

Name: Mr Nimmi Kelothu Age: 32y Date of Health check-up: 23/12/2023

Findings and Recommendation:

Findings:-

- Cervix cyt

Recommendation:-

See gynae review

Signature:

Consultant -



Dr. ANIRBAN DASGUPTA
M.B.B.S., D.N.B. Medicine
Diploma Cardiology
MMC -2005/02/0920

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 23/12/23

Name: Ms. Nimmi Kumari Age: 32 Gender: Male/Female

Without Correction:

Distance: Right Eye 6/6 Left Eye 6/6

Near: Right Eye N-6 Left Eye N-6

With Correction:

Distance: Right Eye _____ Left Eye _____

Near: Right Eye _____ Left Eye _____

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance										
Near										

Colour Vision: (BE) - WNL

Anterior Segment Examination: (BE) - WNL

Pupils: (BE) - WNL

Fundus: (BE) - WNL

Intraocular Pressure: C

Diagnosis: (BE) - WNL

Advice: _____

Re-Check on _____ (This Prescription needs verification every year)

DR. SAGORIKA DEY *Sagorika Dey*
 MBBS, DOMS (Consultant Ophthalmologist)
 REGN NO: 2008/04/1182

MBBS, DOMS
DR. SAGORIKA DEY

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

DENTAL CHECKUP

Name: Mrs. Nimmi Kumari	MR NO:
Age/Gender : 32yrs IF	Date: 23/12/23

Medical history: Diabetes Hypertension WRH

EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus & Stains	✓	✓	✓	✓
Mobility				
Caries (Cavities)				
a) Class 1 (Occlusal)				
b) Class 2 (Proximal)				
c) Class 5 (Cervical)				
Faulty Restoration				
Faulty Crown				
Fractured Tooth				
Root Pieces				
Impacted Tooth				
Missing Tooth				
Existing Denture				

TREATMENT ADVISED:

TREATMENT	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling				
Root Canal Therapy				
Crown				
Extraction				

Oral Prophylaxis: Scaling & polishing
 Orthodontic Advice for Braces: Yes / No
 Prosthetic Advice to Replace Missing Teeth: Denture Bridge Implant
 Oral Habits: Tobacco Cigarette Others since ___ years
 Advice to quit any form of tobacco as it can cause cancer.

Other Findings: _____

Scaling - 2000/-



• ANDHERI • COLABA • NASHIK • VASHI

Name: Mrs Nimmi Kumari Age: 33 Sex: F UHID No.: _____ Date: 23/12/2023

33 year / married / P, 4 (p.w.s.c.s)

No Complaint

MH
UAC - 15/12/2023

O/E

Gctau

Mfebrile

P-88/min

No reports

PA - bpm

W/S Cx } Healthy
Wg }

(Ca) Thread seen
→ inserted 2 year back


Dr. TRUPTI SHINDE



Apollo Clinic
VASHI

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dentistry

Name : Mrs. Nimmi Kumari Gender : Female Age : 32 Years
 UHID : FVAH 9950. Bill No : Lab No : V-4249-23
 Ref. by : SELF Sample Col.Dt : 23/12/2023 08:30
 Barcode No : 1373 Reported On : 23/12/2023 18:56

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

CBC (Complete Blood Count)-WB (EDTA)

Haemoglobin(Colorimetric method)	11.3	g/dl	11.5 - 15
RBC Count (Impedance)	4.62	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	37.5	%	35 - 55
MCV:(Calculated parameter)	81.2	fl	78 - 98
MCH:(Calculated parameter)	24.5	pg	26 - 34
MCHC:(Calculated parameter)	30.2	gm/dl	30 - 36
RDW-CV:	15.6	%	10 - 16
Total Leucocyte count(Impedance)	7690	/cumm.	4000 - 10500
Neutrophils:	67	%	40 - 75
Lymphocytes:	27	%	20 - 40
Eosinophils:	04	%	0 - 6
Monocytes:	02	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	2.52	Lakhs/c.mm	1.5 - 4.5
MPV	11.4	fl	6.0 - 11.0
Peripheral Smear (Microscopic examination)	RBCs: Normochromic, Normocytic		
WBCs:	Normal		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter.		

