

Dr. Vimmi Goel
MBBS, MD (Internal Medicine)
Sr Consultant Non Invasive Cardiology
Reg. No: MMC- 2014/01/0113

Preventive Health Check up
KIMS Kingsway Hospitals
Nagpur
Phone No.: 7499913052



Name: Mrs. Sujata Lakade Date: 8/6/24
Age: 46y Sex: M F Weight: 62.4 kg Height: 153.2 inc BMI: 26.6
BP: 109/72 mmHg Pulse: 70/m bpm RBS: _____ mg/dl
SPO2: 99% LMP: 20/5/24

Dr. Mugdha Jungari (Gill)
MBBS, MS, DNB (OBGY), FMAS
Sr. Consultant Obstetrics & Gynaecology
High Risk Pregnancy Expert & Laparoscopic Surgeon
Reg No 2020128012

Name Srijata K Lokade Date 8/6/24
Age 46 yr Sex M/F Weight kg Height inc BMI BMI

P₂L₂ MTP, prev 2 USG, TL done
LMP- 20/5/24

→ No Gynecological
Complaints

USG pelvis - (n)

Pt is not willing to get
Pap Smear done &

Adv

Sup Gas

Srijata

Name: Mrs. Sujata Lakade Date: 8/6/24
Age: 46 years Sex: M/F Weight: _____ kg Height: _____ inc BMI: _____
BP: _____ mmHg Pulse: _____ bpm RBS: _____ mg/dl

Routine Dental Check Up

PMH - not significant

PDH - H/O RC \bar{c} $\frac{+}{5}$

O/E - Prosthetic crown \bar{c} $\frac{+}{5}$

- Open contacts \bar{c} $\frac{65+}{\uparrow}$

Adv - Replacement of prosthesis \bar{c} $\frac{+}{5}$

1
Dr. Trupti



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. SUJATA LOKADE	Age / Gender : 46 Y(s)/Female
Bill No/ UMR No : BIL2425018683/MRNP2425007864	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 08-Jun-24 09:10 am	Report Date : 08-Jun-24 10:47 am

HAEMOGRAM

Parameter	Specimen	Results	Biological Reference	Method
Haemoglobin	Blood	12.0	12.0 - 15.0 gm%	Photometric
Haematocrit(PCV)		37.8	36.0 - 46.0 %	Calculated
RBC Count		4.77	3.8 - 4.8 Millions/cumm	Photometric
Mean Cell Volume (MCV)		79	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		25.2	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		31.9	31.5 - 35.0 g/l	Calculated
RDW		15.0	11.5 - 14.0 %	Calculated
Platelet count		271	150 - 450 10^3 /cumm	Impedance
WBC Count		4400	4000 - 11000 cells/cumm	Impedance

DIFFERENTIAL COUNT

Neutrophils		55.0	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		32.9	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		6.8	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes		5.2	2 - 10 %	Flow Cytometry/Light microscopy
Basophils		0.1	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count		2420	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		1447.6	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		299.2	20 - 500 /cumm	Calculated
Absolute Monocyte Count		228.8	200 - 1000 /cumm	Calculated
Absolute Basophil Count		4.4	0 - 100 /cumm	Calculated
<u>PERIPHERAL SMEAR</u>				
RBC		Microcytosis + (Few), Hypochromia + (Few), Anisocytosis + (Few) As above		Light microscopy
WBC		Adequate		
Platelets		19	0 - 20 mm/hr	Automated Westergren's Method
ESR		*** End Of Report ***		

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100499

Test results related only to the item tested.

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Dr. VAIDEHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

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Received Dt : 08-Jun-24 09:09 am	Report Date : 08-Jun-24 11:24 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	89	< 100 mg/dl	GOD/POD, Colorimetric
Post Prandial Plasma Glucose		73	< 140 mg/dl	GOD/POD, Colorimetric

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

HbA1c	5.1	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



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DEPARTMENT OF BIOCHEMISTRY

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LIPID PROFILE

Parameter	Specimen	Results	Method
Total Cholesterol	Serum	154	Enzymatic(CHE/CHO/PO D)
Triglycerides		< 200 mg/dl	Enzymatic (Lipase/GK/GPO/POD)
HDL Cholesterol Direct		< 150 mg/dl	Phosphotungstic acid/mgcl-Enzymatic (microslide)
LDL Cholesterol Direct		> 50 mg/dl	Enzymatic
VLDL Cholesterol		87.22	Calculated
Tot Chol/HDL Ratio		2	Calculation
		< 100 mg/dl	
		< 30 mg/dl	
		3 - 5	

Intiate therapeutic

CHD OR CHD risk equivalent	Consider Drug therapy	LDC-C
Multiple major risk factors conferring 10 yrs CHD risk >20%	>100	>130, optional at 100-129
Two or more additional major risk factors, 10 yrs CHD risk <20%	>130	10 yrs risk 10-20 % >130
No additional major risk or one additional major risk factor	>160	10 yrs risk <10% >160
		>190, optional at 160-189
		<100
		<130
		<160

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

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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	0.54	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Direct Bilirubin		0.31	0.1 - 0.3 mg/dl	Calculated
Indirect Bilirubin		0.23	0.1 - 1.1 mg/dl	Duel wavelength spectrophotometric
Alkaline Phosphatase		59	38 - 126 U/L	pNPP/AMP buffer
SGPT/ALT		26	13 - 45 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		26	13 - 35 U/L	Kinetic with pyridoxal 5 phosphate
Serum Total Protein		7.17	6.3 - 8.2 gm/dl	Biuret (Alkaline cupric sulphate)
Albumin Serum		4.32	3.5 - 5.0 gm/dl	Bromocresol green Dye Binding
Globulin		2.85	2.0 - 4.0 gm/dl	Calculated
A/G Ratio		1.51		

*** End Of Report ***

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Indirect Bilirubin		0.23	0.1 - 1.1 mg/dl	Duel wavelength spectrophotometric pNPP/AMP buffer
Alkaline Phosphatase		59	38 - 126 U/L	Kinetic with pyridoxal 5 phosphate
SGPT/ALT		26	13 - 45 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		26	13 - 35 U/L	Biuret (Alkaline cupric sulphate)
Serum Total Protein		7.17	6.3 - 8.2 gm/dl	Bromocresol green Dye Binding
Albumin Serum		4.32	3.5 - 5.0 gm/dl	Calculated
Globulin		2.85	2.0 - 4.0 gm/dl	
A/G Ratio		1.51		

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CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. SUJATA LOKADE **Age / Gender** : 46 Y(s)/Female
Bill No/ UMR No : BIL2425018683/MRNP2425007864 **Referred By** : Dr. Vimmi Goel MBBS,MD
Received Dt : 08-Jun-24 09:10 am **Report Date** : 08-Jun-24 11:24 am

RFT

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
Blood Urea	Serum	30	15.0 - 36.0 mg/dl	Urease with indicator dye
Creatinine		0.84	0.52 - 1.04 mg/dl	Enzymatic (creatinine amidohydrolase)
GFR		86.7	>90 mL/min/1.73m square.	Calculation by CKD-EPI 2021
Sodium		143	136 - 145 mmol/L	Direct ion selective electrode
Potassium		4.73	3.5 - 5.1 mmol/L	Direct ion selective electrode

*** End Of Report ***

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Dr. VAIDEHEE NAIK, MBBS,MD

CONSULTANT PATHOLOGIST


CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

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Bill No/ UMR No : BIL2425018683/MRNP2425007864	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 08-Jun-24 09:10 am	Report Date : 08-Jun-24 11:24 am

THYROID PROFILE

Parameter	Specimen	Results	Biological Reference	Method
T3	Serum	1.55	0.55 - 1.70 ng/ml	Enhanced chemiluminescence
Free T4		1.11	0.80 - 1.70 ng/dl	Enhanced Chemiluminescence
TSH		2.17	0.50 - 4.80 uIU/ml	Enhanced chemiluminescence

*** End Of Report ***

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Dr. VAIDEHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. SUJATA LOKADE	Age / Gender : 46 Y(s)/Female
Bill No/ UMR No : BIL2425018683/MRNP2425007864	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 08-Jun-24 09:46 am	Report Date : 08-Jun-24 11:10 am

URINE MICROSCOPY

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
<u>PHYSICAL EXAMINATION</u>			
Volume	Urine	30 ml	
Colour.		Pale yellow	
Appearance		Clear	
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)		7.0	
Specific gravity		1.005	4.6 - 8.0
Urine Protein		Negative	1.005 - 1.025
Sugar		Negative	Negative
Bilirubin		Negative	Negative
Ketone Bodies		Negative	Negative
Nitrate		Negative	Negative
Urobilinogen		Negative	Negative
		Normal	Normal
<u>MICROSCOPIC EXAMINATION</u>			
Epithelial Cells		0-1	
R.B.C.		Absent	0 - 4 /hpf
Pus Cells		0-1	0 - 4 /hpf
Casts		Absent	0 - 4 /hpf
			Absent



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. SUJATA LOKADE	Age / Gender : 46 Y(s)/Female
Bill No/ UMR No : BIL2425018683/MRNP2425007864	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 08-Jun-24 09:46 am	Report Date : 08-Jun-24 11:10 am

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

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100909

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Dr. Anuradha Deshmukh, MBBS,MD
CONSULTANT MICROBIOLOGIST



**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF IMMUNO HAEMATOLOGY**

Patient Name : Mrs. SUJATA LOKADE
Bill No/ UMR No : BIL2425018683/MRNP2425007864
Received Dt : 08-Jun-24 09:10 am
Age /Gender : 46 Y(s)/Female
Referred By : Dr. Vimmi Goel MBBS,MD
Report Date : 08-Jun-24 11:36 am

BLOOD GROUPING AND RH

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>
BLOOD GROUP.	EDTA Whole Blood & Plasma/Serum	" O "
Rh (D) Typing.		" Positive "(+Ve)

Gel Card Method

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

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

PATIENT NAME:	MRS. SUJATA LOKADE	AGE /SEX:	46 Y / FEMALE
UMR NO:	2425007864	BILL NO:	2425018683
REF BY	DR. VIMMI GOEL	DATE:	8.6.2024

USG WHOLE ABDOMEN

LIVER is normal in size 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 minimally distended. **Few well defined echogenic foci noted attached to GB wall – suggestive of polyps, largest measuring 3.3 mm.** 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 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 anteverted and normal.
No focal myometrial lesion seen.
Endometrial echo-complex appears normal. ET – 13.5 mm.
Bilateral ovaries are normal in size, shape and echotexture.
No adnexal mass lesion seen.

Minimal free fluid is noted in pouch of Douglas.

There is no free fluid or abdominal lymphadenopathy seen.

IMPRESSION

- Gall bladder polyps.
- No other significant visceral abnormality noted.

Suggest clinical correlation.



**DR POONAM CHIDDARWAR
MBBD, MD
CONSULTANT RADIOLOGIST**

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

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Mrs. Sujata, Lokade
Patient ID: 007964
Height:
Weight:
Study Date: 08.06.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

DOB: 12.12.1977
Age: 46yrs
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	01:19	0.00	0.00	76	110/70	
EXERCISE	WARM-UP	00:37	0.70	0.00	82		
	STAGE 1	03:00	1.70	10.00	103	110/70	
	STAGE 2	03:00	2.50	12.00	122	120/70	
RECOVERY	STAGE 3	02:52	3.40	14.00	141	130/70	
		01:00	0.00	0.00	106	140/80	
		02:00	0.00	0.00	96	140/80	
		00:13	0.00	0.00	90		

The patient exercised according to the BRUCE for 8:51 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 76 bpm rose to a maximal heart rate of 141 bpm. This value represents 81 % 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 Fatigue.

Interpretation:

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: THR not achieved.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions:

TMT is negative for inducible ischemia.


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

08-Jun-24 8:48:01 AM

KIMS-KINGSWAY HOSPITALS

PBC DEPT.

MRS SUJATA LOKADE

Female

46 Years

Rate 70 . Sinus rhythm.....normal P axis, V-rate 50-99
 PR 131 . Consider right atrial enlargement.....P >0.24mV limb lead
 QRS 81 . Baseline wander in lead(s) V3
 QT 395
 QTc 427

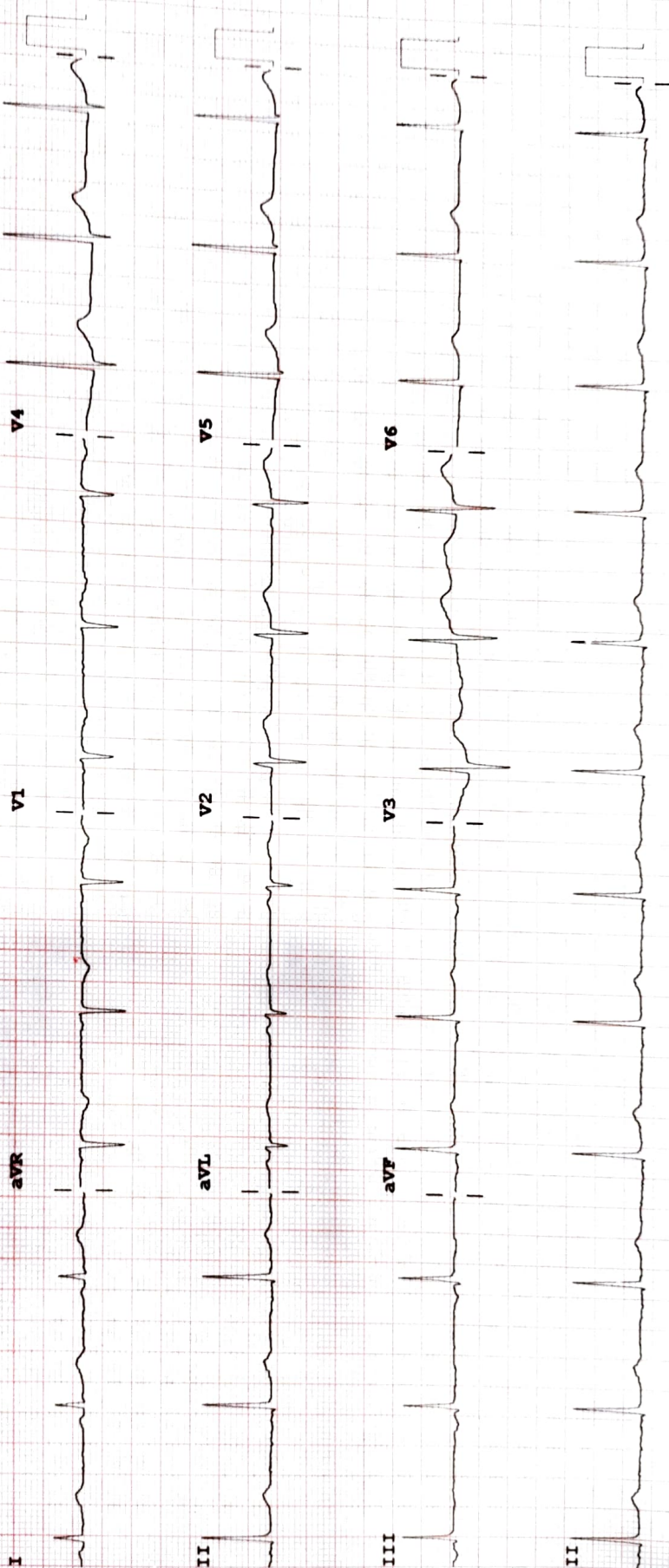
--AXIS--

P -44
 QRS 65
 T 27

12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.50-150 Hz W 100B CL P?