

Name :	Mrs.	Asmita	Mank	er,		Date : 10 06 23	3
Age :	35Y.	Sex : MF Wei	ight : <u>67</u> .5	_kg Height	: <u>152 · 9</u> inc	BMI :ଟି ଅ ି ସ	
BP :	100/50	mmHg	Pulse : SP02 `,	-	bpm	RBS:	_mg/dl



Name: Mas, Asmita Markar Date: 10/06/23
Age :S5 Sex : M/F Weight :kg Height :inc BMI :
BP :mmHg Pulse :bpm RBS :mg/dl
Routine Dental Checkup
PMH- KICLO Hyrroid clisorder and & medication for some. Pt is pregnant (10t trimester).
PDH. NRY
Ole- - Impacted tooth &; Carries &; - Pet & feaure carries &; Buccally coupled &?
Advise - 50B extraction à 3/- Restoration à 8/3
De- Jednyaga



DEPARTMENT OF PATHOLOGY

Patient Name	: Mrs. ASMITA MANKAR	Age /Gender	: 35 Y(s)/Female
	: BIL2324015661/UMR2324008177	Referred By	: Dr. Vimmi Goel MBBS,MD
	:10-Jun-23 08:38 am	Report Date	:10-Jun-23 10:38 am

HAEMOGRAM

6

Parameter	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	Method
Haemoglobin	Blood	10.9	12.0 - 15.0 gm%	Photometric
Haematocrit(PCV)		36.1	36.0 - 46.0 Vol%	Calculated
RBC Count		4.62	3.8 - 4.8 Millions/cumm	Photometric
Mean Cell Volume (MCV)		78	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		23.6	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		30.2	31.5 - 35.0 g/l	Calculated
RDW		16.1	11.5 - 14.0 %	Calculated
Platelet count		285	150 - 450 10^3/cumm	Impedance
WBC Count		13200	4000 - 11000 cells/cumm	Impedance
DIFFERENTIAL COUNT				
Neutrophils		70.5	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		25.5	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		2.2	1-6 %	Flow Cytometry/Light microscopy
Monocytes		1.8	2 - 10 %	Flow Cytometry/Light microscopy
Basophils		0.0	0-1 %	Flow Cytometry/Light microscopy
Large Immature cells		0.0		Flowcytometry

Page 1 of 2



DEPARTMENT OF PATHOLOGY

Patient Name	: Mrs. ASM		۲	Age /Gender	: 35 Y(s)/Fe	male
Bill No/ UMR No	:BIL23240	015661/UMR	2324008177	Referred By	: Dr. Vimmi	Goel MBBS,MD
Received Dt	:10-Jun-2	3 08:38 am		Report Date	:10-Jun-23	10:38 am
Parameter		<u>Specimen</u>	<u>Results</u>	<u>Biologica</u>	Reference	Method
Absolute Neutrophil	Count		9306	2000 - 7000 /cu	mm	Calculated
Absolute Lymphocy	te Count		3366	1000 - 4800 /cu	mm	Calculated
Absolute Eosinophil	Count		290.4	20 - 500 /cumm)	Calculated
Absolute Monocyte	Count		237.6	200 - 1000 /cun	nm	Calculated
Absolute Basophil C	ount		0	0 - 100 /cumm		Calculated
<u>PERIPHERAL SN</u>	<u>1EAR</u>					
Microcytosis			Microcytosis +(Few)			
Hypochromasia			Hypochromia +(Few)			
Anisocytosis			Anisocytosis +(Few)			
WBC			As Above			
Platelets			Adequate			
ESR			11	0 - 20 mm/hr		Automated
				Report ***		Westergren's Method

Page 2 of 2

Suggested Clinical Correlation * If neccessary, Please discuss Verified By : : 11100245

Test results related only to the item tested.

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Dr. VAIDEHEE NAIK, MBBS,MD CONSULTANT PATHOLOGIST



DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. ASMITA MANKAR		Age /Gender	:35 Y(s)/F	emale		
Bill No/ UMR No	No : BIL2324015661/UMR2324008177		Referred By	Referred By : Dr. Vimmi Goel MBBS,M			
Received Dt	ceived Dt : 10-Jun-23 08:37 am		Report Date	Report Date :10-Jun-23 10:59 am			
<u>Parameter</u>		<u>Specimen</u>	<u>Results</u>	Biological Re	ference	Method	
Fasting Plasma Glucose		Plasma	86	< 100 mg/dl		GOD/POD,Colorimetric	
GLYCOSYLATED	НАЕМО	GLOBIN (H	BA1C)				
HbA1c			5.5	Non-Diabetic : Pre-Diabetic : % Diabetic :>=	5.7 - 6.4	HPLC	
*** End Of Report ***							

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Dr. VAIDEHEE NAIK, MBBS,MD CONSULTANT PATHOLOGIST



DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. ASMITA MANKAR		
		Age /Gender	: 35 Y(s)/Female
BIII NO/ UMR No			: Dr. Vimmi Goel MBBS,MD
	110 100 22 44 40	biological by	Dr. Vimmi Goel MBBS,MD
	10-301-23 11;48 am	Report Date	:10-Jun-23 01:38 pm

