

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 Hospitals
NAGPUR
Phone No.: 7499913052

mediwheel Rd - Nagpur,
KIMS-KINGSWAY
HOSPITALS

Name: Mrs. Ganga Mohalikar Date: 24/8/24

Age: 35 Sex: M/F Weight: 55.8 kg Height: 157.0 inc BMI: 22.3

BP: 117/85 mmHg Pulse: 82/M bpm RBS: _____ mg/dl
SpO2: 99% LMP: 29/7/24

Name: Ms. Ganga Mohadikal Date: 24/08/24

Age: _____ Sex: M/F Weight: _____ kg Height: _____ inc BMI: _____

BP: _____ mmHg Pulse: _____ bpm RBS: _____ mg/dl

Routine dental checkup .

O/E:- Deep bite present
Stains +
calculus + .

Advice:- Orthodontic treatment .
Complete oral prophylaxis .

Dr. Megha N.

Dr. Mugdha Jungari (Gill)
MBBS, MS, DNB (OBGY), FMAS
Sr. Consultant Obstetrics & Gynaecology
High Risk Pregnancy Expert & Laparoscopic Surgeon
Reg. No: 2020126915

Name: Gangya Date: 24/8/24
Age: 35 yr Sex: M/F Weight: _____ kg Height: _____ inc BMI: _____

- MS - 2 yrs
- P_{1h} - 0⁸ 1/2 yrs / USG - pre diabetic
- CMP - end of July. Reg.
- P/A soft NO GTR
- PS - WDP pap taken
- PV - UT @ size
Rx
Cap Cosfen 600mg vaginally
alternate nights
- (2)
- pap smear
Dhruv



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. GANGA MOHADIKAR	Age /Gender : 35 Y(s)/Female
Bill No/ UMR No : BIL2425041467/UMR2324030163	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 24-Aug-24 09:37 am	Report Date : 24-Aug-24 01:31 pm

HAEMOGRAM

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Haemoglobin	Blood	12.1	12.0 - 15.0 gm%	Photometric
Haematocrit(PCV)		36.9	36.0 - 46.0 %	Calculated
RBC Count		4.32	3.8 - 4.8 Millions/cumm	Photometric
Mean Cell Volume (MCV)		85	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		28.0	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		32.9	31.5 - 35.0 g/l	Calculated
RDW		15.4	11.5 - 14.0 %	Calculated
Platelet count		275	150 - 450 10 ³ /cumm	Impedance
WBC Count		6700	4000 - 11000 cells/cumm	Impedance

DIFFERENTIAL COUNT

Neutrophils	64.2	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes	29.3	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils	3.6	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes	2.9	2 - 10 %	Flow Cytometry/Light microscopy
Basophils	0.0	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count	4301.4	2000 - 7000 /cumm	Calculated



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<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Absolute Lymphocyte Count		1963.1	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		241.2	20 - 500 /cumm	Calculated
Absolute Monocyte Count		194.3	200 - 1000 /cumm	Calculated
Absolute Basophil Count		0	0 - 100 /cumm	Calculated
<u>PERIPHERAL SMEAR</u>				
RBC		Normochromic Normocytic, Anisocytosis +(Few)		Light microscopy
WBC		Within normal limits		
Platelets		Adequate		
E S R		32	0 - 20 mm/hr	Automated Westergren's Method
*** End Of Report ***				

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100245

Test results related only to the item tested.

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Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. GANGA MOHADIKAR	Age / Gender : 35 Y(s)/Female
Bill No/ UMR No : BIL2425041467/UMR2324030163	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 24-Aug-24 09:36 am	Report Date : 24-Aug-24 12:12 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	98	< 100 mg/dl	GOD/POD,Colorimetric

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

HbA1c	5.6	Non-Diabetic : <= 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %	HPLC
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CONSULTANT PATHOLOGIST

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Phone: +91 0712 6789100

CIN: U74999MH2018PTC303510



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. GANGA MOHADIKAR	Age / Gender : 35 Y(s)/Female
Bill No/ UMR No : BIL2425041467/UMR2324030163	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 24-Aug-24 01:08 pm	Report Date : 24-Aug-24 02:11 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Post Prandial Plasma Glucose	Plasma	81	< 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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LIPID PROFILE

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Total Cholesterol	Serum	116	Enzymatic(CHE/CHO/PO D)
Triglycerides		108	Enzymatic (Lipase/GK/GPO/POD)
HDL Cholesterol Direct		36	Phosphotungstic acid/mgcl-Enzymatic (microslide)
LDL Cholesterol Direct		59.84	Calculated
VLDL Cholesterol		22	Calculation
Tot Chol/HDL Ratio		3	

<u>Initiate therapeutic</u>	<u>Consider Drug therapy</u>	<u>LDC-C</u>
CHD OR CHD risk equivalent	>100	<100
Multiple major risk factors conferring 10 yrs CHD risk >20%	>130	<130
Two or more additional major risk factors, 10 yrs CHD risk <20%	>160	<160
No additional major risk or one additional major risk factor	>190, optional at 160-189	<160

*** End Of Report ***

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Dr. Anuradha Deshmukh, MBBS,MD
CONSULTANT MICROBIOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. GANGA MOHADIKAR	Age / Gender : 35 Y(s)/Female
Bill No/ UMR No : BIL2425041467/UMR2324030163	Referred By : Dr. Vimmi Goel MBBS,MD
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LIVER FUNCTION TEST(LFT)

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Total Bilirubin	Serum	0.65	0.2 - 1.3 mg/dl	
Direct Bilirubin		0.49	0.1 - 0.3 mg/dl	
Indirect Bilirubin		0.16	0.1 - 1.1 mg/dl	
Alkaline Phosphatase		99	38 - 126 U/L	
SGPT/ALT		19	13 - 45 U/L	
SGOT/AST		21	13 - 35 U/L	
Serum Total Protein		6.81	6.3 - 8.2 gm/dl	
Albumin Serum		4.05	3.5 - 5.0 gm/dl	
Globulin		2.75	2.0 - 4.0 gm/dl	Bromocresol green Dye Binding
A/G Ratio		1.5		

*** End Of Report ***

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Dr. Anuradha Deshmukh, MBBS,MD
CONSULTANT MICROBIOLOGIST



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. GANGA MOHADIKAR
Age / Gender : 35 Y(s)/Female
Bill No/ UMR No : BIL2425041467/UMR2324030163
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Received Dt : 24-Aug-24 09:37 am
Report Date : 24-Aug-24 12:12 pm

RFT

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
Blood Urea	Serum	16	15.0 - 36.0 mg/dl	
Creatinine		0.5	0.52 - 1.04 mg/dl	
GFR		125.4	>90 mL/min/1.73m square.	
Sodium		138	136 - 145 mmol/L	Direct ion selective electrode
Potassium		3.93	3.5 - 5.1 mmol/L	

*** End Of Report ***

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CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. GANGA MOHADIKAR **Age / Gender** : 35 Y(s)/Female
Bill No/ UMR No : BIL2425041467/UMR2324030163 **Referred By** : Dr. Vimmi Goel MBBS,MD
Received Dt : 24-Aug-24 09:37 am **Report Date** : 24-Aug-24 01:12 pm

THYROID PROFILE

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
T3	Serum	1.50	0.55 - 1.70 ng/ml	
Free T4		1.10	0.80 - 1.70 ng/dl	
TSH		1.44	0.50 - 4.80 uIU/ml	Enhanced chemiluminescence

*** End Of Report ***

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Dr. Anuradha Deshmukh, MBBS,MD
CONSULTANT MICROBIOLOGIST



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. GANGA MOHADIKAR	Age / Gender : 35 Y(s)/Female
Bill No/ UMR No : BIL2425041467/UMR2324030163	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 24-Aug-24 10:28 am	Report Date : 24-Aug-24 01:14 pm

URINE MICROSCOPY

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
<u>PHYSICAL EXAMINATION</u>				
Volume	Urine	20 ml		
Colour.		Pale yellow		
Appearance		Clear	Clear	
<u>CHEMICAL EXAMINATION</u>				
Specific gravity		1.020	1.005 - 1.025	ion concentration
Reaction (pH)		5.0	4.6 - 8.0	Indicators
Nitrate		Negative	Negative	protein error of pH indicator
Urine Protein		Negative	Negative	GOD/POD
Sugar		Negative	Negative	Legal's est Principle
Ketone Bodies		Negative	Negative	Ehrlich's Reaction
Urobilinogen		Normal	Normal	Diazonium
Bilirubin		Negative	Negative	
<u>MICROSCOPIC EXAMINATION</u>				
Pus Cells		0-1	0 - 4 /hpf	
R.B.C.		Absent	0 - 4 /hpf	
Epithelial Cells		0-1	0 - 4 /hpf	
Casts		Absent	Absent	



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

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Bill No/ UMR No : BIL2425041467/UMR2324030163	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 24-Aug-24 10:28 am	Report Date : 24-Aug-24 01:14 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference Method</u>
Crystals		Absent	
*** End Of Report ***			

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11101027

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Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. GANGA MOHADIKAR
Age / Gender : 35 Y(s)/Female
Bill No/ UMR No : BIL2425041467/UMR2324030163
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 24-Aug-24 10:28 am
Report Date : 24-Aug-24 01:14 pm

USF(URINE SUGAR FASTING)

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
Urine Glucose	Urine	Negative		STRIP
*** End Of Report ***				

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11101027

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Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. GANGA MOHADIKAR **Age / Gender** : 35 Y(s)/Female
Ill No/ UMR No : BIL2425041467/UMR2324030163 **Referred By** : Dr. Vimmi Goel MBBS,MD
Received Dt : 24-Aug-24 12:14 pm **Report Date** : 24-Aug-24 02:11 pm

URINE SUGAR

Parameter
Urine Glucose

Result Values

Negative
*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11101027

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Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF IMMUNO HAEMATOLOGY

Name : Mrs. GANGA MOHADIKAR
UMR No : BIL2425041467/UMR2324030163
Received Dt : 24-Aug-24 09:37 am

Age / Gender : 35 Y(s)/Female
Referred By : Dr. Vimmi Goel MBBS,MD
Report Date : 24-Aug-24 12:19 pm

BLOOD GROUPING AND RH

<u>Specimen</u>	<u>Results</u>
EDTA Whole Blood & Plasma/ Serum	"AB"

Gel Card Method

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

Blood Grouping
Parameter
Blood Grouping
(D) Typing.

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100245

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Jaiswal
DR. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST

DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

NAME	GANGA MOHADIKAR	STUDY DATE	24-08-2024
AGE/ SEX	35Y4M23D / F	HOSPITAL NO.	UMR23240
ACCESSION NO.	BIL2425041467-10	MODALITY	DX
REPORTED ON	24-08-2024 12:34	REFERRED BY	Dr. Vimmi

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. AAVEEN PUGALIA
MBBS, MD [076125]
SENIOR CONSULTANT RADIOLOGIST.

PATIENT NAME:	MRS. GANGA MOHADIKAR	AGE /SEX:	35Y/F
UMR NO:	2324030163	BILL NO:	2425041467
REF BY	DR. VIMMI GOEL	DATE:	24/08/2024

USG WHOLE ABDOMEN

LIVER is normal in size, shape and shows normal 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 minimally distended.

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.

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

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

Uterus is retroverted and retroflexed. It measures 7.3 x 4.5 x 4.0 cm.
No focal myometrial lesion seen.

Endometrial echo-complex appears normal. ET – 11.5 mm.

Small nabothian cyst is seen in cervix.

Right ovary is normal in size, shape and echotexture.

Left ovary could not be visualized due to bowel gas.

No adnexal mass lesion seen.

Minimal free fluid seen in POD.

Small defect of size 5.7 mm is seen in anterior abdominal wall in umbilical region with herniation of omental fat through it.

IMPRESSION:

- **Small umbilical hernia.**
- **No other significant visceral abnormality seen.**



Kingsway Hospitals
44 Kingsway, Mohan Nagar,
Near Kasturchand Park, Nagpur

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Mrs. Ganga, Mohadikar
Patient ID: 030163
Height:
Weight:
Study Date: 24.08.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

DOB: 02.04.1989
Age: 35yrs
Gender: Female
Race: Indian
Referring Physician: Mediwheel HCU
Attending Physician: Dr. Vimmi Goel
Technician: --

Medications:

Medical History:

NIL
Reason for Exercise Test:

Screening for CAD

Exercise Test Summary:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:36	0.00	0.00	80	110/70	
	STANDING	00:01	0.00	0.00	80		
	WARM-UP	00:10	1.00	0.00	88		
EXERCISE	STAGE 1	03:00	1.70	10.00	115	110/70	
	STAGE 2	03:00	2.50	12.00	120	120/80	
	STAGE 3	03:00	3.40	14.00	144	130/80	
	STAGE 4	00:20	4.20	16.00	160		
RECOVERY		01:00	0.00	0.00	113	140/80	
		02:00	0.00	0.00	83	140/80	
		00:21	0.00	0.00			

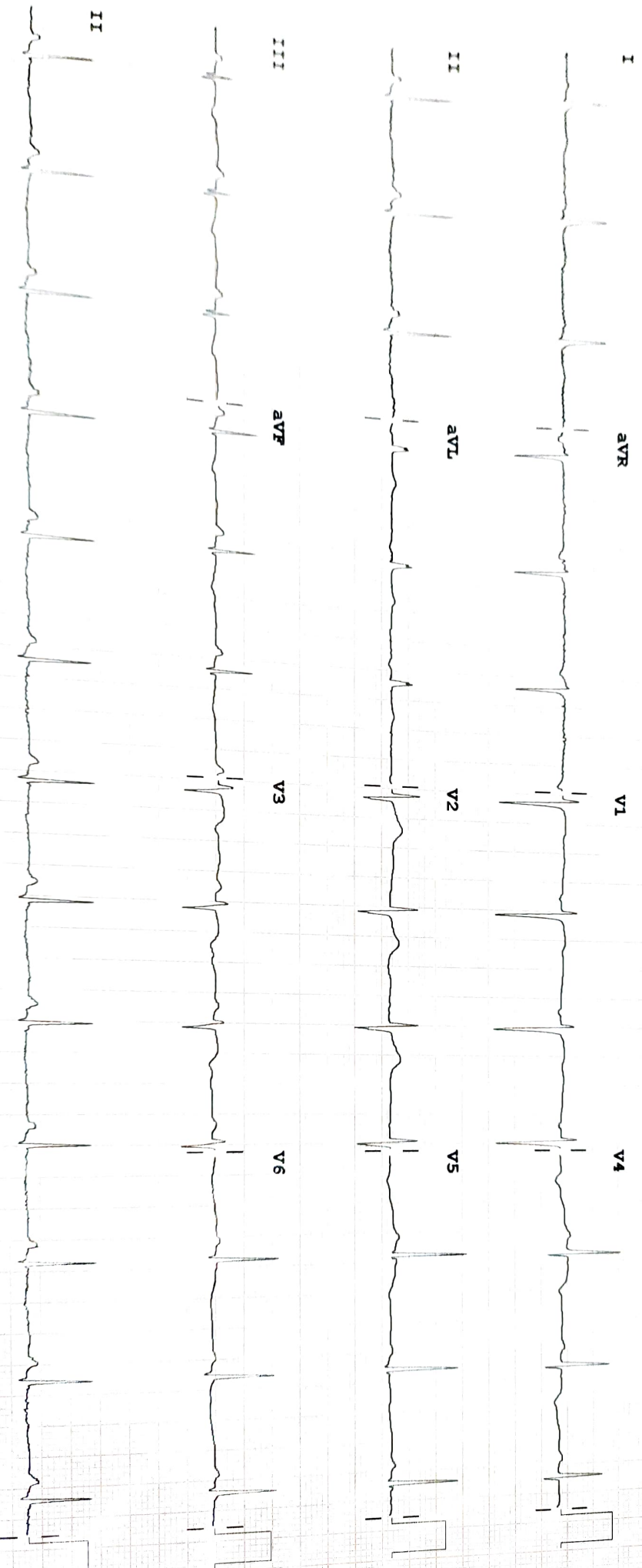
The patient exercised according to the BRUCE for 9:20 min:s, achieving a work level of Max. METS: 11.10. The resting heart rate of 79 bpm rose to a maximal heart rate of 164 bpm. This value represents 88% of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation:

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ECG Changes: Insignificant ST-T changes seen.
Overall impression: Normal stress test.

Conclusions:

ECG is negative for inducible ischemia.
ECG changes seen.



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50 ~ 0.50-150 Hz W

100B CL