

Medicines:

R/O → Nagpur

Name: Mrs. Sayali Shelkar

Date: 21/02/22

Age: 30y Sex: M/F Weight: 61.1 kg Height: 153.7 in BMI: 25.9

BP: 120/80 mmHg Pulse: 80 L bpm RBS: \_\_\_\_\_ mg/dl

Spoz: 94%

LMP: 06/11/22



S0/F

No compl.

No known comorbidities

Chn /  
Ln /  
P/A / N .

Imv → noted

R  
Diet + walking

  
**Dr. VIMMI GOEL**  
MBBS, MD  
Sr. Consultant-Non Invasive Cardiology  
Reg.No.: 2014/01/0113





## KIMS KINGSWAY HOSPITALS

(A Unit Of SPANV Medisearch Lifescience Pvt. Ltd.)

44, Kingsway Near Kasturchand Park Nagpur – 440001

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Patient Name	SAYALIU SHELKAR	REG. NO-	2223135414
Age\Sex	30/F	DATE	21/02/2023

### GLASS PRSCRIPTION

EYE	SPH	CYL	AXIS	VISION
RIGHT	00	00	00	6/6P
LEFT	00	00	00	6/6P

### NEAR ADDITION

RIGHT	00	N6
LEFT	00	N6

REMARK'S – NORMAL VISION

Dr.ASHISH KAMBLE  
MBBS,MS(OPHTH),FICO(LON),FVRS.  
VITRORETINAL & PHACO SURGEON  
REG NO. MCI/11-39352



MC-4807



**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b> : Mrs. SAYALI RAJESH SHELKAR	<b>Age /Gender</b> : 30 Y(s)/Female
<b>Bill No/ UMR No</b> : BIL2223017539/UMR2223135414	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 21-Feb-23 01:43 pm	<b>Report Date</b> : 21-Feb-23 03:40 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Post Prandial Plasma Glucose	Plasma	80	< 140 mg/dl	GOD/POD, Colorimetric

**Interpretation:**

Clinical Decision Value as per ADA Guidelines 2021

Diabetes Mellites If,  
Fasting  $\geq$  126 mg/dl  
Random/2Hrs. OGTT  $\geq$  200 mg/dl  
Impaired Fasting = 100-125 mg/dl  
Impaired Glucose Tolerance = 140-199 mg/dl

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

Suggested Clinical Correlation \* If necessary, Please discuss

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**Dr. VAIDEHEE NAIK, MBBS,MD**  
**CONSULTANT PATHOLOGIST**



**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b> : Mrs. SAYALI RAJESH SHELKAR	<b>Age / Gender</b> : 30 Y(s)/Female
<b>Bill No/ UMR No</b> : BIL2223017539/UMR2223135414	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 21-Feb-23 02:00 pm	<b>Report Date</b> : 21-Feb-23 03:46 pm

**URINE SUGAR**

Parameter

Urine Glucose

Result Values

Negative

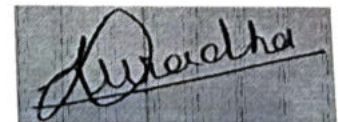
\*\*\* End Of Report \*\*\*

Suggested Clinical Correlation \* If necessary, Please discuss

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**Dr. Anuradha Deshmukh, MBBS,MD**

**CONSULTANT MICROBIOLOGIST**



**DEPARTMENT OF PATHOLOGY**

**Patient Name** : Mrs. SAYALI RAJESH SHELKAR  
**Age / Gender** : 30 Y(s)/Female  
**Bill No/ UMR No** : BIL2223017539/UMR2223135414  
**Referred By** : Dr. Vimmi Goel MBBS,MD  
**Received Dt** : 21-Feb-23 09:49 am  
**Report Date** : 21-Feb-23 11:26 am

**HAEMOGRAM**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Haemoglobin	Blood	12.9	12.0 - 15.0 gm%	Photometric
Haematocrit(PCV)		39.1	36.0 - 46.0 Vol%	Calculated
RBC Count		<b>4.88</b>	3.8 - 4.8 Millions/cumm	Photometric
Mean Cell Volume (MCV)		<b>80</b>	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		<b>26.4</b>	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		33.0	31.5 - 35.0 g/l	Calculated
RDW		<b>16.1</b>	11.5 - 14.0 %	Calculated
Platelet count		281	150 - 450 $10^3$ /cumm	Impedance
WBC Count		5900	4000 - 11000 cells/cumm	Impedance
<b><u>DIFFERENTIAL COUNT</u></b>				
Neutrophils		<b>48.5</b>	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		<b>46.5</b>	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		3.8	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes		<b>1.2</b>	2 - 10 %	Flow Cytometry/Light microscopy
Basophils		0.0	0 - 1 %	Flow Cytometry/Light microscopy
Large Immature cells		0.0		Flow Cytometry/Light microscopy
Absolute Neutrophil Count		2861.5	2000 - 7000 /cumm	Flowcytometry
Absolute Lymphocyte Count		2743.5	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		224.2	20 - 500 /cumm	Calculated



MC-4807

**DEPARTMENT OF PATHOLOGY**

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<b>Bill No/ UMR No</b> : BIL2223017539/UMR2223135414	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 21-Feb-23 09:49 am	<b>Report Date</b> : 21-Feb-23 11:26 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Absolute Monocyte Count		70.8	200 - 1000 /cumm	Calculated
Absolute Basophil Count		0	0 - 100 /cumm	Calculated
<b>PERIPHERAL SMEAR</b>				
Microcytosis		Microcytosis +(Few)		
Hypochromasia		Hypochromia +(Few)		
Anisocytosis		Anisocytosis +(Few)		
WBC		As Above		
Platelets		Adequate		
<b>ESR</b>		02	0 - 20 mm/hr	Automated Westergren's Method

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

Suggested Clinical Correlation \* If necessary, Please discuss

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**Dr. VAIDEHEE NAIK, MBBS,MD  
CONSULTANT PATHOLOGIST**



**CLINICAL DIAGNOSTIC LABORATORY**

**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b> : Mrs. SAYALI RAJESH SHELKAR	<b>Age /Gender</b> : 30 Y(s)/Female
<b>Bill No/ UMR No</b> : BIL2223017539/UMR2223135414	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 21-Feb-23 09:46 am	<b>Report Date</b> : 21-Feb-23 12:17 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	93	< 100 mg/dl	GOD/POD,Colorimetric

**Interpretation:**

Clinical Decision Value as per ADA Guidelines 2021

- Diabetes Mellites If,
- Fasting  $\geq$  126 mg/dl
- Random/2Hrs.OGTT  $\geq$  200 mg/dl
- Impaired Fasting = 100-125 mg/dl
- Impaired Glucose Tolerance = 140-199 mg/dl

**GLYCOSYLATED HAEMOGLOBIN (HBA1C)**

<u>HbA1c</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
HbA1c	5.2	Non-Diabetic : $\leq$ 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : $\geq$ 6.5 %	HPLC

**RFT**

<u>Parameter</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Blood Urea	19	15.0 - 36.0 mg/dl	Urease with indicator dye
Creatinine	0.60	0.52 - 1.04 mg/dl	Enzymatic ( creatinine amidohydrolase)
GFR	123.8		Calculation by CKD-EPI 2021
Sodium	142	136 - 145 mmol/L	Direct ion selective electrode
Potassium	4.43	3.5 - 5.1 mmol/L	Direct ion selective electrode

**THYROID PROFILE**

<u>Parameter</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
T3	1.44	0.55 - 1.70 ng/ml	Enhanced chemiluminescence
Free T4	1.39	0.80 - 1.70 ng/dl	Enhanced Chemiluminescence
TSH	1.880	0.50 - 4.80 uIU/ml	Enhanced chemiluminescence

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

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Suggested Clinical Correlation \* If necessary, Please discuss

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**Dr. VAIDEHEE NAIK, MBBS,MD**  
**CONSULTANT PATHOLOGIST**





MC-4807



**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b> : Mrs. SAYALI RAJESH SHELKAR	<b>Age / Gender</b> : 30 Y(s)/Female
<b>Bill No/ UMR No</b> : BIL2223017539/UMR2223135414	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 21-Feb-23 09:49 am	<b>Report Date</b> : 21-Feb-23 12:17 pm

