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. pallavi Ingade Date : 24/2/24

Age : 36y Sex : M/F (F) Weight : 51.4 kg Height : 161.0 inc BMI : 19.8

BP : 93/53 mmHg Pulse : 95/m bpm RBS : ______ mg/dl

SpO2 : 98% LMP - 15-2-24.

KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name	: Mrs. PALLAVI INGLE	**Age /Gender**	: 36 Y(s)/Female
Bill No/ UMR No	: BIL2324079731/UMR2324038324	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 24-Feb-24 08:44 am	**Report Date**	: 24-Feb-24 10:34 am

HAEMOGRAM

Parameter	Specimen	Results	Biological Reference	Method
Haemoglobin	Blood	**8.9**	12.0 - 15.0 gm%	Photometric
Haematocrit(PCV)		**29.7**	36.0 - 46.0 %	Calculated
RBC Count		4.25	3.8 - 4.8 Millions/cumm	Photometric
Mean Cell Volume (MCV)		**70**	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		**21.0**	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		**30.1**	31.5 - 35.0 g/l	Calculated
RDW		**19.3**	11.5 - 14.0 %	Calculated
Platelet count		207	150 - 450 10^3/cumm	Impedance
WBC Count		5000	4000 - 11000 cells/cumm	Impedance
DIFFERENTIAL COUNT				
Neutrophils		50.0	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		**42.1**	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		4.0	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes		3.9	2 - 10 %	Flow Cytometry/Light microscopy
Basophils		0.0	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count		2500	2000 - 7000 /cumm	Calculated

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CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name	: Mrs. PALLAVI INGLE	**Age /Gender**	: 36 Y(s)/Female
Bill No/ UMR No	: BIL2324079731/UMR2324038324	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 24-Feb-24 08:44 am	**Report Date**	: 24-Feb-24 10:34 am

Parameter	**Specimen**	**Results**	**Biological Reference**	**Method**
Absolute Lymphocyte Count		2105	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		200	20 - 500 /cumm	Calculated
Absolute Monocyte Count		**195**	200 - 1000 /cumm	Calculated
Absolute Basophil Count		0	0 - 100 /cumm	Calculated
PERIPHERAL SMEAR				
RBC		Microcytosis + (Few), Hypochromia + (Few), Anisocytosis + (Few)		Light microscopy
WBC		As Above		
Platelets		Adequate		
E S R		14	0 - 20 mm/hr	Automated Westergren's Method

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

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KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. PALLAVI INGLE	**Age /Gender**	: 36 Y(s)/Female
Bill No/ UMR No	: BIL2324079731/UMR2324038324	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 24-Feb-24 08:44 am	**Report Date**	: 24-Feb-24 10:46 am

Parameter	Specimen	Results	Biological Reference	Method
Fasting Plasma Glucose	Plasma	87	< 100 mg/dl	GOD/POD,Colorimetric
Post Prandial Plasma Glucose		58	< 140 mg/dl	GOD/POD, Colorimetric
GLYCOSYLATED HAEMOGLOBIN (HBA1C)				
HbA1c		4.9	Non-Diabetic : <= 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %	HPLC

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KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. PALLAVI INGLE	**Age /Gender**	: 36 Y(s)/Female
Bill No/ UMR No	: BIL2324079731/UMR2324038324	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 24-Feb-24 08:44 am	**Report Date**	: 24-Feb-24 10:46 am

LIPID PROFILE

Parameter	Specimen	Results		Method
Total Cholesterol	Serum	150	< 200 mg/dl	Enzymatic(CHE/CHO/POD)
Triglycerides		65	< 150 mg/dl	Enzymatic (Lipase/GK/GPO/POD)
HDL Cholesterol Direct		**42**	> 50 mg/dl	Phosphotungstic acid/mgcl-Enzymatic (microslide)
LDL Cholesterol Direct		85.39	< 100 mg/dl	Enzymatic
VLDL Cholesterol		13	< 30 mg/dl	Calculated
Tot Chol/HDL Ratio		4	3 - 5	Calculation

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

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

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KIMS-KINGSWAY
HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. PALLAVI INGLE	**Age /Gender**	: 36 Y(s)/Female
Bill No/ UMR No	: BIL2324079731/UMR2324038324	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 24-Feb-24 08:44 am	**Report Date**	: 24-Feb-24 10:46 am

Parameter	Specimen	Result Values	Biological Reference	Method
RFT				
Blood Urea	Serum	17	15.0 - 36.0 mg/dl	Urease with indicator dye
Creatinine		0.73	0.52 - 1.04 mg/dl	Enzymatic (creatinine amidohydrolase)
GFR		109.2	>90 mL/min/1.73m square.	Calculation by CKD-EPI 2021
Sodium		143	136 - 145 mmol/L	Direct ion selective electrode
Potassium		4.55	3.5 - 5.1 mmol/L	Direct ion selective electrode
THYROID PROFILE				
T3		1.20	0.55 - 1.70 ng/ml	Enhanced chemiluminescence
Free T4		0.84	0.80 - 1.70 ng/dl	Enhanced Chemiluminescence
TSH		2.79	0.50 - 4.80 uIU/ml	Enhanced chemiluminescence

