Dr. Vimmi Goel

Head - Non Invasive Cardiology Incharge - Preventive Health Care MBBS, MD (Internal Medicine) Reg. No: MMC- 2014/01/0113

Preventive Health Check up
KIMS Kingsway Hospital Nagpur

Phone No.: 7499913052



| Name : | Mrs.   | · yog      | ita s               | sedi | mare        |     | Date: 20 11 24. |       |
|--------|--------|------------|---------------------|------|-------------|-----|-----------------|-------|
| Age :  | 364    | Sex : MF W | eight : <u>52</u> - | 5 kg | Height: 146 | inc | вмі: 24.3       |       |
| BP :   | 110/75 | mmHg       | Pulse :             |      | 2           |     | RBS:            | mg/dl |



MOTHER & CHILD CENTRE Dr. Mugdha Jungari (Gill) MBBS, MS , DNB (OBGY), FMAS Sr. Consultant Obstetrics & Gynaecology High Risk Pregnancy Expert & Laparoscopic Surgeon Reg. No: 2020126915 BMI: \_ CMP- 30/10/24 P. LMTP, Both PS- pap taka

Sup smear Report

The

#### **Dr. Rahul Atara**BDS, MDS (Endodontics) Reg. No: A-16347



| Name: Moss. Yogista bedmake | Date: 20/11/24 |
|-----------------------------|----------------|
| Age:kg Height:inc BMI: _    |                |
| BP:mmHgPulse.               | mg/d           |
| Allergy:                    |                |
| Routine Dental Checkup      |                |
| PMH - NRH                   |                |
| PDH - MRH                   |                |
| Ole-                        |                |
| - Abrasion E 3/3.           |                |
| Colculus +                  |                |
| - Carres E - 18             |                |
| Advice. Restoration & 3/3   |                |
| Oral Prophylonis            |                |
| 508 extraction c - 18       |                |

Dr. Jidnyaba

KIMS-KINGSWAY HOSPITALS KIMS - Kingsway Hospitals
(A Unit of SPANV Medisearch Lifesciences Pvt. Ltd.) Kingsway, Near Kasturchand Park, Nagpur, Maharashtra, India - 440001.

Email :assistance@kimshospitals.com|Website :www.kimshospitals.com Ph No.:1800 266 8346|Mobile No.:+91-7126789100

DEPARTMENT OF OPHTHALMOLOGY

**OUT PATIENT ASSESSMENT RECORD** 

| YOGITA SEDMAKE                                                      | C         | <b>CONSULT DATE</b> : 20-11-2024 | 20-11-2024          | DR. ASHISH PRAKASHCHANDRA |
|---------------------------------------------------------------------|-----------|----------------------------------|---------------------|---------------------------|
| 36Y(S) 3M(S) 21D(S)/F                                               | c         | CONSULT ID                       | : OPC2425092148     | KAMBLE                    |
| UMR2324008619                                                       | C         | CONSULT TYPE : WALK IN           | WALK IN             | MBBS,MS, FVRS,FICO        |
| 8779314924                                                          | <         | VISIT TYPE                       | NORMAL              | CONSULTANT                |
| MARRIED                                                             |           | TRANSACTION                      |                     | DEPT OPHTHALMOLOGY        |
|                                                                     | _         | TYPE                             |                     |                           |
| VITALS                                                              |           |                                  | CHIEF COMPLAINTS    | NT8                       |
|                                                                     |           |                                  |                     |                           |
| Temp: Pulse: BP (mmHg): spO2: Pain Score: Height:*F - /min%RA/10cms | - %RA /10 | Score : Height :<br>cms          | ROUTINE EY CHECK UP | CK UP                     |
| Weight: BMI:                                                        |           |                                  |                     |                           |
| kgs                                                                 |           |                                  |                     |                           |
| MEDICATION PRESCRIBED                                               | Ö         |                                  |                     |                           |
| * Medicine                                                          |           |                                  | •                   |                           |

| # Medicine Route Dose Frequency When Duration  HYMIOIST EYE Eye 1-1-1-1 Every Day NA 2 Months    DROP 10ML   Instructions : BOTH EYES |         |           |      |          |
|---------------------------------------------------------------------------------------------------------------------------------------|---------|-----------|------|----------|
| Eye         1-1-1-1         Every Day         NA         2 Month           Instructions : BOTH EYES                                   | Dose    | Frequency | When | 2        |
| Instructions : BOTH EYES                                                                                                              | 1-1-1-1 | Every Day |      | 2 Months |
|                                                                                                                                       |         |           |      |          |

| * | Medicine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Route                    | Dose    | Frequency | When |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------|-----------|------|
| _ | HYMOIST EYE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Eye                      | 1-1-1-1 | Every Day | ž    |
| _ | DROP 10ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Instructions : BOTH EYES | HEYES   |           |      |
| _ | COMPANY STANDARD STAN |                          |         |           |      |

| *            | Medicine                                 |               | Route                   |              | Dose       | Frequency | When |
|--------------|------------------------------------------|---------------|-------------------------|--------------|------------|-----------|------|
|              | HYMOIST EYE                              | T m           | Eye                     |              | 1-1-1-1    | Every Day | N    |
|              | DROP 10ML                                | -             | Instructions: BOTH EYES | s:BOTH       | EYES       |           |      |
|              | Composition: SODIUM HYALURONATE 0.1% W/V | UM HYAL       | URONATE 0               | 1% W/V       |            |           |      |
| NOTES        | E                                        |               |                         |              |            | _         |      |
| 1510<br>1510 | GLASS PRESCRIPTION :-<br>DISTANCE VISION | <b>9</b><br>∵ |                         |              |            |           |      |
| EYE          |                                          | SPH           | !                       |              |            |           |      |
| BE           | RIGHT EYE 00                             |               | CXL                     | AXIS         | NOISIN     |           |      |
| LEFT ENE     | <b>EYE</b> 00                            | 8             | 00 675                  | AXIS<br>00   | S/6 VISION |           |      |
| Ě            |                                          | ° 8           | 00 00 675               | 90 <b>20</b> | 6/6 VSON   |           |      |
|              | NEAR ADDITION                            | <b>6 5</b>    | 00 <b>00 CY</b>         | 00 AXIS      | 6/6 VISION |           |      |

-2024 14:16:55

REMARK-blue cut / arc glasses

LEFT EYE

+1.00d

Š





### KIMS-KINGSWAY

KIMS-KINGSWAY HOSPITALS

## CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Received Dt Bill No/ UMR No :BIL2425065504/UMR2324008619 : Mrs. YOGITA SEDMAKE : 20-Nov-24 10:34 am Age /Gender

**Patient Name** 

Referred By :Dr. Vimmi Goel MBBS,MD :36 Y(s)/Female

Report Date :20-Nov-24 12:10 pm

<u>Parameter</u> HAEMOGRAM

3.8 - 4.8 Millions/cumm 36.0 - 46.0 % 12.0 - 15.0 gm% <u>Biological Reference</u> Method Photometric Calculated

31.9 28.6 90 27 - 32 pg 83 - 101 fl

Calculated

Photometric Calculated

Mean Cell Haemoglobin Mean Cell Haemoglobin (MCH)

Mean Cell Volume (MCV)

4.48 40.3 12.8

Haematocrit(PCV)

Blood Specimen

Results

Haemoglobin

RBC Count

Concentration (MCHC)

11.5 - 14.0 % 31.5 - 35.0 g/l

4000 - 11000 cells/cumm 150 - 450 10^3/cumm

10000 391 14.1

DIFFERENTIAL COUNT

WBC Count Platelet count

microscopy Flow Cytometry/Light

Impedance Impedance Calculated Calculated

50 - 70 %

microscopy Flow Cytometry/Light microscopy Flow Cytometry/Light

microscopy Flow Cytometry/Light

0-1 % 2 - 10 % 1-6 % 20 - 40 %

Basophils

Monocytes Eosinophils Lymphocytes Neutrophils

20 - 500 /cumm 1000 - 4800 /cumm 2000 - 7000 /cumm Calculated microscopy Flow Cytometry/Light

0 - 100 /cumm 200 - 1000 /cumm Calculated Calculated

Absolute Basophil Count Absolute Monocyte Count Absolute Eosinophil Count

0 670 250 4330 4750 0.0 6.7 2.5 43.3 47.5

Absolute Lymphocyte Count Absolute Neutrophil Count

Calculated Calculated

Page 1 of 2







## CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

**Patient Name** : Mrs. YOGITA SEDMAKE

Bill No/ UMR No

Received Dt : BIL2425065504/UMR2324008619 : 20-Nov-24 10:34 am

PERIPHERAL SMEAR

Specimen

<u>Parameter</u>

Age /Gender :36 Y(s)/Female

Referred By Dr. Vimmi Goel MBBS,MD

Results Report Date Biological Reference Method :20-Nov-24 12:10 pm

As above Normocytic Normochromic

Adequate

0 - 20 mm/hr

ESR **Platelets** WBC RBC

\*\*\* End Of Report \*\*\*

Westergren's Method Automated

Suggested Clinical Correlation \* If neccessary, Please

Verified By : : 11100511

Test results related only to the item tested.

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Dr. GAURI HARDAS, MBBS,MD CONSULTANT PATHOLOGIST





## CLINICAL DIAGNOSTIC LABORATORY

### **DEPARTMENT OF BIOCHEMISTRY**

**Received Dt** Bill No/ UMR No : BIL2425065504/UMR2324008619 : 20-Nov-24 10:34 am

Patient Name

: Mrs. YOGITA SEDMAKE

Referred By Age /Gender : Dr. Vimmi Goel MBBS,MD : 36 Y(s)/Female

Report Date

:20-Nov-24 11:38 am

Results

< 100 mg/dl Biological Reference GOD/POD,Colorimetric Method

HbA1c GLYCOSYLATED HAEMOGLOBIN (HBA1C)

Fasting Plasma Glucose <u>Parameter</u>

Plasma Specimen

4.8

Non-Diabetic: <= 5.6 % Pre-Diabetic: 5.7 - 6.4 %

Diabetic : >= 6.5 %

\*\*\* End Of Report \*\*\*

Suggested Clinical Correlation \* If neccessary, Please

Verified By:: 11100511

Test results related only to the item tested.

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Dr. Suwarna Kawade, MBBS,MD (Pathology) CONSULTANT







## CLINICAL DIAGNOSTIC LABORATORY

**DEPARTMENT OF BIOCHEMISTRY** 

Received Dt Bill No/ UMR No : BIL2425065504/UMR2324008619 **Patient Name** : 20-Nov-24 10:34 am : Mrs. YOGITA SEDMAKE Report Date Referred By Age /Gender :Dr. Vimmi Goel MBBS,MD : 36 Y(s)/Female

: 20-Nov-24 12:25 pm

#### LIPID PROFILE

|   | <u>Parameter</u>                                           | Specimen Results | Results |                           | Method                     |
|---|------------------------------------------------------------|------------------|---------|---------------------------|----------------------------|
| " | Total Cholesterol                                          | Serum            | 188     | < 200 mg/dl               | Enzymatic(CHE/CHO/PO<br>D) |
| , | Triglycerides                                              |                  | 113     | < 150 mg/dl               |                            |
|   | HDL Cholesterol Direct                                     |                  | 43      | > 50 mg/dl                |                            |
|   | LDL Cholesterol Direct                                     |                  | 130.78  | < 100 mg/dl               |                            |
|   | VLDL Cholesterol                                           |                  | 23      | < 30 mg/dl                |                            |
|   | Tot Chol/HDL Ratio                                         |                  | 4       | 3-5                       |                            |
|   | Intiate therapeutic                                        |                  |         | Consider Drug therapy     | <u>LDC-C</u>               |
|   | CHD OR CHD risk equivalent                                 |                  | >100    | >130, optional at 100-129 | <100                       |
|   | Multiple major risk factors conferring 10 yrs CHD risk>20% | nferring         |         |                           |                            |
|   | Two or more additional major risk                          | risk             | >130    | 10 yrs risk 10-20 % >130  | <130                       |
|   | factors,10 yrs CHD risk <20%                               |                  |         | 10 yrs risk <10% >160     |                            |
|   | No additional major risk or one                            | Ф                | >160    | >190,optional at 160-189  | <160                       |
|   | additional major risk factor                               |                  |         |                           |                            |

\*\*\* End Of Report \*\*\*

Suggested Clinical Correlation \* If neccessary, Please

Verified By : : 11100026

Test results related only to the item tested.

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Dr. GAURI HARDAS, MBBS,MD **CONSULTANT PATHOLOGIST** 







## CLINICAL DIAGNOSTIC LABORATORY

MC-6773

### DEPARTMENT OF BIOCHEMISTRY

**Patient Name** : Mrs. YOGITA SEDMAKE

Age /Gender :36 Y(s)/Female

Bill No/ UMR No : BIL2425065504/UMR2324008619 Received Dt : 20-Nov-24 10:34 am

Referred By Report Date :20-Nov-24 11:38 am : Dr. Vimmi Goel MBBS, MD

LIVER FUNCTION TEST(LFT)

|                 |                 | Serim                | Parameter Specimen |
|-----------------|-----------------|----------------------|--------------------|
| 61.0            | 2 6             | 0.56                 | an Desuits         |
| 0.1 - 0.3 mg/dl | 0.2 - 1.3 mg/dl | Biological Reference | !                  |

**Method** 

0.1 - 1.1 mg/dl ...9/6

3.5 - 5.0 gm/dl 6.3 - 8.2 gm/dl 13 - 35 U/L 13 - 45 U/L 38 - 126 U/L

8.19 4.63

23 17 81 0.37

2.0 - 4.0 gm/dl

Binding

Bromocresol green Dye

3.57

\*\*\* End Of Report \*\*\*

Globulin

Albumin Serum Serum Total Protein SGOT/AST SGPT/ALT Alkaline Phosphatase

A/G Ratio

Suggested Clinical Correlation \* If neccessary, Please

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Test results related only to the item tested.

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## CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

**Patient Name** 

Received Dt Bill No/ UMR No : BIL2425065504/UMR2324008619 : 20-Nov-24 10:34 am : Mrs. YOGITA SEDMAKE Referred By Report Date Age /Gender :20-Nov-24 11:38 am : Dr. Vimmi Goel MBBS,MD :36 Y(s)/Female

|                       | Potassium        | Sodium               | GFR                      | Creatinine        | Blood Urea        | Parameter            |
|-----------------------|------------------|----------------------|--------------------------|-------------------|-------------------|----------------------|
|                       |                  |                      |                          |                   | Serum             | Specimen             |
| *** End Of Report *** | 4.70             | 136                  | 119.2                    | 0.6               | 17                | Result Values        |
| ort ***               | 3.5 - 5.1 mmol/L | 136 - 145 mmol/L     | >90 mL/min/1.73m square. | 0.52 - 1.04 mg/dl | 15.0 - 36.0 mg/dl | Biological Reference |
|                       | electrode        | Direct ion selective |                          |                   |                   | Method               |

Suggested Clinical Correlation \* If neccessary, Please

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## CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Received Dt BIII No/ UMR No Patient Name : BIL2425065504/UMR2324008619 : Mrs. YOGITA SEDMAKE Referred By Age /Gender Dr. Vimmi Goel MBBS, MD :36 Y(s)/Female

: 20-Nov-24 10:34 am Report Date :20-Nov-24 12:25 pm

THYROID PROFILE

Ħ Free T4 <u>Parameter</u> Serum <u>Specimen</u> 4.02 1.31 Results 1.36 0.50 - 4.80 uIU/ml 0.80 - 1.70 ng/dl 0.55 - 1.70 ng/ml Biological Reference Method chemiluminescence Enhanced

\*\*\* End Of Report \*\*\*

Dr. GAURI HARDAS, MBBS,MD **CONSULTANT PATHOLOGIST** 

Suggested Clinical Correlation \* If neccessary, Please

Verified By : : 11100026

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KIMS-KINGSWAY

## CLINICAL DIAGNOSTIC LABORATORY

### DEPARTMENT OF PATHOLOGY

Received Dt BIII No/ UMR No Patient Name : 20-Nov-24 10:49 am : BIL2425065504/UMR2324008619 : Mrs. YOGITA SEDMAKE Report Date Referred By Age /Gender : Dr. Vimmi Goel MBBS, MD :36 Y(s)/Female :20-Nov-24 12:07 pm

### **URINE MICROSCOPY**

|                       |          |        |                  |            |            |                         |           |                    |                       |          |                               |          |               |                   |                      |            |             |        | /                              |
|-----------------------|----------|--------|------------------|------------|------------|-------------------------|-----------|--------------------|-----------------------|----------|-------------------------------|----------|---------------|-------------------|----------------------|------------|-------------|--------|--------------------------------|
|                       | Crystals | Casts  | Epithelial Cells | R.B.C.     | Pus Cells  | MICROSCOPIC EXAMINATION | Bilirubin | Urobilinogen       | Ketone Bodies         | Sugar    | Urine Protein                 | Nitrate  | Reaction (pH) | Specific gravity  | CHEMICAL EXAMINATION | Appearance | Colour.     | Volume | Parameter PHYSICAL EXAMINATION |
|                       |          |        |                  |            |            | NON                     |           |                    |                       |          |                               |          |               |                   |                      |            |             | Urine  | Specimen Results               |
| *** End Of Report *** | Absent   | Absent | 0-1              | Absent     | 0-1        |                         | Negative  | Normal             | Negative              | Negative | Negative                      | Negative | 5.0           | 1.015             |                      | Clear      | Pale yellow | 30 ml  | Results                        |
| port ***              |          | Absent | 0 - 4 /hpf       | 0 - 4 /hpf | 0 - 4 /hpf |                         | Negative  | Normal             | Negative              | Negative | Negative                      | Negative | 4.6 - 8.0     | 1.005 - 1.025     |                      | Clear      |             |        | Biological Reference           |
|                       |          |        |                  |            |            |                         | Diazonium | Ehrlich's Reaction | Legal's est Principle | GOD/POD  | protein error of pH indicator |          | Indicators    | ion concentration |                      |            |             |        | Method                         |

Suggested Clinical Correlation \* If neccessary, Please

Verified By : : 11100997

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## CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

BIII No/ UMR No **Patient Name** : BIL2425065504/UMR2324008619 : Mrs. YOGITA SEDMAKE Age /Gender :36 Y(s)/Female

Referred By : Dr. Vimmi Goel MBBS, MD

: 20-Nov-24 10:49 am Report Date :20-Nov-24 12:07 pm

**USF(URINE SUGAR FASTING)** 

Received Dt

Urine Glucose <u>Parameter</u>

<u>Specimen</u>

Negative Result Values **Biological Reference** 

Method

\*\*\* End Of Report \*\*\*

Suggested Clinical Correlation \* If neccessary, Please

Verified By : : 11100997

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#### KIMS-KINGSWAY KIMS-KINGSWAY

HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF IMMUNO HAEMATOLOGY

Received Dt Bill No/ UMR No : BIL2425065504/UMR2324008619 :20-Nov-24 10:34 am Referred By Report Date Age /Gender :Dr. Vimmi Goel MBBS,MD :36 Y(s)/Female

:20-Nov-24 12:32 pm

**Patient Name** 

: Mrs. YOGITA SEDMAKE

BLOOD GROUP. <u>Parameter</u> EDTA Whole Specimen Results

BLOOD GROUPING AND RH

Blood & Plasma/ . 0

Gel Card Method

\*\*\* End Of Report \*\*\* " Positive "(+Ve)

Rh (D) Typing.

Suggested Clinical Correlation \* If neccessary, Please

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Dr. Suwarna Kawade, MBBS,MD (Pathology) CONSULTANT

Test results related only to the item tested. Verified By : : 11100511



## DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

| Z0-11-2024 13:54           | ACCESSION NO.                  | ACCESSION NO  | ק                   | NAME           |
|----------------------------|--------------------------------|---------------|---------------------|----------------|
| 20-11-2024 13:54           | ACCESSION NO. BILZ4Z5065504-10 | 3013W1220 / F | 16V1M17D /E         | VOCITA SEDMAKE |
| REFERRED BY Dr. Vimmi Goel | MODALITY                       | HOSPITAL NO.  | STUDYDATE           |                |
| Dr. Vimmi Goel             | DX                             | UMR2324008619 | 20-11-2024 12:01:51 |                |

### X-RAY CHEST PA VIEW

Both the lung fields are clear.

Heart and Aorta are normal

Be hilar shadows appear normal

Diaphragm domes and CP angles are clear.

Bony cage is normal

IMPRESSION -No pleuro-parenchymal abnormality seen.

SEN OR CONSULTANT RADIOLOGIST. MBBS, MD [076125] DR NAVEEN PUGALIA

N.B.: This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to Application (1685ciences Private Limited Hence, correlation with clinical findings and other investigations should be carried out to know the nature of liness.

Phone: +91 0712 6789100 CIN: U74999MH2018PTC303510



|             | REF BY       |            | UMR NO:       | PATIENT NAME:  |
|-------------|--------------|------------|---------------|----------------|
| COCE        | DR VIMMI GOE | £754000019 | 7374000610    | YOGITA SEDMAKE |
| DATE:       |              | BILL NO:   | 70E/3EX:      |                |
| 20/NOV/2024 | 4423065504   | TATEOGREGA | 36 YRS/FEMALE |                |

#### USG WHOLE ABDOMEN

PORTAL VEIN and CBD are normal in course and caliber. No evidence of any focal lesion seen. Intrahepatic billiary radicals are not dilated. LIVER is normal in size, shape and shows normal echotexture.

Wall thickness is within normal limits. GALL BLADDER is physiologically distended. No stones or sludge seen within it.

Visualized head and body of PANCREAS is normal in shape, size and echotexture.

SPLEEN is normal in size shape and echotexture. No focal lesion seen

URETERS are not dilated. No evidence of calculus or hydronephrosis seen. Both KIDNEYS are normal in shape, size and echotexture. Right kidney measures 9.5 x 3.5 cm and left kidney measures 9.0 x 4.0 cm  $^{\circ}$ 

URINARY BLADDER is partially distended. No calculus or mass lesion seen.

Endometrial echo-complex appears normal. ET – 6mm. No focal myometrial lesion seen. Uterus is retroverted and normal. It measures 7.9  $\times$  3.8  $\times$  5.7 cm

No adnexal mass lesion seen.

There is no free fluid or abdominal lymphadenopathy seen.

#### IMPRESSION:

Suggest clinical correlation / further evaluation. No significant visceral abnormality seen.

SENIOR CONSULTANT RADIOLOGIST MBBS, MD [076125] DR NAVEEN PUGALIA angula s



# <u> 2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT</u>

Patient Name Mrs. Yogita Sedmake

SMR 36 years / female 2324008619

Date 20/11/2024

Done by Dr. Vimmi Goel

Blood pressure: 110/75 mm Hg (Left arm, sitting position) NSR, Minor St-T changes

## Impression: Normal 2D Echocardiography Study

E/E' is 8.5 (Normal filling pressure) Normal LV diastolic function Good LV systolic function, LVEF 66% No RWMA of LV at rest Normal chambers dimensions Trivial MR E/A is 2.6

IVC is normal in size and collapsing well with respiration No pulmonary hypertension No clots or pericardial effusion

Comments:

Sector echocardiography was performed in various conventional views (PLAX, SSAX, AP4 CH and 5 CH views). LV size normal. There is no RWMA of LV seen at rest. Good LV systolic function. LVEF 66%. Normal LV diastolic function. E Velocity is 114 cm/s, A Velocity is 42 cm/s. E/A is 2.6. Trivial MR. No Pulmonary Hypertension. IVC normal in size and collapsing well with respiration. Pericardium is normal. No clots or pericardial effusion seen.

E'at medial mitral annulus is 12.8 cm/sec & at lateral mitral annulus is 14.1 cm/sec.

### M Mode echocardiography and dimension:

| Dr. Vimmi Goel | Fractional Shortening | LVEF %   | LVPW (d) | IVS (d) | LVIDs | LVIDd | Aortic root | Left atrium   |            |
|----------------|-----------------------|----------|----------|---------|-------|-------|-------------|---------------|------------|
|                | ~ 60%                 | 6-11     | 6-11     | 23-39   | 35-55 | 20-37 | 19-40       | (adults)      | Normal     |
|                | ~60%                  | 4-8<br>8 | 4-2      | 6-28    | 8-47  | 7-28  | 7-37        | (children)    | range (mm) |
| 33%            | 66%                   | 09       | 38       | 20      | 22    | 21    |             | Observed (mm) | 2          |

MD, Sr. Consultant Non-invasive Cardiology Fellow Indian Academy of Echocardiography (FIAE)