Vasanti Gondal
Entered By

Ms Kaveri Gaonkar
Verified By

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Dr. Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.1 %
 Normal <5.7 %
 Pre Diabetic 5.7 - 6.5 %
 Diabetic >6.5 %
 Target for Diabetes on therapy < 7.0 %
 Re-evaluation of therapy > 8.0 %

Mean Blood Glucose : 99.67 mg/dL

Correlation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298


Method High Performance Liquid Chromatography (HPLC).

INTERPRETATION

- * The HbA1c levels correlate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose.
- * This Methodology is better than the routine chromatographic methods & also for the diabetic pts. having HEMOGLBINOPATHIES OR UREMIA as Hb variants and uremia does not INTERFERE with the results in this methodology.
- * It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts. & every 3 - 4 months in well controlled diabetics.
- * Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

Anushka Chavan
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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	94	mg/dL	Normal < 100 mg/dL Impaired Fasting glucose : 101 to 125 mg/dL Diabetes Mellitus : \geq 126 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)
Post Prandial Plasma Glucose :	82	mg/dL	Normal < 140 mg/dL Impaired Post Prandial glucose : 140 to 199 mg/dL Diabetes Mellitus : \geq 200 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)

Method : Hexokinase

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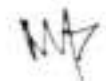
TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LIPID PROFILE - Serum

S. Cholesterol(Oxidase)	97	mg/dL	Desirable < 200 Borderline: >200-<240 Undesirable: >240
S. Triglyceride(GPO-POD)	177	mg/dL	Desirable < 150 Borderline: >150-<499 Undesirable: >500
S. VLDL:(Calculated)	35.4	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	26.0	mg/dL	Desirable > 60 Borderline: >40-<59 Undesirable: <40
S. LDL:(calculated)	35.6	mg/dL	Desirable < 130 Borderline: >130-<159 Undesirable: >160
Ratio Cholesterol/HDL	3.7		3.5 - 5
Ratio of LDL/HDL	1.4		2.5 - 3.5

Alsaba Shaikh
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
LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.19	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.16	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.03	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.37		0.9 - 2
S.Total Bilirubin (DPD):	0.21	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.10	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.11	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	17	U/L	5 - 32
S.ALT (SGPT) (IFCC Kinetic with P5P):	19	U/L	5 - 33
S.Alk Phosphatase(pNPP-AMP Kinetic):	80	U/L	35 - 105
S.GGT(IFCC Kinetic):	15	U/L	07 - 32

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
BIOCHEMISTRY		
S.Urea(Urease Method)	16.5 mg/dl	10.0 - 45.0
BUN (Calculated)	7.7 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.50 mg/dl	0.50 - 1.1
BUN / Creatinine Ratio	15.4	9:1 - 23:1
S.Uric Acid(Uricase Method)	4.5 mg/dl	2.4 - 5.7

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Thyroid (T3,T4,TSH)- Serum

Total T3 (Tri-iodo Thyronine) (ECLIA)	2.66	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	116.8	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	1.6	□IU/ml	Euthyroid : 0.35 - 5.50 □IU/ml Hyperthyroid : < 0.35 □IU/ml Hypothyroid : > 5.50 □IU/ml

Grey zone values observed in physiological/therapeutic effect.

Note:

T3 :

1. Decreased values of T3 (T4 and TSH normal) have minimal Clinical significance and not recommended for diagnosis of hypothyroidism.
2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites ,Pregnancy, Drugs (Androgens,Estrogens,O C pills, Phenytoin) etc. In such cases Free T3 and free T4 give corrected Values.
3. Total T3 may decrease by < 25 percent in healthy older individuals

T4 :

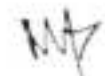
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TSH :

1. TSH Values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure. Severe burns, trauma and surgery etc.
2. Drugs that decrease TSH values e.g L dopa, Glucocorticoids.
3. