMARI SRIVASTAVA | Age /Sex | : 48Y Y(s)/Female |
| Bill Date | : 23-Nov-2024 08:05 AM | UMR No. | : NSU119530 |
| Rec. Dt | : 23-Nov-2024 10:14 AM | Bill No. | : MCB36241106349 |
| Rept. Dt | : 23-Nov-2024 03:09 PM | Result No | : RSK241119564 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064946 |
| Sample Type | : SERUM | | |

HBA1C (GLYCOSYLATED HAEMOGLOBIN)

| <u>Parameters</u> | <u>Result</u> | <u>Reference Range</u> | <u>Units</u> |
|---------------------------|---------------|---|--------------|
| HBA1C Enzymatic | 6.58 | Normal : < 5.7% Pre diabetic : 5.7 % - 6.5 % Diabetic : > 6.5 % | % |

FINAL AMMENDED REPORT, KINDLY IGNORE THE PREVIOUS REPORT.

*** End Of Report ***

P. S. Med

Pratiksha Joshi
CONSULTANT PATHOLOGIST, MBBS,
DCP



LABORATORY REPORT : BIOCHEMISTRY

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|-------------|----------------------------------|-----------|-------------------|
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| Rept. Dt | : 23-Nov-2024 01:54 PM | Result No | : RSK241119565 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064947 |
| Sample Type | : SERUM | | |

LIPID PROFILE

| Parameters | Result | Reference Range | Units |
|---|----------------|---|-------|
| TOTAL CHOLESTEROL <i>Enzymatic colorimetric</i> | 220.0 * | Desirable :: < 200 mg/dL Borderline High :: 200 - 239 mg/dL High risk : > 240 mg/dL | mg/dL |
| SERUM TRYGLYCERIDES <i>Enzymatic colorimetric</i> | 140.9 | < 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL | mg/dL |
| HDL CHOLESTEROL <i>Homogeneous enzymatic colorimetric</i> | 48.8 | Low :: < 40 mg/dL High :: > 60 mg/dL | mg/dL |
| LDL CHOLESTEROL <i>Direct-Enzymatic colorimetric</i> | 151.9 * | Very High : - > 190 mg/dL Optimal : - < 100 mg/dL Near Optimal : 100 - 129 mg/dL High : 160 - 189 mg/dL Borderline High:130-159 mg/dl | mg/dL |
| VLDL <i>Calculation</i> | 28.18 | 2 - 30 mg/dL | mg/dL |
| LDL/HDL RATIO | 3.11 | | |
| CHO/HDL RATIO <i>Calculation</i> | 4.51 * | Normal : - < 3.5 High Risk : - > 5.0 | |

*** End Of Report ***

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DCP



ASHOKA



A Unit of Sahrudaya Health Care Private Limited

LABORATORY REPORT : BIOCHEMISTRY

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| Rept. Dt | : 23-Nov-2024 12:12 PM | Result No | : RSK241119566 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064948 |
| Sample Type | : PLASMA | | |

FBS (FASTING BLOOD GLUCOSE WITH URINE GLUCOSE)

| <u>Parameters</u> | <u>Result</u> | <u>Reference Range</u> | <u>Units</u> |
|--|---------------|--|--------------|
| FASTING BLOOD GLUCOSE <i>Hexokinase</i> | 91.7 | Normal Range : 70 - 99 Impaired Glucose tolerance : 100 -125 Diabetes Mellitus : >=126 | mg/dL |

*** End Of Report ***

Sandeep Kamble
CONSULTANT PATHOLOGIST, MBBS, MD,
CCEBDM



LABORATORY REPORT : BIOCHEMISTRY

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| Rept. Dt | : 23-Nov-2024 03:09 PM | Result No | : RSK241119567 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064947 |
| Sample Type | : SERUM | | |

SERUM CREATININE

| <u>Parameters</u> | <u>Result</u> | <u>Reference Range</u> | <u>Units</u> |
|----------------------------|---------------|------------------------|--------------|
| CREATININE <i>Jaffe</i> | 0.73 | 0.5 - 0.9 | mg/dL |

