

Consult. PHYSIO/DIET/DENTAL

2:20 ✓ 2:30 PM

**Blood Pressure** : 110/70 mm of Hg

**Height** : 158 cm

**Weight** : 76 Kg

**Body Mass Index** : 30.5

**EMERGENCY**

**ACCIDENT & TRAUMA LINE**

---



Medicine Delivery at Your Doorstep Call.:  
**07720965555**

**Dr Sheela S. Mundhada**

MD, MBBS, MHA&M  
Consultant Transfusion Medicine  
Fellow UICC trained at MD Anderson Cancer Centre, USA  
Medical Director  
Mobile: 9422113811  
E-mail: jjbb21@hotmail.com

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**Dr. Ravi Wankhed**

Ex Sqn Ldr (IAF), MBBS, L  
Consultant Transfusion Me  
Medical Director  
Mobile: 9423683350  
Email: raviwankhede@gmail.

**Blood Group Report****Name of the Patient :** ANAMIKA . SURYAWANSHI**Age :** 33 Year **Gender :** Female**Patient Sample ID :** JJ22-R13729**Hospital IP NO:** 330809**Referred By Hospital :** Wockhardt Super Speciality Hosp**Sample Received :** EDTA / PLAIN**Date & Time of Sample Receiving :** 25/Nov/2022 11:49 AM**Adequacy of Sample :** Adequacy**Investigation Required :** Blood Group**Date of Release of Report :** 25/Nov/2022 12:43 PM**Report****Forward Red Cell Blood Group :** O**Reverse Serum Blood Group :** O**Rh Typing :** Rh Positive**Final Blood Group:** O Rh Positive

**Opinion :** If there is any Blood group discrepancy, it may be because of the irregular antibody present in the blood. This requires proper evaluation of Antibody Identification and Rh Phenotyping.

**Remark :****Principle of the Test :**

As the Matrix gel card containing red blood cells is centrifuged under specific conditions, the red blood cells sensitized with antibody will agglutinate in the presence of the Anti- Human Globulin reagent in the gel matrix and will be trapped in the gel column. The red blood cells, which do not react are not trapped in the gel matrix and are pelleted at the bottom of the column.

The reactions are then read and graded according to their reactivity pattern.

**End of Report****Tested By :** Sanjay**Verified By :** Dr. Deepika Jain

FDA LIC No. ND/BB/11  
SBTC Certified Regional Blood Transfusion Centre  
SBTC/ RBTC Reg. No. 005  
Govt. of Maharashtra & NACO recognized  
Run by Jeevan Jyoti Health Care & Research Trust  
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& Apheresis in  
Central India

**Sign Of M.O. :**



**Dr. Swarup Verma**  
Consultant - Internal Medicine  
MBBS, DNB (Medicine)  
swarup.verma@wockhardthospitals.com  
Registration No. - 2007062473

**WOCKHARDT**  
HOSPITALS

**LIFE**  
**WINS**

Health. Check up.

Date: 25/11/22  
Name: Mrs Anurika Suryawasthi  
UHID: \_\_\_\_\_  
Primary Diagnosis: \_\_\_\_\_

T-Afebrile / Febrile	___ OF
P-	___ / min
R-	___ / min
B.P.-	___ / ___ mmHg
Pain - Yes / No	_____
Fall Risk : Yes / No	_____

Chief Complaints :

R<sub>x</sub>

Ep  
P. ~~Methylobol~~ → \_\_\_\_\_  
o — o × 2 months

Dr. Kimmeter  
Sm  
of pain

2) P. Topley 500  
o — o × 7 days

3) Sep. UT calm 10ml PDS - (1)

8

FOLLOW-UP AFTER  
\_\_\_\_\_ DAYS



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CIN: U85100MH1991PLC063096

**Dr. Siddhartha Saoji**  
M.S. (ENT), Fellowship in Functional  
Endoscopic Sinus Surgery (FESS)  
Consultant- ENT  
Regd No.- 2017/10/4854



Date : 25/11/20

Name : Mrs. Anamika. Suryawarshi

UHID :

Primary Diagnosis :

ENT checkup

Chief Complaints :

Rx Ear: Bk m intact-

Nose air flow adequate B/L

Throat no cystic P/W

T-Afebril / Febrile ____ OF
P- ____ / min
R- ____ / min
B.P.- ____ / ____ mmHg
Pain - Yes / No ____
Fall Risk : Yes / No ____

FOLLOW-UP AFTER  
\_\_\_\_ DAYS



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**DEPARTMENT OF PATHOLOGY TEST REPORT**

UHID	: WHN2.0000330809	Age/Sex: 33(Y)01(M)00(D)/F	Order Date	: 25-Nov-2022
Name	: Mrs ANAMIKA SURYAWANSHI		Order No.	: OPD472034
Con.Doctor	: WOCKHARDT		Report Date	: 25-Nov-2022

**BANK OF BARODA HCU PKG 2022 (MALE AND FEMALE)**

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>COMPLETE BLOOD COUNT (WITH ESR)</u></b>			
Haemoglobin, SLS Method	14.0	g%	12-16
Haematocrit, Cumulative Pulse Height	43.2	%	37-47
MCV, Calculated	90.0	fl	76-96
MCH, Calculated	29.2	pg	27-32
MCHC, Calculated	32.4	%	30-35
RDW-CV, Calculated	12.3	%	12-15
RBC Count, Hydrodynamic Focusing DC	4.80	Million/ul	4-5
TLC Count, Fluorescence Flow Cytometry	7310	Cells/cumm	4000-11000
Neutrophil	62	%	40-70
Lymphocyte	27	%	20-40
Monocyte	06	%	2-8
Eosinophil	05	%	2-6
Basophil	0	%	0-2
Platelet Count, Hydrodynamic Focusing DC	403	Thou/Cumm	150-450
MPV, Calculated	8.7	fl	
Blood ESR, Westergren's Method	25 *	mm/hr	0-20

CBC done on 6-part Sysmex XN-550 haematology analyzer.

ESR done on ALIFAX Roller 20LC ESR analyzer.

\* Indicates test value is outside reference range defined. All such values are rechecked.

*Alka Thool*

**Dr. ALKA THOOL, MD-PATH**  
SENIOR PATHOLOGIST

13217 VAISHALI CHALSE  
Performed by



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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
Glycosylated Hemoglobin HbA1C, HPLC	5.8	%	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 129.18 mg/dl

Aberrant glycosylated haemoglobin values may be seen in patients with haemoglobinopathies, recent blood transfusion and severe anemias. In such cases, alternative methods of determination of blood glucose is recommended.

**Dr. ALKA THOOL , MD-PATH**  
**SENIOR PATHOLOGIST**

22580 JWALA GAJBHIYE  
Performed by

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**BANK OF BARODA HCU PKG 2022 (MALE AND FEMALE)**

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
Random Blood Sugar, Hexokinase	91	mg/dl	70-140
Post Prandial Blood Sugar, Hexokinase	97 *	mg/dl	100-140
Urine Sugar (post Prandial)	NA		
<b><u>LIPID PROFILE</u></b>			
Serum Cholesterol, CHOD-PAP	154	mg/dl	1) Desirable Cholesterol Level: <201 2) Borderline Cholesterol: 200-240 3) High Cholesterol: >240
Serum Triglycerides, GPO-PAP	103	mg/dl	70-200
Serum HDL-Cholesterol, Direct Method	44 *	mg/dl	45-65
Serum VLDL Cholesterol, Calculated	20.60	mg/dl	10-35
Serum LDL Cholesterol, Calculated	89.40	mg/dl	80-130
Serum CHOL/HDL RATIO, Calculated	3.50		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

\* Indicates test value is outside reference range defined. All such values are rechecked.

*Dr. Alka Thool*

**Dr. ALKA THOOL , MD-PATH  
SENIOR PATHOLOGIST**

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**BANK OF BARODA HCU PKG 2022 (MALE AND FEMALE)**

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>KIDNEY FUNCTION TEST (K.F.T.)</u></b>			
Serum Sodium, ISE	139	mmol/l	135-145
Serum Potassium, ISE	4.7	mmol/l	3.6-5
Serum Creatinine, Jaffe's Kinetic	0.61	mg/dl	0.5-0.9
Serum Urea, Urease-GLDH	10	mg/dl	1-50
<b><u>LIVER PROFILE</u></b>			
Serum Alkaline Phosphatase.PNP AMP Kinetic	92	U/L	35-104
Serum SGOT, UV Kinetic (AST)	17	U/L	1-32
Serum SGPT, UV Kinetic (ALT)	13	U/L	1-31
Serum Total Protein, Biuret	6.75	g/dl	6.6-8.7
Serum Albumin, BCG	4.60	g/dl	3.4-4.8
Serum Globulin, Calculated	2.15	g/dl	2-4
Serum Albumin:Globulin Ratio, Calculated	2.14 *		1-2
Serum Total Bilirubin, Diazo	0.36	mg/dl	0-1.2
Serum Direct Bilirubin, Diazo	0.16	mg/dl	0-0.3
Serum Indirect Bilirubin, Calculated	0.20	mg/dl	0-0.8

\* Indicates test value is outside reference range defined. All such values are rechecked.

*cf*

**Dr. ALKA THOOL, MD-PATH**  
SENIOR PATHOLOGIST

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**BANK OF BARODA HCU PKG 2022 (MALE AND FEMALE)**

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<b><u>SERUM VITAMIN D (25-OH)</u></b>			
25 Hydroxy Cholecalciferol (VITAMIN D), ECLIA	30.22	ng/mL	Insufficiency 10-30 Severe deficiency <10 Sufficiency >30 Toxicity >100
***Serum Total T3, ECLIA	141.4	ng/dL	84.6-201.8
Serum Total T4, ECLIA	8.65	µg/dl	5.13-14.06
Serum TSH, ECLIA	2.81	µIU/mL	0.2-4.2

**Dr. ALKA THOOL, MD-PATH**  
**SENIOR PATHOLOGIST**

Performed by

R c

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**BANK OF BARODA HCU PKG 2022 (MALE AND FEMALE)**

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>
<b><u>URINE ROUTINE &amp; MICROSCOPY</u></b>		
<b><u>Physical Examination</u></b>		
Colour	Pale Yellow	
Appearance	Slightly Hazy	
<b><u>Urinalysis(Roche UriSys1100)</u></b>		
Specific Gravity	1.015	
W-PH	7	
Leukocytes, microscopy	25 ✓	/hpf
Erythrocytes, microscopy	03	/hpf
Nitrite, urinalyser	Negative	
Protein, urinalyser	Negative	
Glucose, urinalyser	Normal	
Ketone, urinalyser	Negative	
Urobilinogen, urinalyser	Normal	
Bilirubin, urinalyser	Negative	
Epithelial Cells	3-4/hpf	

**Dr. ALKA THOOL, MD-PATH**  
SENIOR PATHOLOGIST**WOCKHARDT HOSPITALS, NAGPUR**

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**DEPARTMENT OF RADIOLOGY**

UHID	: WHN2.0000330809	Age/Sex : 33 Year(s)/F	Order Date	: 25-Nov-2022
Name	: Mrs ANAMIKA SURYAWANSHI		Order No.	: OPD472034
Con.Doctor	: WOCKHARDT		Report Date	: 25-Nov-2022

**BANK OF BARODA HCU PKG 2022 (MALE AND FEMALE)**  
**USG ABDOMEN WITH PELVIS**

Real time sonography of the abdomen and pelvis was performed .