**LIPID PROFILE**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Total Cholesterol	Serum	168 < 200 mg/dl	Enzymatic(CHE/CHO/POD)
Triglycerides		90 < 150 mg/dl	Enzymatic (Lipase/GK/GPO/POD)
HDL Cholesterol Direct		67 > 50 mg/dl	Phosphotungstic acid/mgcl-Enzymatic (microslide)
LDL Cholesterol Direct		74.57 < 100 mg/dl	Enzymatic
VLDL Cholesterol		18 < 30 mg/dl	Calculated
Tot Chol/HDL Ratio		3 3 - 5	Calculation

<u>Intiate therapeutic</u>	<u>Consider Drug therapy</u>	<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%	>130 10 yrs risk 10-20 % >130	<130
Two or more additional major risk factors,10 yrs CHD risk <20%	>160 10 yrs risk <10% >160	<160
No additional major risk or one additional major risk factor	>190,optional at 160-189	<160

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

Suggested Clinical Correlation \* If necessary, Please discuss

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**Dr. VAIDEHEE NAIK, MBBS,MD**  
**CONSULTANT PATHOLOGIST**



**DEPARTMENT OF BIOCHEMISTRY**

**Patient Name** : Mrs. SAYALI RAJESH SHELKAR  
**Age / Gender** : 30 Y(s)/Female  
**Bill No/ UMR No** : BIL2223017539/UMR2223135414  
**Referred By** : Dr. Vimmi Goel MBBS,MD  
**Received Dt** : 21-Feb-23 09:49 am  
**Report Date** : 21-Feb-23 12:17 pm

**LIVER FUNCTION TEST(LFT)**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Total Bilirubin	Serum	0.50	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Direct Bilirubin		0.30	0.1 - 0.3 mg/dl	Calculated
Indirect Bilirubin		0.20	0.1 - 1.1 mg/dl	Dual wavelength spectrophotometric
Alkaline Phosphatase		94	38 - 126 U/L	pNPP/AMP buffer
SGPT/ALT		16	13 - 45 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		18	13 - 35 U/L	Kinetic with pyridoxal 5 phosphate
Serum Total Protein		6.89	6.3 - 8.2 gm/dl	Biuret (Alkaline cupric sulphate)
Albumin Serum		4.49	3.5 - 5.0 gm/dl	Bromocresol green Dye Binding
Globulin		2.40	2.0 - 4.0 gm/	Calculated
A/G Ratio		1.87		

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

Suggested Clinical Correlation \* If necessary, Please discuss

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**Dr. VAIDEHEE NAIK, MBBS,MD**

**CONSULTANT PATHOLOGIST**



**CLINICAL DIAGNOSTIC LABORATORY**

**DEPARTMENT OF PATHOLOGY**

<b>Patient Name</b> : Mrs. SAYALI RAJESH SHELKAR	<b>Age /Gender</b> : 30 Y(s)/Female
<b>Bill No/ UMR No</b> : BIL2223017539/UMR2223135414	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 21-Feb-23 11:28 am	<b>Report Date</b> : 21-Feb-23 01:04 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
<b>URINE MICROSCOPY</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
Volume	Urine	30 ml	
Colour.		Pale yellow	
Appearance		Clear	
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Urine	5.0	4.6 - 8.0
Specific gravity		1.010	1.005 - 1.025
Urine Protein		Negative	Indicators ion concentration protein error of pH indicator
Sugar		Negative	GOD/POD
Bilirubin		Negative	Diazonium
Ketone Bodies		Negative	Legal's est Principle
Nitrate		Negative	
Urobilinogen		Normal	Ehrlich's Reaction
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Epithelial Cells	Urine	0-1	0 - 4 /hpf
R.B.C.		Absent	0 - 4 /hpf
Pus Cells		0-1	0 - 4 /hpf
Casts		Absent	Manual
Crystals		Absent	Manual
Others		.	Manual
<b><u>USF(URINE SUGAR FASTING)</u></b>			
Urine Glucose	Urine	Negative	GOD/POD

\*\*\* End Of Report \*\*\*  
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 Phone: +91 0712 6789100  
 CIN: UT4999MH2018PTC303510

Suggested Clinical Correlation \* If necessary, Please discuss

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*Anuradha*

**Dr. Anuradha Deshmukh, MBBS,MD**  
CONSULTANT MICROBIOLOGIST



MC-4807



**KIMS-KINGSWAY**  
HOSPITALS

**DEPARTMENT OF IMMUNO HAEMATOLOGY**

**Patient Name** : Mrs. SAYALI RAJESH SHELKAR  
**Age / Gender** : 30 Y(s)/Female  
**Bill No/ UMR No** : BIL2223017539/UMR2223135414  
**Referred By** : Dr. Vimmi Goel MBBS,MD  
**Received Dt** : 21-Feb-23 09:49 am  
**Report Date** : 21-Feb-23 12:21 pm

**BLOOD GROUPING AND RH**

Parameter

Specimen Results

BLOOD GROUP.

EDTA Whole " B "  
Blood &  
Plasma/  
Serum

Gel Card Method

Rh (D) Typing.

" Positive "(+Ve)

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

Suggested Clinical Correlation \* If necessary, Please discuss

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**Dr. VAIDEHEE NAIK, MBBS,MD**

**CONSULTANT PATHOLOGIST**

SPANV Medisearch Lifesciences Private Limited  
Parwana Bhawan, Kingsway, Nagpur - 440 001, Maharashtra, India.

Phone: +91 0712 6789100

CIN: U74999MH2018PTC303510

PATIENT NAME	MRS. SAYALI SHEKAR	AGE	30 YRS/F
REG NO:	UMR2223135414	BILL NO	2223017539
REFERRED BY	DR. VIMMI GOEL	REPORT DATE:	21/02/2023

USG ABDOMEN AND PELVIS

LIVER is normal in size (11 cm) and echotexture.  
No evidence of any focal lesion seen. Intrahepatic biliary radicals are not dilated.  
PORTAL VEIN and CBD are normal in course and caliber.

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

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

SPLEEN is normal in size (9.7 cm), shape and echotexture. No focal lesion seen.

Right kidney measures -10.2 x 4.5 cm. Left kidney measures - 9.7 x 4.4 cm  
Both KIDNEYS are normal in size, shape and echotexture.  
No evidence of calculus or hydronephrosis seen.  
URETERS are not dilated.

URINARY BLADDER is well distended. No calculus or mass lesion seen.  
Uterus is anteverted and normal. No focal myometrial lesion seen.  
Endometrial echo-complex appear normal. ET - 4 mm.  
Both ovaries are normal. No adnexal mass lesion seen.

There is no free fluid or abdominal lymphadenopathy seen.

**IMPRESSION: USG reveals,**

- No significant abnormality.

  
**DR. ASAWARI LAUTRE**  
**MBBS,MD(Radio-Diag), (2016083313)**  
**CONSULTANT RADIOLOGIST**

**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE**

NAME	SAYALI RAJESH SHILKAR	STUDY DATE	21-02-2023 10:45:02
AGE/ SEX	30Y 6M 27D / F	HOSPITAL NO.	UMR2223135414
ACCESSION NO.	BH.2223017539-10	MODALITY	DX
REPORTED ON	21-02-2023 12:07	REFERRED BY	Dr. Vimal Goel

**X-RAY CHEST PA VIEW**

Both the lung fields are clear.

Heart and Aorta are normal.

Both hilar shadows appear normal.

Diaphragm domes and CP angles are clear.

Bony cage is normal.

**IMPRESSION** -No pleuro-parenchymal abnormality seen.



**DR. ASAWARI. S. LAUTRE**  
**MBBS (KEM HOSPITAL),**  
**MD RADIODIAGNOSIS (TMH MUMBAI)**  
**CONSULTANT RADIOLOGIST.**

**2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT**

Patient Name : Mrs. Sayali Rajesh Shelkar  
 Age : 30 years / Female  
 UMR : UMR2223135414  
 Date : 21/02/2023  
 Done by : Dr. Vimmi Goel  
 ECG : NSR, Minor ST-T changes

**Impression: Normal 2D Echocardiography Study**

**Normal chambers dimensions  
 No RWMA of LV at rest  
 Good LV systolic function, LVEF 63%  
 Normal LV diastolic function  
 E/A is 1.2  
 Valves are normal  
 No pulmonary hypertension  
 IVC is normal in size and collapsing well with respiration  
 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 63%. Normal LV diastolic function. E Velocity is 107 cm/s, A Velocity is 75 cm/s. E/A is 1.2. Valves are normal. No Pulmonary Hypertension. IVC normal in size and collapsing well with respiration. Pericardium is normal. No clots or pericardial effusion seen.