*** End Of Report ***

P. S. Mehta

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CONSULTANT PATHOLOGIST, MBBS,
DCP



LABORATORY REPORT : BIOCHEMISTRY

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| Rept. Dt | : 23-Nov-2024 03:09 PM | Result No | : RSK241119568 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064947 |
| Sample Type | : SERUM | | |

BUN / CREATININE RATIO

| <u>Parameters</u> | <u>Result</u> | <u>Reference Range</u> | <u>Units</u> |
|--------------------------------------|---------------|------------------------|--------------|
| BUN / CREATININE RATIO CALCULATED | 16.50 | 10-20 mg/dL | mg/dL |

*** End Of Report ***

For Reports Only

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LABORATORY REPORT : BIOCHEMISTRY

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| Rept. Dt | : 23-Nov-2024 03:09 PM | Result No | : RSK241119569 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064947 |
| Sample Type | : SERUM | | |

T3,T4 AND TSH

| <u>Parameters</u> | <u>Result</u> | <u>Reference Range</u> | <u>Units</u> |
|---|---------------|------------------------|--------------|
| T3 ECLIA | 1.12 | 0.8 - 2.0 | ng/mL |
| T4 ECLIA | 8.27 | 5.1 - 14.1 | ug/dL |
| TSH(THYROID STIMULATING HORMONE) ECLIA | 2.55 | 0.270 - 4.20 | uIU/mL |

*** End Of Report ***

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LABORATORY REPORT : BIOCHEMISTRY

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| Rec. Dt | : 23-Nov-2024 10:14 AM | Bill No. | : MCB36241106349 |
| Rept. Dt | : 23-Nov-2024 11:33 AM | Result No | : RSK241119570 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064947 |
| Sample Type | : SERUM | | |

LFT(LIVER FUNCTION TEST)

| Parameters | Result | Reference Range | Units |
|--|--------|-----------------|-------|
| TOTAL PROTEINS <i>Biuret method</i> | 7.58 | 6.0 - 8.0 g/dL | g/dL |
| SERUM ALBUMIN <i>Bromcresol Green (BCG)</i> | 4.40 | 3.5 - 5.2 g/dL | g/dL |
| GLOBULINS <i>Calculated</i> | 3.18 | 2.5 - 3.5 g/dL | g/dL |
| A/G RATIO <i>Calculation</i> | 1 * | 1.2 - 2.5 | |
| SGPT (ALT) <i>UV without P5P</i> | 17.6 | <=33 | U/L |
| SGOT (AST) <i>UV without P5P</i> | 15.1 | <= 32 | U/L |
| TOTAL BILIRUBIN <i>DIAZO</i> | 0.31 | <1.2 | mg/dL |
| DIRECT BILIRUBIN <i>DIAZO</i> | 0.09 | <=0.20 | mg/dL |
| INDIRECT BILIRUBIN <i>Calculated</i> | 0.22 | <=1.0 | mg/dL |
| ALKALINE PHOSPHATASE (ALP) <i>PNPP, AMP Buffer - IFCC Ref.</i> | 92 | 35 - 105 | U/L |

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LABORATORY REPORT : BIOCHEMISTRY

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| Rept. Dt | : 23-Nov-2024 11:33 AM | Result No | : RSK241119570 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064947 |
| Sample Type | : SERUM | | |

*** End Of Report ***

For Reports Only

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LABORATORY REPORT : BIOCHEMISTRY

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| Rept. Dt | : 23-Nov-2024 03:09 PM | Result No | : RSK241119571 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064947 |
| Sample Type | : SERUM | | |

SERUM URIC ACID

| <u>Parameters</u> | <u>Result</u> | <u>Reference Range</u> | <u>Units</u> |
|-----------------------------------|---------------|------------------------|--------------|
| SERUM URIC ACID <i>uricase</i> | 3.7 | 2.4-5.7 | mg/dL |

*** End Of Report ***

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LABORATORY REPORT : CLINICAL PATHOLOGY

| | | | |
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| Rec. Dt | : 23-Nov-2024 10:54 AM | Bill No. | : MCB36241106349 |
| Rept. Dt | : 23-Nov-2024 01:50 PM | Result No | : RSK241119572 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064949 |
| Sample Type | : URINE | | |

CUE(COMPLETE URINE EXAMINATION)

| <u>Parameters</u> | <u>Result</u> | <u>Reference Range</u> | <u>Units</u> |
|--|---------------|------------------------|--------------|
| PHYSICAL EXAMINATION | | | |
| COLOUR | PALE YELLOW | PALE YELLOW | |
| APPEARANCE | CLEAR | CLEAR | |
| BLOOD | ABSENT | | |
| SPECIFIC GRAVITY <i>Bromthymol blue</i> | 1.005 | 1.000 - 1.030 | |
| CHEMICAL EXAMINATION | | | |
| PH <i>Bromthymol blue</i> | 6.0 | 5.0 - 8.0 | |
| PROTEIN <i>Tetra-bromophenol blue/Heat coagulation test</i> | NIL | NIL (<15 mg/dL) | |
| GLUCOSE <i>Glucose oxidase Peroxidase/Benedict's test</i> | PRESENT (+) | NIL (<25 mg/dL) | |
| UROBILINOGEN <i>Diazonium salt</i> | NIL | NIL | |

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LABORATORY REPORT : CLINICAL PATHOLOGY

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| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064949 |
| Sample Type | : URINE | | |

BILIRUBIN NIL NIL (<0.5 mg/dL)
Diazonium salt/Fouchets test

URINE FOR BILE SALTS NEGATIVE

URINE BILE PIGMENTS NEGATIVE

KETONE NIL NIL (<5 mg/dL)
Sodium nitroprusside/Rothera's test.

NITRITE NEGATIVE NEGATIVE
Sulfanilic acid

MICROSCOPIC EXAMINATION

PUS CELLS 1-2 0 - 5 /hpf

RBC OCCASIONAL 0 - 5 /hpf

EPITHELIAL CELLS 1-2 0 - 5 /hpf

CASTS NIL NIL

CRYSTALS NIL NIL

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LABORATORY REPORT : CLINICAL PATHOLOGY

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| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064949 |
| Sample Type | : URINE | | |

BACTERIA

PRESENT

NIL

INTERPRETATION

The colour fields of chemicals correspond to the following values:

1. Proteins: neg (negative), 30-99 (+), 100-499 (++) , >500 (+++) mg/dl
2. Ketones: neg. (negative), 5 (Trace), 15-49 (+), 50-149 (++) , >150 (+++) mg/dl
3. Glucose: norm. (normal), 50-149 (+), 150-499 (++) , 500-999 (+++) , >1000 (++++) mg/dl
4. Bilirubin: neg (negative), 1 (+), 3 (++) , 6 (+++) mg/ dl
5. Urobilinogen: norm. (normal), 2 (+), 4 (++) , 8 (+++) , 12 (++++) mg/dl.

*** End Of Report ***

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LABORATORY REPORT : BLOOD BANK

| | | | |
|-------------|----------------------------------|-----------|-------------------|
| Name | : Ms. SANGEETA KUMARI SRIVASTAVA | Age /Sex | : 48Y Y(s)/Female |
| Bill Date | : 23-Nov-2024 08:05 AM | UMR No. | : NSU119530 |
| Rec. Dt | : 23-Nov-2024 10:18 AM | Bill No. | : MCB36241106349 |
| Rept. Dt | : 23-Nov-2024 01:05 PM | Result No | : RSK241119573 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064950 |
| Sample Type | : WHOLE BLOOD | | |

BLOOD GROUPING AND RH

| <u>Parameters</u> | <u>Result</u> | <u>Reference Range</u> | <u>Units</u> |
|---|---------------|------------------------|--------------|
| BLOOD GROUP Slide Agglutination | A | | |
| RH TYPE | Positive | | |

INTERPRETATION

1. If Rh is Du positive it is best considered as Rh negative as recipient and Rh positive as donor. Proper Cross matching is recommended before transfusion.
2. In case of forward and reverse grouping discrepancy, clinical correlation and repeat sample analysis is recommended.
3. For Infants below 6 months only forward grouping is performed.
4. A sub-grouping is recommended after the age of 6 months.

*** End Of Report ***

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LABORATORY REPORT : HAEMATOLOGY

| | | | |
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| Name | : Ms. SANGEETA KUMARI SRIVASTAVA | Age /Sex | : 48Y Y(s)/Female |
| Bill Date | : 23-Nov-2024 08:05 AM | UMR No. | : NSU119530 |
| Rec. Dt | : 23-Nov-2024 10:18 AM | Bill No. | : MCB36241106349 |
| Rept. Dt | : 23-Nov-2024 12:03 PM | Result No | : RSK241119574 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064951 |
| Sample Type | : WHOLE BLOOD | | |

ESR

| <u>Parameters</u> | <u>Result</u> | <u>Reference Range</u> | <u>Units</u> |
|--|---------------|------------------------|--------------|
| ESR MODIFIED WESTERGREN'S METHOD | 20 | 0 - 20 | mm/1st hour |

*** End Of Report ***

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LABORATORY REPORT : HAEMATOLOGY

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| Rec. Dt | : 23-Nov-2024 10:18 AM | Bill No. | : MCB36241106349 |
| Rept. Dt | : 23-Nov-2024 11:57 AM | Result No | : RSK241119575 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064952 |
| Sample Type | : WHOLE BLOOD | | |

CBP(COMPLETE BLOOD PICTURE)

| <u>Parameters</u> | <u>Result</u> | <u>Reference Range</u> | <u>Units</u> |
|--|---------------|-------------------------------|---------------------|
| HEMOGLOBIN <i>Photometric</i> | 13.2 | 12.0 - 15.0 | gms/dL |
| R B C COUNT <i>Electrical Impedance</i> | 4.87 * | 3.8 - 4.8 10 ¹² /L | 10 ¹² /L |
| PCV/HCT <i>Calculated</i> | 41.2 | 36 - 46 | % |
| MCV <i>Calculated</i> | 84.6 | 83 - 101 | fl |
| MCH <i>Calculated</i> | 27.1 | 27 - 32 | pg |
| MCHC <i>Calculated</i> | 32.0 | 31 - 37 | g/dL |
| RDW(cv) | 19.9 * | 11.6 - 14.0 % | % |
| TLC (TOTAL LEUCOCYTE COUNT) <i>Impedance</i> | 8.00 | 4.0 - 10.0 | 10 ³ /μl |
| DIFFERENTIAL COUNT | | | |
| NEUTROPHILS <i>DHSS/Microscopy</i> | 55 | 40 - 80 % | |

Sandeep Kamble

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LABORATORY REPORT : HAEMATOLOGY

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| Rept. Dt | : 23-Nov-2024 11:57 AM | Result No | : RSK241119575 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064952 |
| Sample Type | : WHOLE BLOOD | | |

| | | | |
|--|-----|------------------------------|--------------------|
| LYMPHOCYTES <i>DHSS/Microscopy</i> | 35 | 20 - 40 % | |
| MONOCYTES <i>DHSS/Microscopy</i> | 06 | 02 - 10 % | |
| EOSINOPHILS <i>DHSS/Microscopy</i> | 04 | 00 - 06 % | |
| BASOPHILS <i>DHSS/Microscopy</i> | 00 | 00 - 01 % | |
| PLATELET COUNT <i>Electrical Impedance</i> | 184 | 150 - 400 $10^3/\mu\text{L}$ | $10^3/\mu\text{L}$ |

*** End Of Report ***

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LABORATORY REPORT : BIOCHEMISTRY

| | | | |
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| Rept. Dt | : 23-Nov-2024 03:09 PM | Result No | : RSK241119982 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367065165 |
| Sample Type | : | | |

PLBS (POST LUNCH BLOOD SUGAR WITH URINE SUGAR)

| <u>Parameters</u> | <u>Result</u> | <u>Reference Range</u> | <u>Units</u> |
|---|---------------|---|--------------|
| PLBS (POST LUNCH BLOOD GLUCOSE) <i>Hexokinase</i> | 110.5 | Norma Range : < 140 mg/dL mpaired Glucose Tolerance : 140-199 mg/dL Diabetes Mellitus : > 200 mg/dL | mg/dL |

*** End Of Report ***

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LABORATORY REPORT : BIOCHEMISTRY

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| Rept. Dt | : 23-Nov-2024 12:12 PM | Result No | : RSK241119576 |
| Ref By | : Dr. ER PHYSICIAN | Sample ID | : MCN367064947 |
| Sample Type | : SERUM | | |

BUN(BLOOD UREA NITROGEN)

| <u>Parameters</u> | <u>Result</u> | <u>Reference Range</u> | <u>Units</u> |
|--|---------------|------------------------|--------------|
| BLOOD UREA <i>Urease kinetic</i> | 25.8 | 16.6 - 48.5 | mg/dL |
| BUN (Blood Urea Nitrogen.) | 12.05 | | |

*** End Of Report ***

Sandeep Kamble
CONSULTANT PATHOLOGIST, MBBS, MD,
CCEBDM

**ASHOKA**

A Unit of Sahrudaya Health Care Private Limited

Transthoracic Echocardiography Report

NAME: Mrs. Sangeeta Kumari Srivastava

AGE / SEX: 48year /F

UMR No: 119530

DATE:23/11/2024

Comments on Echo Doppler evaluation

| DIMENSIONS | | | |
|------------------------|----------|---------------------|-------|
| | In mm | | In mm |
| Left Ventricle (ED) | 42 | Left Ventricle (ES) | 24 |
| Aorta | 26 | Left Atrium | 27 |
| IVS Thickness (ED) | 10 | LVPW Thickness (ED) | 10 |
| Right Ventricular (ED) | | | |
| LV EF | 60-65 %. | | |

- All valves are structurally normal.
- Normal dimensions of all cardiac chambers. LV is of normal shape, with normal cavity size & normal wall thickness
- No regional wall motion abnormalities at rest.
- Normal left ventricular systolic function. The LVEF is 60-65 %.
- No Diastolic Dysfunction.
- No PH.
- There are no intracardiac clots or vegetation. No pericardial effusion.
- IVC collapsing with inspiration. Normal Arch.

Summary :

- Normal dimensions of all cardiac chambers.
- Normal biventricular systolic function, LVEF = 60-65%

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MD, DM (AIIMS, New Delhi), FESC, FSCAI
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Sr Consultant Interventional Cardiology

Dr. Kanchan Bhambare
MBBS, DNB (Med), DNB (Card)
Reg No : 2011/06/1869
Consultant - Interventional Cardiology

Dr. Girish Bachhav
MBBS, DNB (Medicine), DNB (Card)
Reg. No. : 2008/09/3367
Consultant Interventional Cardiology

Note: A Normal echo does not rule out CAD. To correlate clinically.

119530

SANGEETA KUMARI

Female

23-Nov-24 08:45:57 AM

ASHOKA MEDICOVER NASHIK

Rate 80 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
 RR 750 . Sinus rhythm.....normal P axis, V-rate 50-99
 PR 131 . RSR' in V1 or V2, right VCD or RVH.....QRS area positive & R' V1/V2
 QRS 84 . Baseline wander in lead(s) V3,V5,V6
 QT 342
 QTc 395

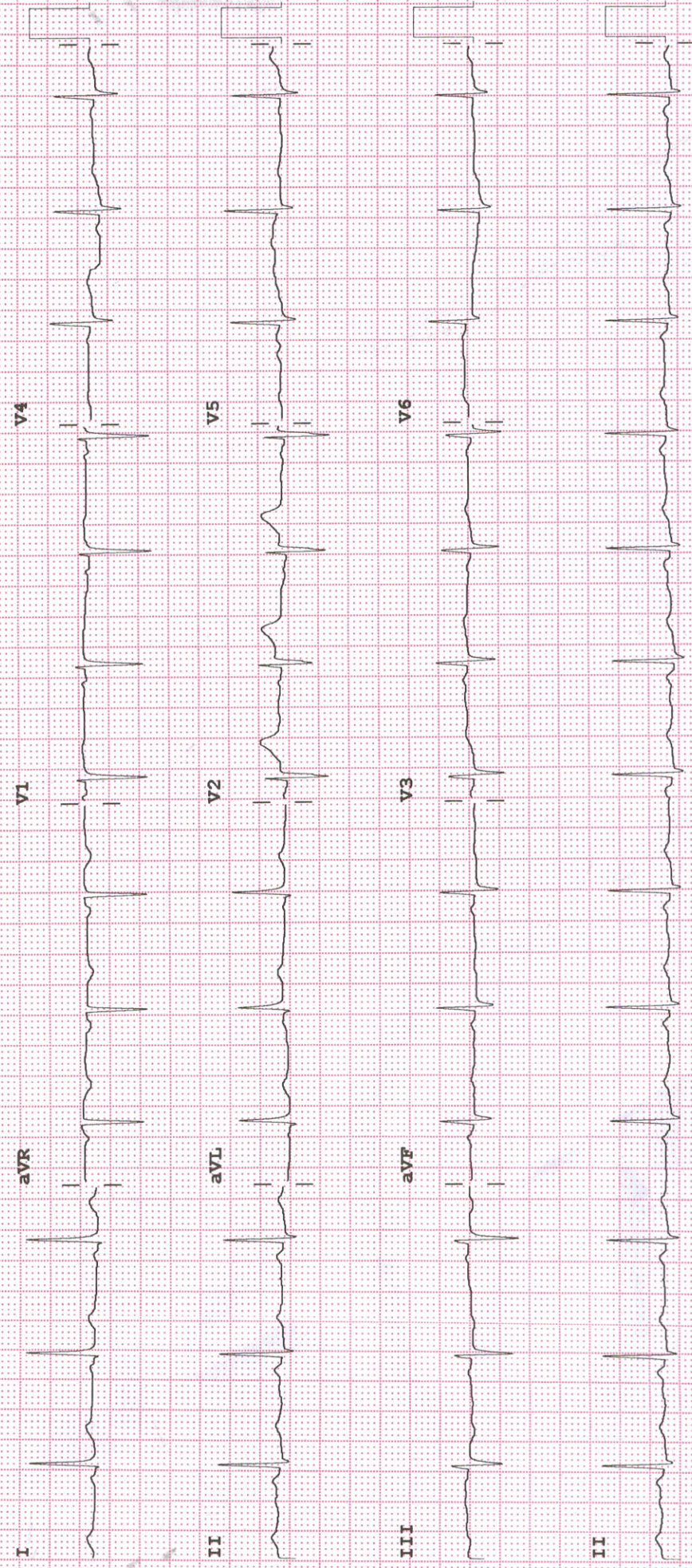
--AXIS--

P 48
 QRS 10
 T 5

12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device: CNI2222350 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

100B CL P2



X.21



| | | | |
|----------------------|-------------|---------------|---------------------|
| Patient ID: | NSU119530 | Patient Name: | SANGEETA SRIVASTAVA |
| Age: | | Sex: | |
| Accession Number: | | Modality: | US |
| Referring Physician: | | Study: | |
| Study Date: | 23-Nov-2024 | | |

ULTRASOUND REPORT – ABDOMEN & PELVIS

LIVER: Is normal in size (14.2cm) with mildly increased parenchymal echotexture. No mass lesion. No IHBRD. Portal vein is normal. CBD is normal.

GALL BLADDER: Is distended. Few (4-5) calculi of avg. size 5mm noted. No pericholecystic collection. Wall thickness is normal.

SPLEEN: Is normal in size (9.6cm) and shows normal echotexture. No focal lesion.

PANCREAS: Head and body appear normal. Tail is obscured by bowel gases. Para aortic region appears normal.

KIDNEYS:

Both kidneys are normal in size & show normal parenchymal echogenicity with maintained CMD.

Right kidney measures 11.2x4.3 cm. No calculus identified. No hydronephrosis. Ureter is not dilated.

Left kidney measures 10.9x5.5 cm. No calculus identified. No hydronephrosis. Ureter is not dilated.

URINARY BLADDER: Is well distended. Lumen is clear. Wall thickness is normal.

UTERUS: Is atrophic – post menopausal status.

Bilateral adnexa clear.

Bowel loops not dilated.

No ascites.

A defect of 7mm is noted in anterior abdominal wall at umbilicus through which omental fat is seen herniating.

IMPRESSION:

- **Grade I fatty liver.**
- **Cholelithiasis. No evidence of cholecystitis.**
- **Umbilical hernia.**

Clinical correlation is suggested.

DR. ANIRUDDHA BIYANI
MBBS, DMRD
CONSULTANT RADIOLOGIST

Date: 23-Nov-2024 10:13:09



| | | | |
|-----------------------------|-------------|----------------------|------------------------------------|
| Patient ID: | NSU119530 | Patient Name: | SANGEETA SRIVASTAVA 48Y/F PD HC |
| Age: | | Sex: | O |
| Accession Number: | | Modality: | CR |
| Referring Physician: | | Study: | BREAST |
| Study Date: | 23-Nov-2024 | | |

BILATERAL MAMMOGRAPHY

Bilateral mammograms have been obtained using a low radiation dose film screen technique in the craniocaudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.

Findings:

Both breasts reveal mixed fatty and fibroglandular parenchyma.
There is no obvious evidence of a focal spiculated mass lesion, architectural distortion, focal asymmetry or clusters of microcalcifications seen to suggest presence of a malignancy.
Nipple and subcutaneous tissues are normal.
Few subcm lymph nodes are noted in bilateral axillae.
No significant axillary lymphadenopathy.

IMPRESSION:

No significant abnormality is seen on this study. (BIRADS 1).
Suggested follow up mammogram after one year for routine screening purpose.

| |
|---|
| BIRADS CLASSIFICATION FOR BREAST IMAGING REPORTING |
| X – Needs further investigation. |
| 0 – Incomplete study. |
| 1 – Negative - No findings. |
| 2 – Benign Findings. |
| 3 – Probably Benign – Short term follow up suggested. |
| 4 – A – Low suspicion of malignancy but needs intervention. |
| 4 – B – Intermediate suspicion of malignancy. |
| 4 – C – High suspicion of malignancy. |
| 5 – Highly suggestive of malignancy. |

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Date: 23-Nov-2024 10:22:03



| | | | |
|----------------------|-------------|---------------|--|
| Patient ID: | NSU119530 | Patient Name: | SANGEETA KUMARI SRIVASTAVA 48Y/F OPD FHC |
| Age: | | Sex: | F |
| Accession Number: | | Modality: | DX |
| Referring Physician: | DR.CMO | Study: | Chest |
| Study Date: | 23-Nov-2024 | | |

X RAY CHEST PA VIEW

Both lungs are clear.

The frontal cardiac dimensions are normal.

The pleural spaces are clear.

Both hilar shadows are normal in position and density.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.

Impression:

- No significant abnormality is seen.

Suggested clinical correlation/ further evaluation.

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Date: 23-Nov-2024 13:33:37