Parameter Post Prandial Plasma Glucose Interpretation:	Specimen Plasma	Results 125	Biological Reference < 140 mg/dl	<u>Method</u> GOD/POD, Colorimetric			
Clinical Decision Value	as per ADA	A Guidelines 20)21				
Diabetes Mellites If,							
Fasting =/>126 mg/dl							
Random/2Hrs.OGTT=/>200 mg/dl							
Impaired Fasting = $100-125 \text{ mg/dl}$							
	Impaired G	lucose Toleran	ce = 140-199 mg/dl				
	Post Prandial Plasma Glucose Interpretation: Clinical Decision Value	Post Prandial Plasma Glucose Plasma Interpretation: Clinical Decision Value as per ADA Diabetes M Fasting =/: Random/2H Impaired F	Post Prandial Plasma Glucose Plasma 125 Interpretation: Clinical Decision Value as per ADA Guidelines 20 Diabetes Mellites If, Fasting =/>126 mg/dl Random/2Hrs.OGTT=/>2 Impaired Fasting = 100-1	Post Prandial Plasma Glucose Plasma 125 < 140 mg/dl			

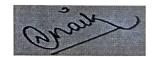
*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

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Dr. VAIDEHEE NAIK, MBBS,MD CONSULTANT PATHOLOGIST



DEPARTMENT OF BIOCHEMISTRY

Patient Name	Patient Name : Mrs. ASMITA MANKAR			Age /Gender : 35 Y(s)/Female		
Bill No/ UMR No	Bill No/ UMR No : BIL2324015661/UMR2324008177			Goel MBBS,MD		
Received Dt	:10-Jun-23 08:38 am	1	Report Date : 10-Jun-23	10:59 am		
LIPID PROFI	LE					
Parameter	Specimen	Results		Method		
Total Cholesterol	Serum	199	< 200 mg/dl	Enzymatic(CHE/CHO/PO		
Triglycerides		137	< 150 mg/dl	D) Enzymatic (Lipase/GK/GPO/POD)		
HDL Cholesterol Di	rect	31	> 50 mg/dl	Phosphotungstic acid/mgcl-Enzymatic (microslide)		
LDL Cholesterol Di	rect	135.08	< 100 mg/dl	Enzymatic		
VLDL Cholesterol		27	< 30 mg/dl	Calculated		
Tot Chol/HDL Rati	0	6	3 - 5	Calculation		
Intiate therape	utic		Consider Drug therapy	LDC-C		
CHD OR CHD risk	c equivalent	>100	>130, optional at 100-129	<100		
Multiple major ris 10 yrs CHD risk>	sk factors conferring 20%					
Two or more add	litional major risk	>130	10 yrs risk 10-20 % >130	<130		
factors,10 yrs CH	ID risk <20%		10 yrs risk <10% >160			
No additional ma	jor risk or one	>160	>190,optional at 160-189	<160		
additional major	risk factor					

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

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UCHUL STITU

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Dr. Anuradha Deshmukh, MBBS, MD

CONSULTANT MICROBIOLOGIST



DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. ASMITA MANKA	R	Age /Gender	:35 Y(s)/Fer	male		
Bill No/ UMR No	:BIL2324015661/UMP	Referred By	:Dr. Vimmi	Goel MBBS,MD			
Received Dt : 10-Jun-23 08:38 am		Report Date	:10-Jun-23	10:59 am			
THYROID PROFILE							
Parameter	Specimen	Results	Biological Ref	erence	Method		
Т3	Serum	0.978	0.55 - 1.70 ng/r	nl	Enhanced chemiluminescence		

1.52

5.25

*** End Of Report ***

0.80 - 1.70 ng/dl

0.50 - 4.80 uIU/ml

Suggested Clinical Correlation * If neccessary, Please discuss

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COLUMN TO A

Free T4

TSH

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Enhanced

Enhanced

Chemiluminescence

chemiluminescence

Dr. Anuradha Deshmukh, MBBS, MD

CONSULTANT MICROBIOLOGIST



DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. ASMITA MANKAR	Age /Gender	: 35 Y(s)/Female
Bill No/ UMR No	:BIL2324015661/UMR2324008177	Referred By	: Dr. Vimmi Goel MBBS,MD
Received Dt	:10-Jun-23 08:38 am	Report Date	:10-Jun-23 10:59 am

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
RFT				
Blood Urea	Serum	15	15.0 - 36.0 mg/dl	Urease with indicator dye
Creatinine		0.50	0.52 - 1.04 mg/dl	Enzymatic (creatinine amidohydrolase)
GFR		125.4		Calculation by CKD-EPI 2021
Sodium		140	136 - 145 mmol/L	Direct ion selective electrode
Potassium		4.38	3.5 - 5.1 mmol/L	Direct ion selective electrode
LIVER FUNCTION	TEST(LFT)			
Total Bilirubin		0.34	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Direct Bilirubin		0.09	0.1 - 0.3 mg/dl	Calculated
Indirect Bilirubin		0.25	0.1 - 1.1 mg/dl	Duel wavelength spectrophotometric
Alkaline Phosphatase		71	38 - 126 U/L	pNPP/AMP buffer
SGPT/ALT		14	13 - 45 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		16	13 - 35 U/L	Kinetic with pyridoxal 5 phosphate
Serum Total Protein		7.47	6.3 - 8.2 gm/dl	Biuret (Alkaline cupric sulphate)
Albumin Serum		4.13	3.5 - 5.0 gm/dl	Bromocresol green Dye Binding
Globulin		3.34	2.0 - 4.0 gm/	Calculated
A/G Ratio		1.24		
A/G Kallo	:	*** End Of Repo	ort ***	

Suggested Clinical Correlation * If neccessary, Please discuss Verified By : : 11100026

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Dr. Anuradha Deshmukh, MBBS,MD CONSULTANT MICROBIOLOGIST



DEPARTMENT OF PATHOLOGY

Patient Name	: Mrs. ASMITA MANKAR	L.	Age /Gender	: 35 Y(s)/Female
Bill No/ UMR No	: BIL2324015661/UMR2324008177		Referred By	:Dr. Vimmi Goel MBBS,MD
Received Dt	:10-Jun-23 09:58 am		Report Date	:10-Jun-23 11:48 am
<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>		Method
URINE MICROS	бсору			
PHYSICAL EXAM	INATION			
Volume	Urine	30 ml		
Colour.		Pale yellow		
Appearance		Clear		
CHEMICAL EXAN	IINATION			
Reaction (pH)	Urine	6.0	4.6 - 8.0	Indicators
Specific gravity		1.010	1.005 - 1.025	ion concentration
Urine Protein		Negative		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
MICROSCOPIC	EXAMINATION			
Epithelial Cells	Urine	0-1	0-4 /hpf	Manual
R.B.C.		Absent	0-4 /hpf	Manual
Pus Cells		0-1	0-4 /hpf	Manual Manual
Casts		Absent		Manual
Crystals		Absent		Maliual
Others				
USF(URINE S	UGAR FASTING)			
Urine Glucose	Urine	Negative		GOD/POD
		*** End Of R	leport ***	

Suggested Clinical Correlation * If neccessary, Please discuss Verified By : : 11100400

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Dr. Anuradha Deshmukh, MBBS,MD CONSULTANT MICROBIOLOGIST



DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name	: Mrs. ASMITA MANKAR	Age /Gender	: 35 Y(s)/Female
Bill No/ UMR No	:BIL2324015661/UMR2324008177	Referred By	:Dr. Vimmi Goel MBBS,MD
Received Dt	:10-Jun-23 08:38 am	Report Date	:10-Jun-23 10:24 am

BLOOD GROUPING AND RH

Parameter BLOOD GROUP.

Specimen Results

EDTA Whole " A " Blood & Plasma/ Serum " Positive "(+Ve) *** End Of Report ***

Gel Card Method

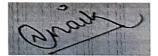
Rh (D) Typing.

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100245

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Dr. VAIDEHEE NAIK, MBBS, MD CONSULTANT PATHOLOGIST



PATIENT NAME:	MRS. ASMITA MANKAR	AGE /SEX:	35 YRS/F
REFERRED BY:	DR. VIMMI GOEL	REPORT DATE:	10/06/2023
REG NO:	2324008177	BILL NO:	23224015661

USG WHOLE ABDOMEN

LIVER is enlarged in size and show increase in echotexture. No evidence of any focal lesion seen. Intrahepatic billiary 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.

PANCREAS is normal in shape, size and echotexture.

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

Both KIDNEYS are normal in shape, size and echotexture. No evidence of calculus or hydronephrosis seen. URETERS are not dilated.

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

Gravid uterus seen with intrauterine gestational sac measuring 1.50 cm corresponding to 6 weeks 2 days of gestation. No fetal pole seen. No adnexal mass lesion seen.

There is no free fluid or abdominal lymphadenopathy seen.

IMPRESSION -Mild hepatomegaly with fatty infiltration. Gravid uterus. No other significant abnormality seen. Suggest clinical correlation / further evaluation.

DR NAVEEN PUGALIÁ². MBBS, MD [076125] SENIOR CONSULTANT RADIOLOGIST





2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

Patient Name	ł	Mrs. Asmita Mankar
Age		35 years / Female
UMR	;	UMR2324008177
Date	÷	10/06/2023
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 70% Normal LV diastolic function E/A is 1.7 E/E' is 7.4 (Normal filling pressure) 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 70%. Normal LV diastolic function. E Velocity is 105 cm/s, A Velocity is 62 cm/s. E/A is 1.7. Valves are normal. 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 12.7 cm/sec & at lateral mitral annulus is 16 cm/sec. E/E' is 7.4 (Average).

M Mode echocardiography and dimension:

	Normal rar (adults) (c		Observed (mm)
Left atrium	19-40	7-37	32
Aortic root	20-37	7-28	24
LVIDd	35-55	8-47	42
LVIDs	23-39	6-28	28
IVS (d)	6-11	4-8	10
LVPW (d)	6-11	4-8	10
LVEF %	~ 60%	~60%	70%
Fractional Shortening			40%

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

P.T.O

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