*** End Of Report ***

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KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mrs. PALLAVI INGLE		
Bill No/ UMR No	: BIL2324079731/UMR2324038324	**Age /Gender**	: 36 Y(s)/Female
Received Dt	: 24-Feb-24 08:44 am	**Referred By**	: Dr. Vimmi Goel MBBS,MD
		Report Date	: 24-Feb-24 10:46 am

LIVER FUNCTION TEST(LFT)

Parameter	Specimen	Results	Biological Reference	Method
Total Bilirubin	Serum	0.36	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Direct Bilirubin		0.22	0.1 - 0.3 mg/dl	Calculated
Indirect Bilirubin		0.14	0.1 - 1.1 mg/dl	Duel wavelength spectrophotometric
Alkaline Phosphatase		48	38 - 126 U/L	pNPP/AMP buffer
SGPT/ALT		**9**	13 - 45 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		18	13 - 35 U/L	Kinetic with pyridoxal 5 phosphate
Serum Total Protein		7.44	6.3 - 8.2 gm/dl	Biuret (Alkaline cupric sulphate)
Albumin Serum		4.31	3.5 - 5.0 gm/dl	Bromocresol green Dye Binding
Globulin		3.13	2.0 - 4.0 gm/dl	Calculated
A/G Ratio		1.38		

*** End Of Report ***

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KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name	: Mrs. PALLAVI INGLE	**Age /Gender**	: 36 Y(s)/Female
Bill No/ UMR No	: BIL2324079731/UMR2324038324	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 24-Feb-24 10:08 am	**Report Date**	: 24-Feb-24 11:54 am

Parameter	Specimen	Results		Method
URINE MICROSCOPY				
PHYSICAL EXAMINATION				
Volume	Urine	30 ml		
Colour.		Pale yellow		
Appearance		Clear	Clear	
CHEMICAL EXAMINATION				
Reaction (pH)	Urine	7.0	4.6 - 8.0	Indicators
Specific gravity		1.005	1.005 - 1.025	ion concentration
Urine Protein		Negative	Negative	protein error of pH indicator
Sugar		Negative	Negative	GOD/POD
Bilirubin		Negative	Negative	Diazonium
Ketone Bodies		Negative	Negative	Legal's est Principle
Nitrate		Negative	Negative	
Urobilinogen		Normal	Normal	Ehrlich's Reaction
MICROSCOPIC EXAMINATION				
Epithelial Cells	Urine	0-1	0 - 4 /hpf	Manual
R.B.C.		Absent	0 - 4 /hpf	
Pus Cells		0-1	0 - 4 /hpf	
Casts		Absent	Absent	
Crystals		Absent		
USF(URINE SUGAR FASTING)				
Urine Glucose	Urine	Negative		STRIP

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

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KIMS-KINGSWAY
HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name	: Mrs. PALLAVI INGLE	**Age /Gender**	: 36 Y(s)/Female
Bill No/ UMR No	: BIL2324079731/UMR2324038324	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 24-Feb-24 08:44 am	**Report Date**	: 24-Feb-24 11:05 am

BLOOD GROUPING AND RH

Parameter	Specimen	Results	
BLOOD GROUP.	EDTA Whole Blood & Plasma/ Serum	" B "	Gel Card Method
Rh (D) Typing.		" Positive "(+Ve)	

*** End Of Report ***

Mr

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100245

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Dr. VAIDEHEE NAIK, MBBS,MD

CONSULTANT PATHOLOGIST

KIMS-KINGSWAY HOSPITALS

DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

NAME	PALLAVI INGLE	STUDY DATE	24-02-2024 10:11:26
AGE/ SEX	36Y 1D / F	HOSPITAL NO.	UMR2324038324
ACCESSION NO.	BIL2324079731-10	MODALITY	DX
REPORTED ON	24-02-2024 10:59	REFERRED BY	Dr. Vimmi 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 R.R KHANDELWAL

S[illegible]OR CONSULTANT

MD, RADIODIAGNOSIS [MMC-55870]

N.B : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

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KIMS-KINGSWAY HOSPITALS

PATIENT NAME:	MRS. PALLAVI INGLE	AGE /SEX:	36 YRS/F
UMR NO:	2324038324	BILL NO:	2324079731
REF BY	DR. VIMMI GOEL	DATE:	24/02/2024

USG WHOLE ABDOMEN

LIVER is normal in size, shape and 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 sludge or calculus seen.
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.

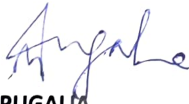
Both KIDNEYS are normal in shape, size and echotexture.
No evidence of calculus or hydronephrosis seen.
URETERS are not dilated.

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

Uterus is anteverted and normal. It measures 8.9 x 4.6 x 5.1 cm.
Tiny ill-defined hypoechoic lesions seen in posterior myometrium – ? fibroid, largest measures 1.6 x 1.4 cm.
Endometrial echo-complex appear normal. ET – 7 mm.
No adnexal mass lesion seen.

There is no free fluid or abdominal lymphadenopathy seen.

IMPRESSION:
? Tiny posterior myometrial fibroids.
No other significant abnormality seen.
Suggest clinical correlation / further evaluation.



DR NAVEEN PUGALIA
MBBS, MD [076125]
SENIOR CONSULTANT RADIOLOGIST

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

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Mrs. Pallavi . Ingle
Patient ID: 038324
Height:
Weight:
Study Date: 24.02.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

DOB: 03.05.1987
Age: 36yrs
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	01:00	0.00	0.00	100	100/60	
	HYPERV.	00:01	0.00	0.00	100		
	WARM-UP	00:24	1.00	0.00	103		
EXERCISE	STAGE 1	03:00	1.70	10.00	131	100/60	
	STAGE 2	03:00	2.50	12.00	137	110/70	
	STAGE 3	01:29	3.40	14.00	157		
RECOVERY		01:00	0.00	0.00	121	110/70	
		02:00	0.00	0.00	111	110/70	
		00:15	0.00	0.00	110		

The patient exercised according to the BRUCE for 7:29 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 92 bpm rose to a maximal heart rate of 160 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 100/60 mmHg , rose to a maximum blood pressure of 110/70 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.
ST Changes: Insignificant ST-T changes seen..
Overall impression: Normal stress test.

Conclusions:
TMT is negative for inducible ischemia.
Insignificant ST-T changes seen.

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Reg.No.: 2014/01/0113

MRS PALLAVI INGADE
36 Years Female

24-Feb-24 9:32:11 AM
KIMS~KINGSWAY HOSPITALS
PHC DEPT.

Rate	96	. Sinus rhythm..normal P axis, V-rate 50- 99
		. Low voltage, precordial leads.............................precordial leads <1.0mV
PR	127	. Borderline repolarization abnormality........................ST dep & abnormal T
QRSD	69	. Baseline wander in lead(s) II,III,V5
QT	349	
QTc	441	

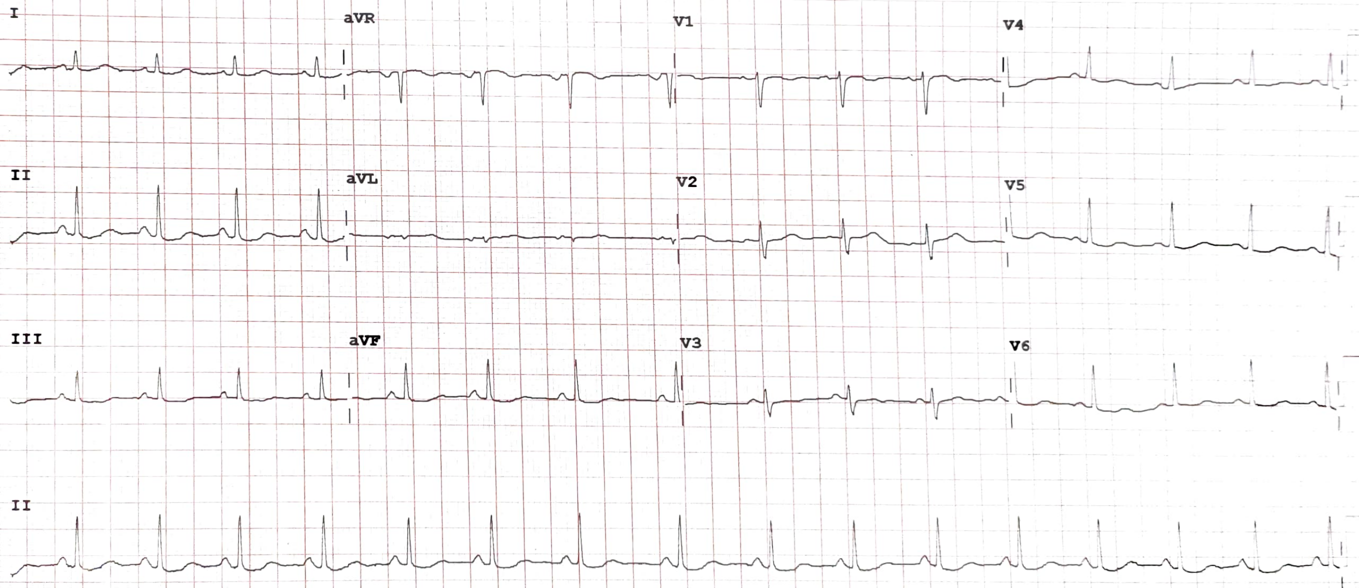
--AXIS--

P	63
QRS	63
T	7

12 Lead; Standard Placement

- BORDERLINE 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?