

**Place Label Here**  
 Pt. Name : \_\_\_\_\_  
 UMR : \_\_\_\_\_  
 Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
 IP : \_\_\_\_\_  
 If label not available, write Pt. Name, IP No., Sex,  
 Date, Name of Treating Physician

**OPD Nursing Assessment - Adult**

Name: Shraddha Patil Date of Birth : — Age/Sex: 39/F UMR No.: PVV

**Assessment :**

Height: 153 cms Weight: 54 kg. BMI: 23.1 Respiration: 20 /min Pulse H/R: 92 /min  
 BP: 134/96 mmHG Temperature : — °F/°C SpO2 97 % BSL —

Chief Complaints : Health check-up

**Tick Appropriate :**

- Interpreter Needed  Yes  No
- Nutritional Status: Weight Loss/Gain in Last 3 Months  Yes  No
- If Weight Loss / Gain-Dietary Referral  Yes  No
- Psychological Assessment Agitated Anxious  Yes  No  Normal
- (If Agitated, Inform Physician)  Irritable

Any Allergies Known Including Drugs : Nil  
 Past History: Any Surgeries Explain : Nil  
 Any Other illness: Explain : DM



Pain Score: Numerical Scales (1-10) — Location — Characteristics —  
 Need to be seen immediately by the Doctor  Yes  No  
 Fall risk: Age 65Yrs. — Tremors — High Grade Fever — H/O Fall in last 3 months —  
 Cardiac Medicines — Seizure Medications — Fall Prevention Education Done Yes

Name of Nurse	ID No. of Nurse	Signature of Nurse	Date & Time
<u>Suryakanta</u>	<u>027711</u>	<u>Suryakanta</u>	<u>15/4/24</u>



<b>Patient ID:</b>	PUU21680	<b>Patient Name:</b>	SHRADDHA PAKHALE
<b>Age:</b>	39 Years	<b>Sex:</b>	F
<b>Accession Number:</b>	PUR21680-TU	<b>Modality:</b>	DX
<b>Referring Physician:</b>	HC	<b>Study:</b>	CHEST
<b>Study Date:</b>	15-Apr-2024		

### X RAY CHEST PA VIEW


**FINDINGS** : Chest PA view with no comparison study shows.

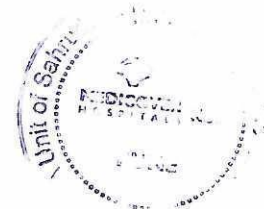
- **Prominent bronchovascular markings noted in bilateral lung fields.**
- Rest of the visualized lung fields are clear.
- No obvious consolidation is seen.
- There is no pleural effusion or pneumothorax seen.
- No pneumoperitoneum is seen.
- The cardiac silhouette appears within normal limits.
- The diaphragmatic shadow and mediastinal structures are within normal limits.
- Visualized osseous structures demonstrate no obvious abnormality.

### IMPRESSION :

- ❖ No radiographically evident acute cardiopulmonary process in the present study.

*Needs clinical correlation.*

  
**Dr. Madhuri Avhad (MBBS DMRD)**  
**Consultant Radiologist**  
*(typed & printed by sk)*





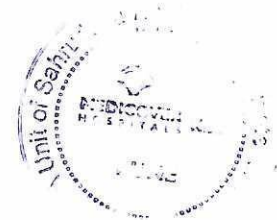
**DEPARTMENT OF LABORATORY**

<b>Patient Name</b> : Mrs. SHRADDHA PAKHALE	<b>Age /Gender</b> : 39 Y(s)/Female
<b>Bill No/ UMR No</b> : PUBC21693/PUU21680	<b>Referred By</b> : Dr. GENERAL MEDICINE CONSUL
<b>Received Dt</b> : 15-Apr-24 11:44 am	<b>Report Date</b> : 15-Apr-24 08:27 pm

**FINAL REPORT**

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>
<b>CUE (COMPLETE URINE EXAMINATION)</b>			
<b>GENERAL EXAMINATION</b>			
VOLUME	Urine	25	10 ml to 25 ml
COLOUR		PALE YELLOW	PALE YELLOW
APPEARANCE		SLIGHTLY HAZY	CLEAR
SPECIFIC GRAVITY		1.005	1.010 - 1.030
PH		5.0	4.5 - 8.0
<b>CHEMICAL EXAMINATION</b>			
PROTEIN	Urine	ABSENT	ABSENT
GLUCOSE		+	ABSENT
BLOOD		TRACE	ABSENT
LEUCOCYTES		NEGATIVE	NEGATIVE
UROBILINOGEN		NORMAL	NORMAL
KETONE		ABSENT	ABSENT
BILIRUBIN		NEGATIVE	NEGATIVE
NITRITE		NEGATIVE	NEGATIVE
<b>MICROSCOPIC EXAMINATION</b>			
PUS CELLS	Urine	1-2	0 - 5 /hpf
RBC		4-5	0 - 2 /hpf
EPITHELIAL CELLS		1-2	0 - 5 /hpf
CRYSTALS		NIL	ABSENT
CASTS		ABSENT	ABSENT

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



System Name : m



DEPARTMENT OF LABORATORY

Patient Name : Mrs. SHRADDHA PAKHALE
Age /Gender : 39 Y(s)/Female
Bill No/ UMR No : PUBC21693/PUU21680
Referred By : Dr. GENERAL MEDICINE CONSUL
Received Dt : 15-Apr-24 11:44 am
Report Date : 15-Apr-24 08:27 pm

FINAL REPORT

Table with 5 columns: Parameter, Specimen, Result Values, Biological Reference, Method. Rows include Complete Blood Count (Hemoglobin, WBC, Platelet Count, etc.), Differential Count (Neutrophils, Lymphocytes, etc.), Peripheral Smear Examination, Blood Grouping and Rh, and ESR.

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



System Name : m



**DEPARTMENT OF LABORATORY**

**Patient Name** : Mrs. SHRADDHA PAKHALE  
**Age / Gender** : 39 Y(s)/Female  
**Bill No/ UMR No** : PUBC21693/PUU21680  
**Referred By** : Dr. GENERAL MEDICINE CONSUL  
**Received Dt** : 15-Apr-24 11:48 am  
**Report Date** : 15-Apr-24 08:27 pm

Parameters                      Specimen      Result                      Biological Reference In Method



System Name : m



**DEPARTMENT OF LABORATORY**

<b>Patient Name</b> : Mrs. SHRADDHA PAKHALE	<b>Age /Gender</b> : 39 Y(s)/Female
<b>Bill No/ UMR No</b> : PUBC21693/PUU21680	<b>Referred By</b> : Dr. GENERAL MEDICINE CONSUL
<b>Received Dt</b> : 15-Apr-24 11:49 am	<b>Report Date</b> : 15-Apr-24 08:27 pm

**FINAL REPORT**

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
<b>FBS (FASTING BLOOD SUGAR)</b>				
FASTING BLOOD GLUCOSE		196.2	Normal Range : 70 - 99 mg/dL Impaired Glucose tolerance : 100 - 125 mg/dL Diabetes Mellitus : - > 126 mg/dL	Hexokinase
<b>HBA1C (GLYCOSYLATED HAEMOGLOBIN)</b>				
HBA1C		7.3	Normal < 5.7 Pre diabetic 5.7 - 6.5 Diabetic > 6.5 ;	TINIA
<b>SERUM CREATININE</b>				
		0.46	0.6 - 1.2 mg/dL	Jaffe
<b>LFT(LIVER FUNCTION TEST)</b>				
TOTAL BILIRUBIN		0.29	0.1 - 1.2 mg/dL	Colorimetric diazo method
DIRECT BILIRUBIN		0.14	<= 0.20 mg/dL	Method: Diazo Method
INDIRECT BILIRUBIN		0.15	<= 1.0 mg/dL	
SGPT (ALT)		15.5	<= 33 U/L	Enzymatic
SGOT (AST)		15.6	<= 32 U/L	Enzymatic
ALKALINE PHOSPHATASE (ALP)		99	35 - 104 U/L	PNPP
TOTAL PROTEINS		7.44	6.4 - 8.3 g/dL	Method : Biuret method
SERUM ALBUMIN		4.59	3.5 - 5.2 g/dL	Method : Bromcresol Green (BCG)
GLOBULINS		2.85	1.8 - 3.6 g/dL	
A/G RATIO		1.61	1.1 - 2.2	
GAMMA GLUTAMYL TRANSFERASE(GGT)		16	6 - 42 U/L	Enzymatic colorimetric assay (IFCC)
<b>LIPID PROFILE</b>				
TOTAL CHOLESTEROL		165.8	Borderline High : 200 - 240 mg/dL High risk : > 240 mg/dL Desirable: : < 200 mg/dL	Enzymatic, Colorimetric Method
HDL CHOLESTEROL		29.7	Major risk factor for heart disease : : < 40 mg/dL Negative risk factor for heart disease : : > 60 mg/dL	Homogeneous enzymatic colorimetric assay



System Name : m



**DEPARTMENT OF LABORATORY**

<b>Patient Name</b> : Mrs. SHRADDHA PAKHALE	<b>Age /Gender</b> : 39 Y(s)/Female
<b>Bill No/ UMR No</b> : PUBC21693/PUU21680	<b>Referred By</b> : Dr. GENERAL MEDICINE CONSUL
<b>Received Dt</b> : 15-Apr-24 12:11 pm	<b>Report Date</b> : 15-Apr-24 08:27 pm

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference In Method</u>
LDL CHOLESTEROL		30.14	Optimal : - < 100 mg/dL Near Optimal : 100 - 129 mg/dL Borderline High : 130 - 159 mg/dL High : 160 - 189 mg/dL Very High : - > 190 mg/dL
VLDL		105.96	6 - 38 mg/dl
SERUM TRYGLYCERIDES		529.8	Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL Normal : < 150 mg/dL
CHO/HDL RATIO		5.58	Normal : - < 3.5 High Risk : - > 5.0
LDL/HDL RATIO		1.01	2.5 - 3.5
COMMENT			10-12 hours fasting is mandatory for Lipid profile parameters. If not ,Values may not be accurate.
SERUM URIC ACID		3.5	2.4 - 5.7 mg/dL Enzymatic colorimetric test
<b>BUN(BLOOD UREA NITROGEN)</b>			
BUN (Blood Urea Nitrogen.)		7.6	7.0 - 21.0 mg/dL Calculatead
<b>PPBS (POST PRANDIAL BLOOD SUGAR)</b>			
PPBS (POST PRANDIAL BLOOD SUGAR )		246.3	Normal range : < 140 mg/dL Impaired glucose tolerance : <= 199 mg/dL Diabetes Milletus : >= 200 mg/dL Hexokinase
<b>T3,T4 AND TSH</b>			
T3		1.65	0.8 - 2.0 ng/mL
T4		13.30	5.1 - 14.1 ug/dL
TSH(THYROID STIMULATING HORMONE)		2.27	0.27 - 4.2 uIU/mL Method : ECLIA Method : ECLIA Method : ECLIA

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



System Name : m



**DEPARTMENT OF LABORATORY**

**Patient Name** : Mrs. SHRADDHA PAKHALE

**Bill No/ UMR No** : PUBC21693/PUU21680

**Received Dt** : 15-Apr-24 12:11 pm

**Age /Gender** : 39 Y(s)/Female

**Referred By** : Dr. GENERAL MEDICINE CONSUL

**Report Date** : 15-Apr-24 08:27 pm

Parameters

Specimen

Result

Biological Reference In Method

**Lab Incharge**

**Dr. BAHIRWADE GANESH KISAN, MBBS, MD**  
**CONSULTANT PATHOLOGIST**

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.







Mrs. Shradha. Patchale

15/04/2024

= 39/F

H/O: Diabetes :: 7yrs. + medical.

O/E: Periodontitis wt  
Scals & Polyps =

4312/213 L,

- RCT 6/.

- Ext 8/8 Impacted 18.

Ades: Ex

Adv: oral prophylaxis

- RCT 6/.

- Ext 8/8

Dr. Roshani J. Kotian  
B.D.S (NHDC)  
Consultant General Dentist  
Reg. : A-28060



Date:- 15/6/20

Name:- Mrs. Shradha Patil

Age/Sex:- 31/F

S/B: Ophthalmologist: Dr. Kirti Mane

Eye	UCVA	PGVA	Pinhole	NEAR	COLOR VISION
Right	6/7.5	} with glasses	6/7.5	clear	
Left	6/7.5		6/7.5		

Other findings:- far vision is blue & not clear

Squint

Nystagmus

Night blindness:-

} No

Impression:-

Eye exam is within Abnormal

for desired fitness for work.

**Dr. Kirti Mane**  
MBBS, DOMS, MMC  
Reg. No. : 2005/05/2708



NAME OF PATIENT: MRS. SHARDDHA PAKHALE	AGE/SEX: 39 YRS/F
REF BY: Dr.PRASHANT SHINDE	DATE: 15/04/2024
PRN NO: PUU21680	WARD : HC

**2D ECHOCARDIOGRAPHY & COLOR DOPPLER STUDY**

All chambers normal sized.  
No regional wall motion anomaly at rest.  
Good LV and RV systolic function, LVEF= 60 %  
IAS/IVS intact.  
All valves normal.  
Great artery origins normal.  
No clot/vegetation/effusion.  
No coarctation of aorta.  
IVC collapsible.

**MEASUREMENTS: -**

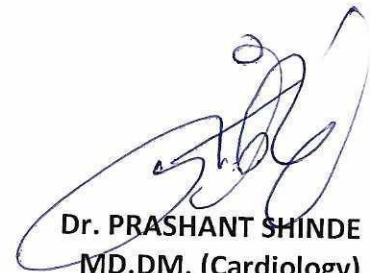
Aortic annulus	LA	IVS	PW(D)	LVIDd	LVIDs	LVEF
18	28	9	9	36	23	60%

**COLOR DOPPLER STUDY: -**

Normal flow velocity patterns across all valves.  
No pulmonary hypertension.

**CONCLUSION:-**

Normal chamber dimensions.  
Good biventricular function. (LVEF = 60%).  
Normal flow velocity patterns across all valves.  
No pulmonary hypertension.  
IVC collapsible.



**Dr. PRASHANT SHINDE**  
MD.DM. (Cardiology)  
Consultant and interventional Cardiologist



**DEPARTMENT OF RADIOLOGY**

<b>Patient Name : Mrs. Sharddha Pakhale</b>	<b>Age : 39 yrs / F</b>
<b>Ref. By : Health check up</b>	<b>OPD/IPD No: PUU: 21680</b>
<b>Date of USG: 15/04/2024</b>	<b>Date of Reporting: 15/04/2024</b>

**USG ABDOMEN AND PELVIS**

**Liver** : is mildly enlarged in size (measures 17.0 cm in craniocaudal axis) and shape, No focal lesion is seen. No IHBRD. **Grade I fatty infiltration of liver.**

**CBD** : Visualized part is normal in caliber at the porta.

**Portal Vein**: is normal in caliber at the porta. No evidence of thrombosis of the visualized part at the porta.

**Gall Bladder** : is partially distended. No evidence of calculus seen. Sonographic Murphy's sign is negative. No evidence of pericholecystic collection.

**Pancreas** : Visualized part of head and body appears normal in caliber and echogenicity.

**Spleen** : is normal in size (measures 10.8 cm), shape and echogenicity. No focal lesion is noted.

**Kidneys** : Right Kidney: 11.9 x 4.8 cm. Left Kidney: 11.5 x 4.2 cm.  
Both kidneys appear normal in size, shape, echogenicity and corticomedullary differentiation. No evidence of hydronephrosis. No focal lesion or calculus is noted.

**Urinary Bladder** : is well distended and show normal wall thickness.  
No calculus/focal lesion is seen.

**Uterus** : is bulky in size. It measures 11.5 x 6.2 x 4.2 cm.  
Endometrium is thickened & measures: 10 mm.  
No focal lesion is seen.

**Ovaries** : **Right ovary** : 3.7 x 3.2 x 1.7 cm, vol- 7 cc. **Normal in size & shows multiple small peripherally arranged follicles with central echogenic stroma.**

**Left ovary** : 3.0 x 3.0 x 1.2 cm- vol- 5cc. Left ovary is normal in size, shape and morphology.  
No adnexal mass lesion is seen.

Retro peritoneum is obscured by bowel gases. No free fluid is noted. No pleural effusion.

**IMPRESSION:**

- **Mild hepatomegaly with grade I fatty infiltration.**
- **Bulky uterus with thickened endometrium.**
- **Polycystic changes in right ovary.**

**Needs clinical correlation & follow up recommended.**

*Madhuri Avhad*

**Dr. Madhuri Avhad (MBBS DMRD)**  
**Consultant Radiologist**

15-04-2024 10:05:20 AM

2024041510045794  
Name: shradha pakhale  
Age: 39 Years  
Gender: Female

Vent. Rate 94 bpm  
PR Interval 130 ms  
QRS Duration 84 ms  
QT/QTc Interval 366/426 ms  
P/QRS/T Axes 56/54/7 deg  
QTc: Hodges

Sinus rhythm  
Normal ECG

Unconfirmed Diagnosis