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 within.

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 bladder is normal in contour, capacity and wall thickness.

No vesical calculi noted.

The uterus is normal in size and retroverted in position.

Myometrial echotexture is homogenous. No focal lesions seen.

Endometrial echocomplex is central in position and 5 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. NITIN DEVKATE**

**M.D.**  
**RADIOLOGIST**



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CIN: U85100MH1991PLC063096

Name : Mrs. Anamika Suryawanshi  
 Age : 33yr Sex : F Date : 25/11/22

**Fundus Examination**

**(DIRECT OPHTHALMOSCOPY)**

	Right	Left
<b>Media</b>	clear	clear
<b>Optic Disc</b>		
Colour	wNL	wNL
Size	wNL	wNL -
Shape	Round	Round
Margin	well def	well defined
NRR	healthy	healthy
C:D	0.5	0.5
<b>Blood Vessels</b>		
A: V ratio	2:3	2:3
Abnormalities	-	-
<b>Macula</b>		
FR	Bright	Bright
Abnormalities	-	-
<b>Periphery</b>	(B4) wNL as far as seen	
<b>Impression</b>	(B4) Fundus wNL	

*Joshi*

**DR. SANYOGITA JOSHI [ DNB ]**  
 Consultant - Ophthalmology





**DEPARTMENT OF RADIOLOGY**

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Con.Doctor	: WOCKHARDT		Report Date	: 25-Nov-2022

**BANK OF BARODA HCU PKG 2022 (MALE AND FEMALE)****XR CHEST PA**

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. NITIN DEVKATE**

**M.D.**  
**RADIOLOGIST**

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Rate 90 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation  
 PR 125 . Sinus rhythm  
 QRS 72 . Abnormal R-wave progression, early transition  
 QT 342 . Borderline T abnormalities, inferior leads  
 QTc 419 . T flat/neg, II III aVF

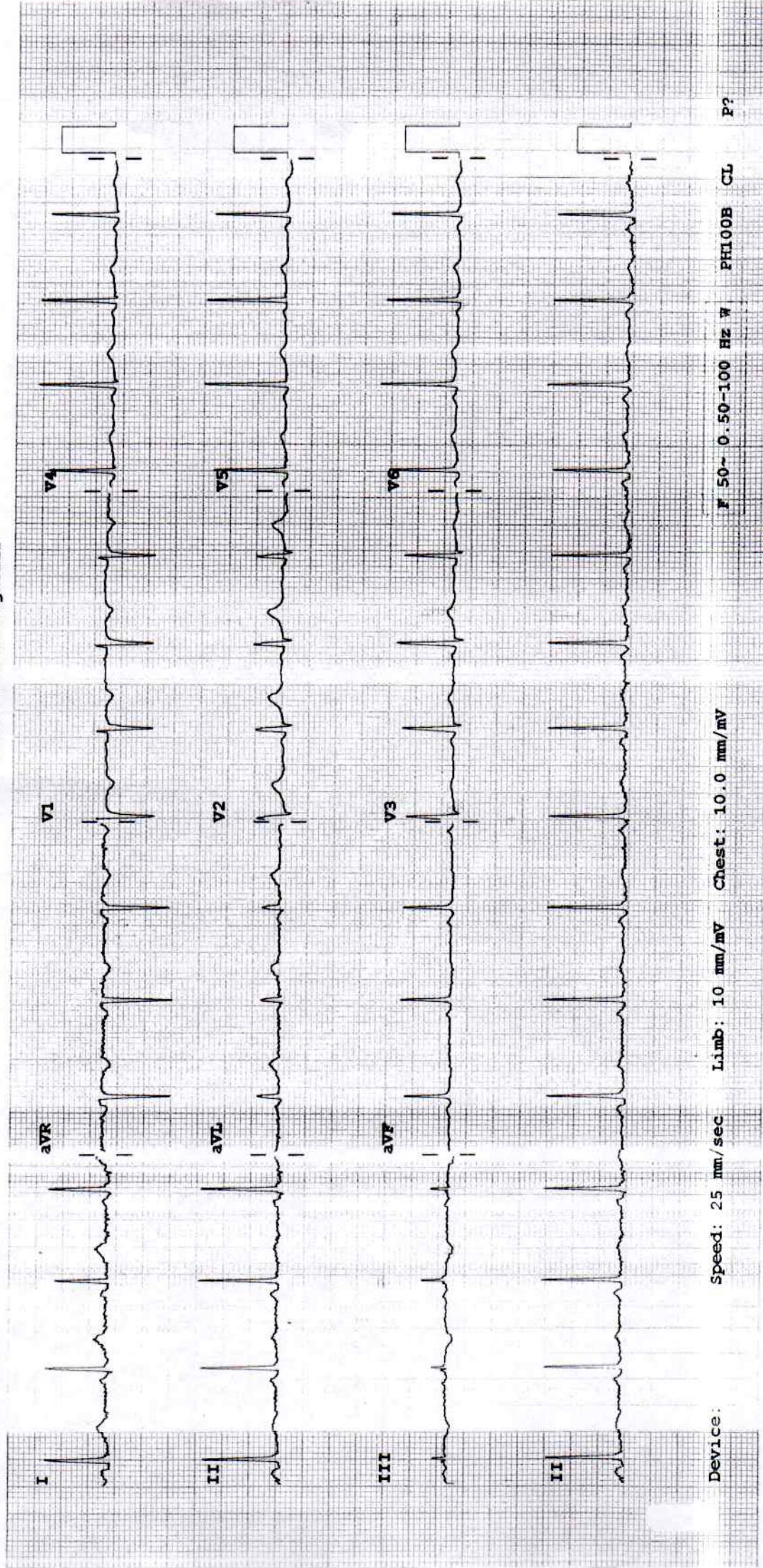
--AXIS--

P 37  
 QRS 41  
 T -6

12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50- 0.50-100 Hz W PH100B CL P?



Suryawanshi, Anamika

D: 000330809

25-Nov-2022  
14:03:24

33years

Referred by:  
Test ind:

Female

Max HR 145bpm 1% of max predicted 187bpm  
Max BP 160/80  
Maximum workload 7.0METS

Reason for Termination: Patient fatigue  
Comments: BASELINE ECG WITHIN NORMAL LIMITS  
PEAK EXERCISE PATIENT HAD FATIGUE & DYSNOEA HENCHR TEST WAS STOPPED. NO SIGNIFICANT ST CHANGES. NO ANGINA RECOVERY UNEVENTFUL  
TMT IS NEGATIVE FOR INDICIBLE ISCHEMIA AT ACHIEVED WORKLOAD  
DR NITIN TIWARI DMLEDNB

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Work Load (METS)	HR (b/min)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	1:08	***	***	1.0	84	110/70	92
	STANDING	0:01	***	***	1.0	84	110/70	92
	HYPERVENT	0:01	***	***	1.0	84	110/70	92
	Warm Up	0:15	0.8	0.0	1.0	92	110/70	101
EXERCISE	STAGE 1	3:00	1.7	10.0	4.8	124	130/80	161
	STAGE 2	2:59	2.5	12.0	7.0	141	150/80	212
RECOVERY		3:02	***	***	1.0	96	120/80	118

Technician:

WOCKHARDT HOSPITALS NAGPUR

Unconfirmed

MAC55-009D

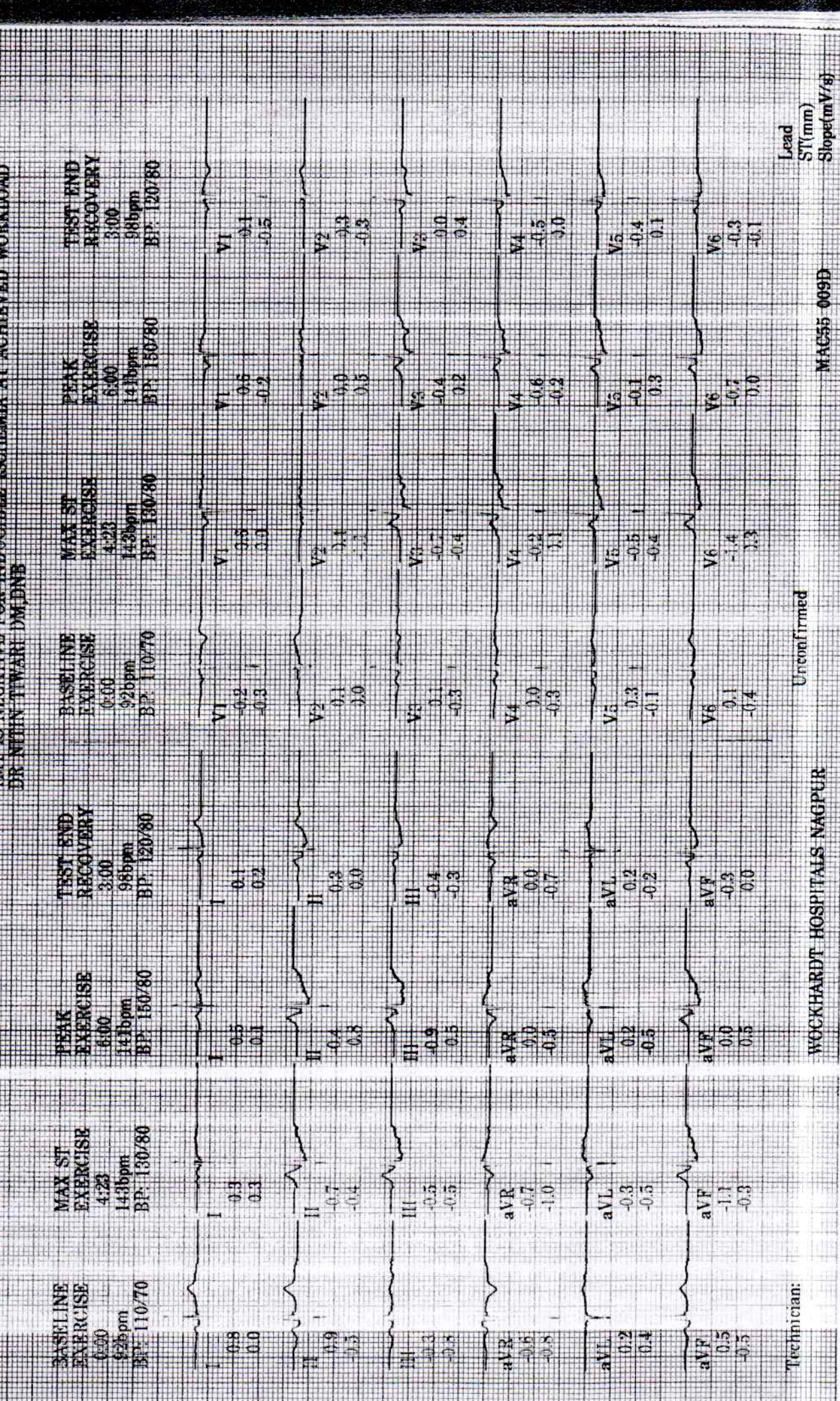


33 years  
 2022  
 24

10.0 mm/mV  
 100Hz

Female  
 Max HR: 143bpm (5% of max predicted 187bpm)  
 Max BP: 150/80  
 Reason for Termination: Patient fatigue  
 Comments: BASELINE ECG WITHIN NORMAL LIMITS  
 PEAK EXERCISE PATIENT HAD FATIGUE & DYSPNOEA HENCE TEST WAS STOPPED. NO SIGNIFICANT ST CHANGES. NO ANGINA.  
 RECOVERY UNEVENTFUL  
 TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT ACHIEVED WORKLOAD  
 DR NITHIN TIWARI DM,DNB

Referred by:  
 Test Ind:



MAC55 009D  
 Unconfirmed  
 WOCKHARDT HOSPITALS NAGPUR  
 Technician:  
 Lead ST(mm) Slope(mV/r)



33 years  
 2022  
 08:24

Female

Max HR: 145bpm 5% of max predicted 147bpm  
 Max BP: 160/80  
 Maximum workload: 7.0 METS  
 Reason for Termination: Patient fatigue  
 Comments: BASELINE ECG WITHIN NORMAL LIMITS  
 PEAK EXERCISE PATIENT HAD FATIGUE & DYSPNOEA. HENCE TEST WAS STOPPED. NO SIGNIFICANT ST CHANGES. NO ANGINA.  
 RECOVERY: UNEVENTFUL  
 TMT IS NEGATIVE FOR INDISCIBLE ISCHEMIA AT ACHIEVED WORKLOAD  
 DR. NITIN TIWARI DM, DNB

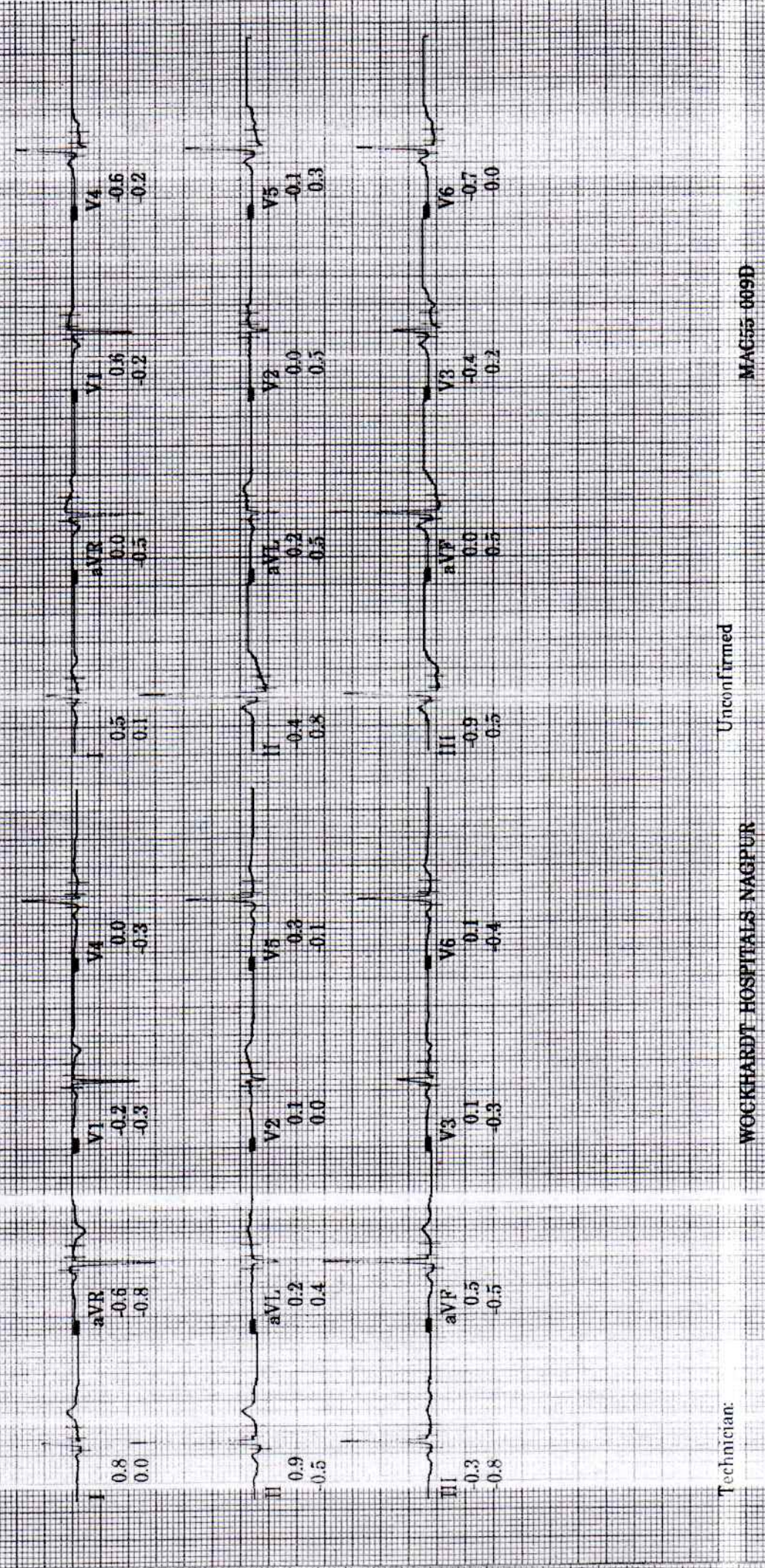
Referred by:  
 Test Ind

**BASELINE**

EXERCISE STAGE 1 92bpm ST @ 10mm/mV  
 1.0 METS BP: 110/70 80ms post-J

**PEAK**

EXERCISE STAGE 2 141bpm ST @ 10mm/mV  
 7.0 METS BP: 150/80 80ms post-J



Technician:

WOCKHARDT HOSPITALS NAGPUR

Unconfirmed

MAG55-669D



86bpm

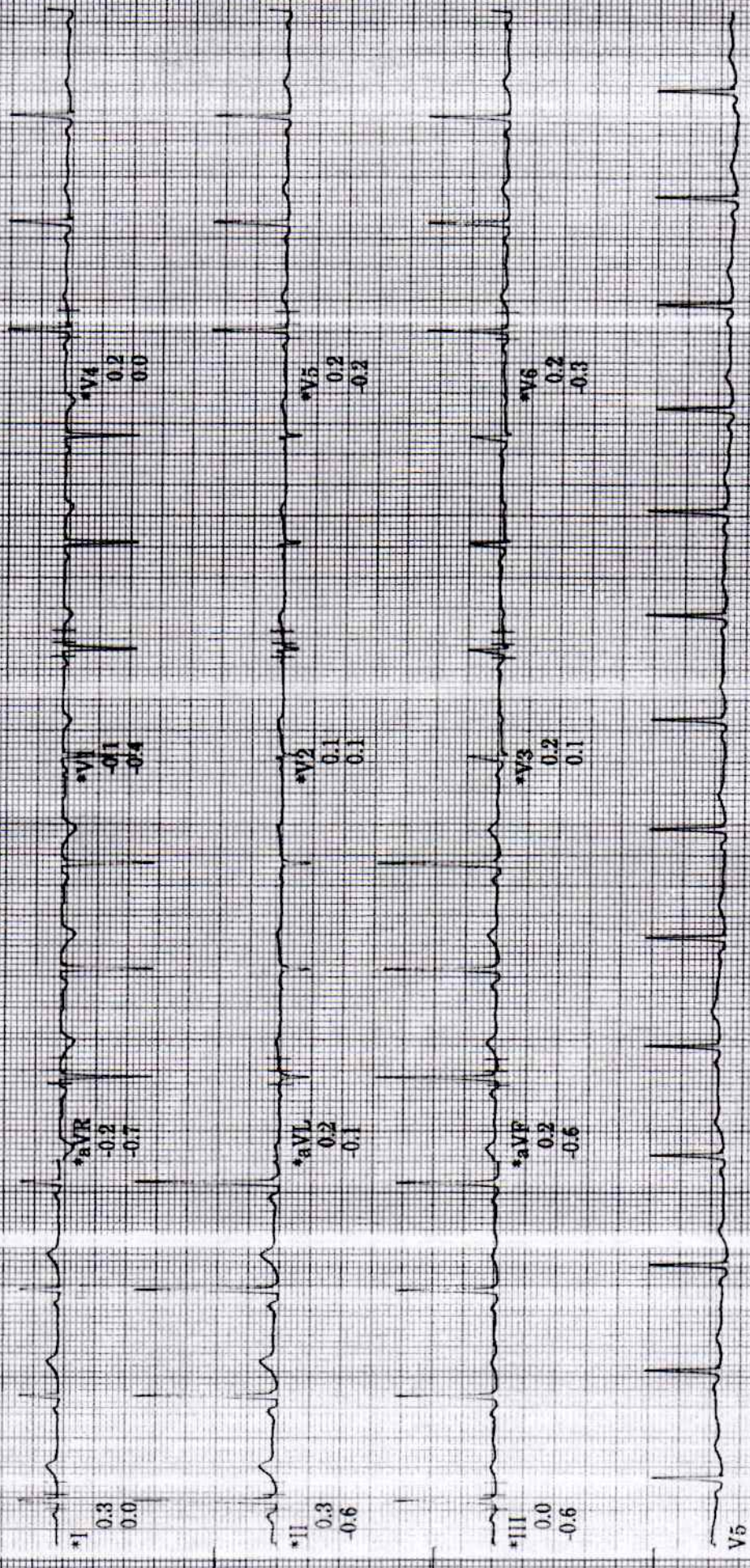
BP: 110/70

ST @ 10mm/mV  
80ms postL

PRIEST  
Warm Up  
1:15

BRUCE  
12 mph  
15 min

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

150 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-HR 46

Computer Synthesized Rhythm

MAC55 009D

II

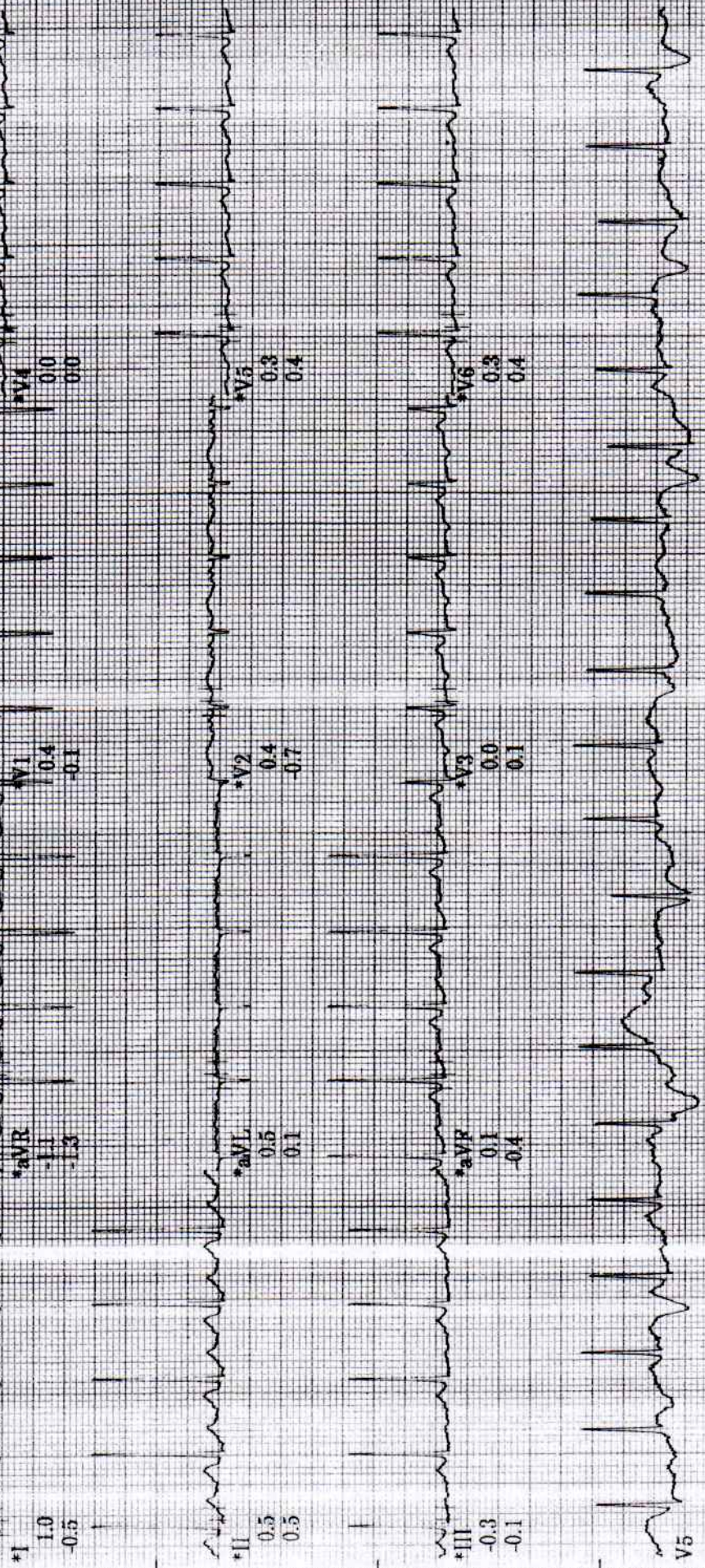


Anamika  
009  
2022  
1:48

124bpm  
BP: 130/80  
ST @ 10mm/mV  
80ms postd

EXERCISE  
STAGE I  
3-80  
Temp  
10.0%

BRUCE  
Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

150 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR 46

\* Computer Synthesized Rhythm

MAC-55 009D



Anamika  
009  
2022  
0:48

EXERCISE  
STAGE 2  
6:00

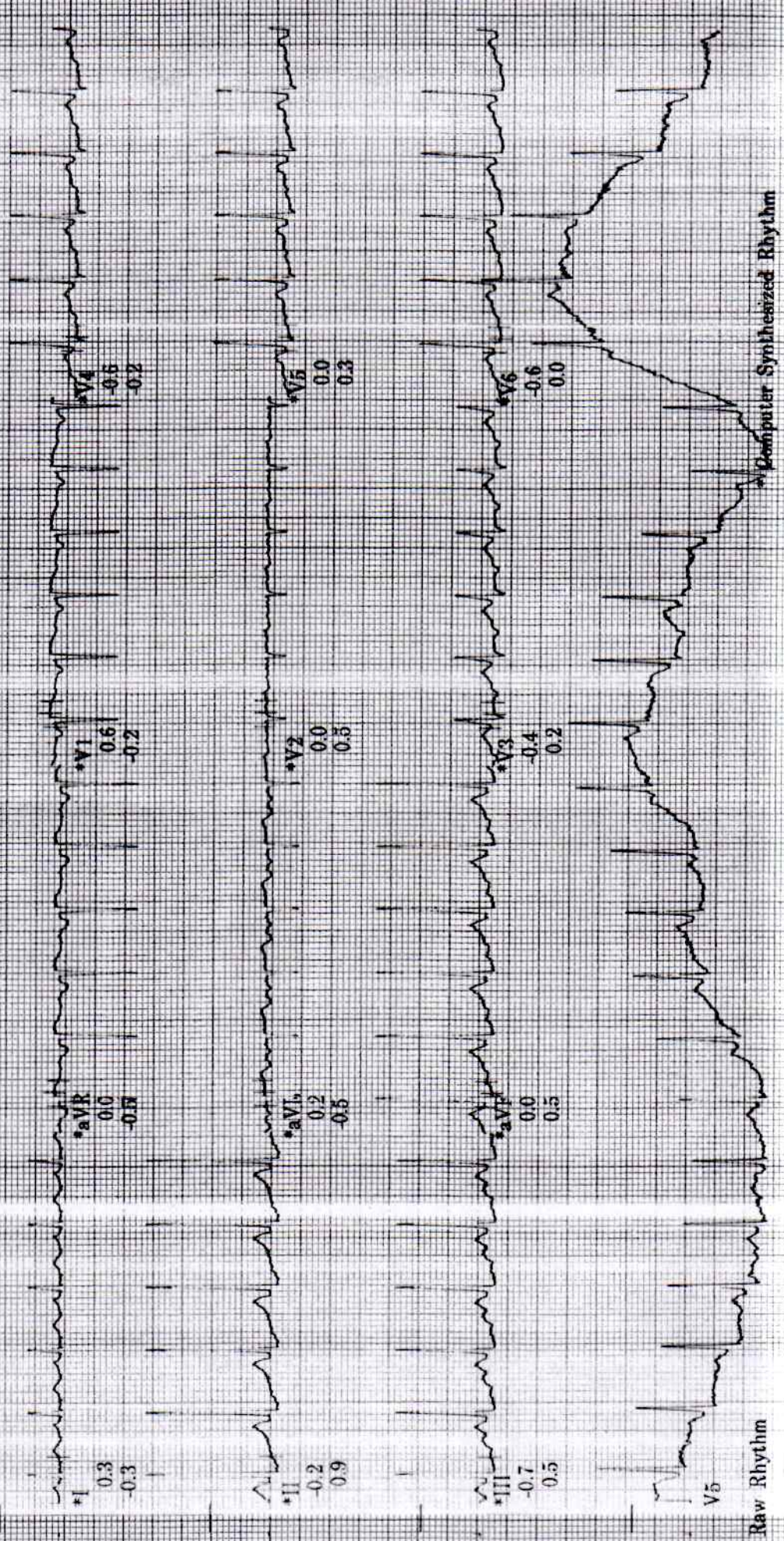
BRUCE  
2.5 mph  
12.0%

Lead  
ST (mm)  
Slope (mV/s)

140bpm  
BP: 150/80

ST @ 10mm/mV  
80ms post J

*Pace*



Raw Rhythm

150 Hz 25.0 mm/s 10.0 mm/mV A-H-S-HR-46

Computer Synthesized Rhythm

MAC55 009D



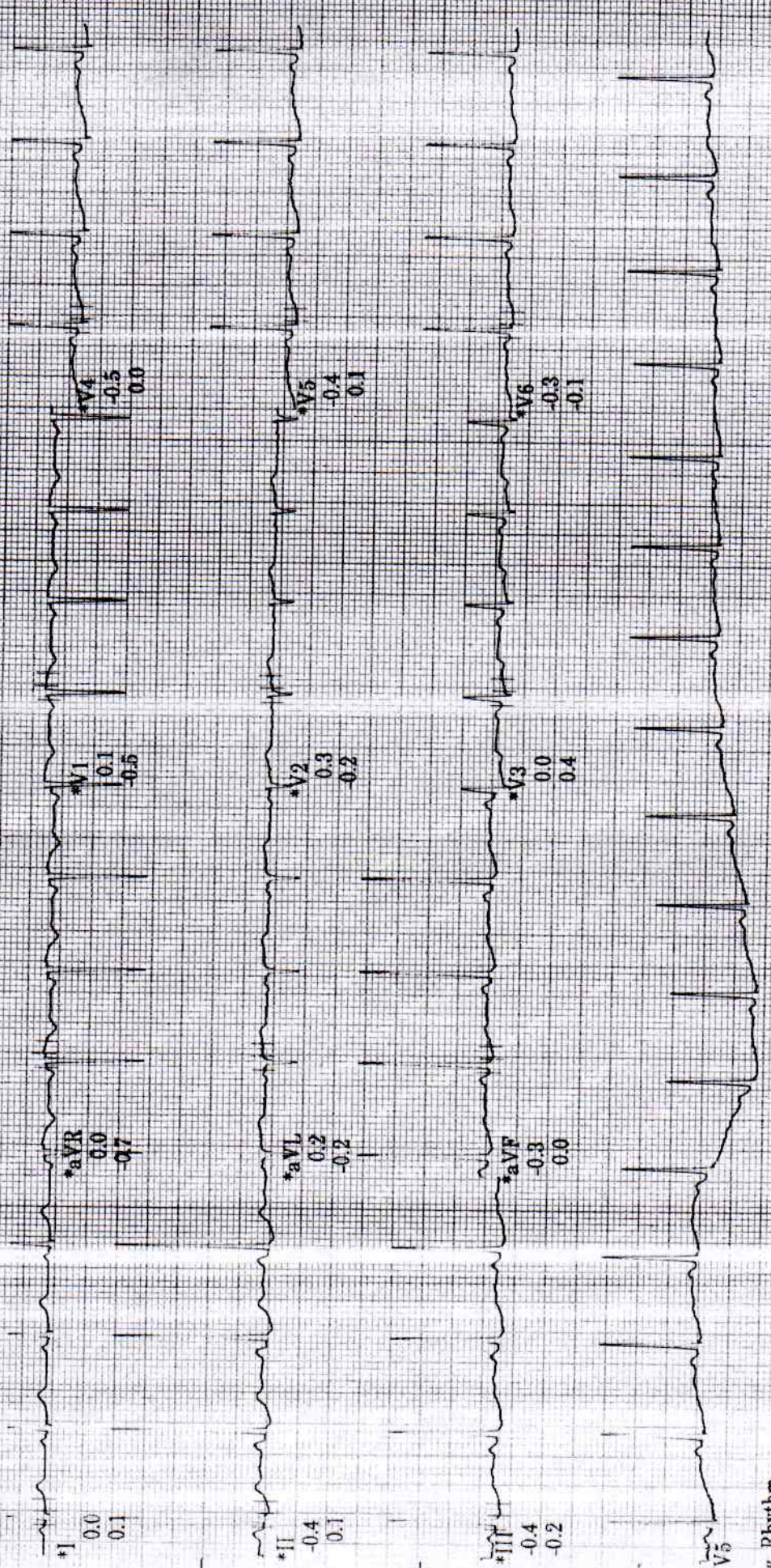
Anamika  
609  
2022  
8:47

RECOVERY

BRUCE  
\*\*mph  
\*\*%

100bpm  
BP: 120/80  
ST @ 10mm/mV  
80ms postJ

Lead  
ST (mm)  
Slope (mV/s)



Raw Rhythm

150 Hz 25.0 mm/s 10.0 mm/mV

A-F-S-HR-46

\* Computer Synthesized Rhythm

MAC55 009D