**M Mode echocardiography and dimension:**

	Normal range (mm)		Observed (mm)
	(adults)	(children)	
Left atrium	19-40	7-37	29
Aortic root	20-37	7-28	21
LVIDd	35-55	8-47	39
LVIDs	23-39	6-28	23
IVS (d)	6-11	4-8	09
LVPW (d)	6-11	4-8	09
LVEF %	~ 60%	~60%	63%
Fractional Shortening			33%

  
**Dr. Vimmi Goel**  
**MD, Sr. Consultant**  
**Non-invasive Cardiology**

P.T.O

30 Years

Rate 75 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 PR 151 . Borderline T abnormalities, diffuse leads.....T flat/neg  
 QRS 95 . Baseline wander in lead(s) V5

QT 364  
 QTC 407

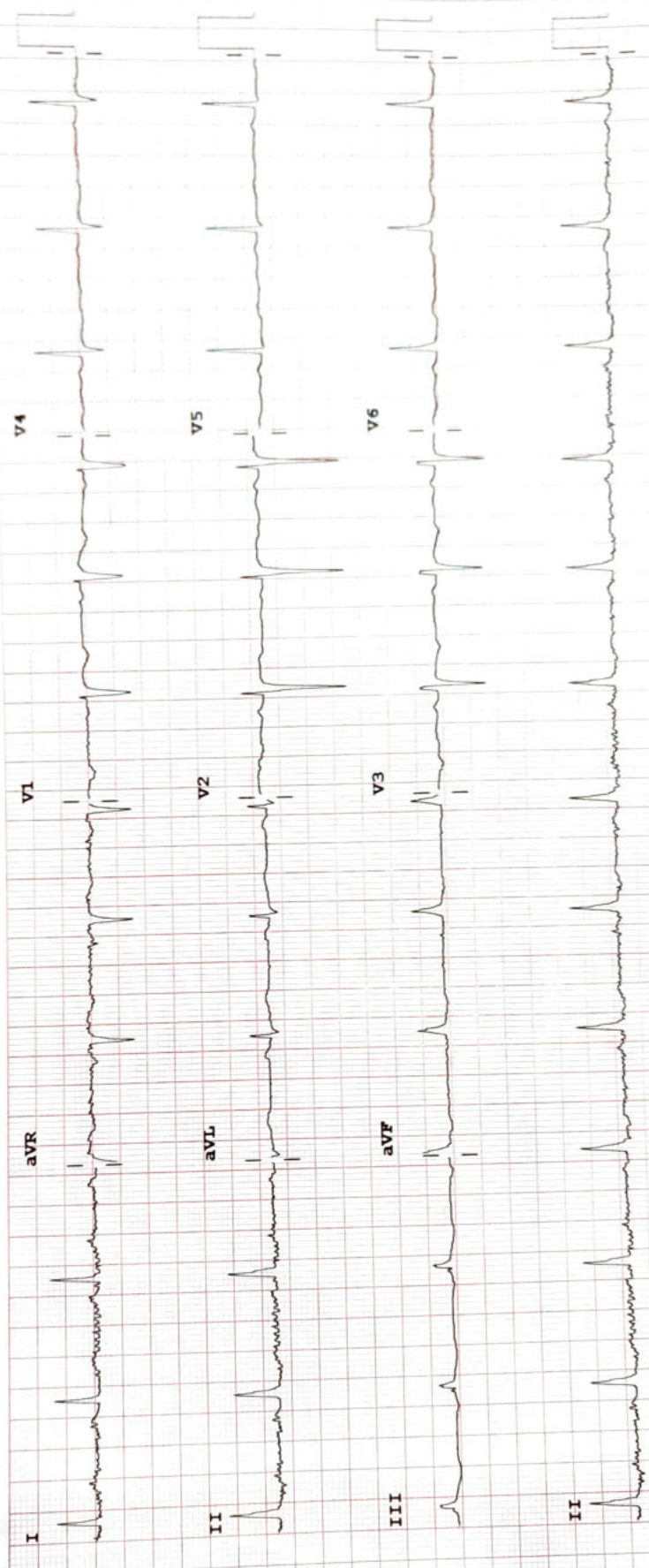
--AXIS--

P 5  
 QRS 51  
 T -8

12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



F 50~ 0.50-150 Hz W

100B CL

P?

Chest: 10.0 mm/mV

Limb: 1.0 mm/mV

Speed: 25 mm/sec

Device: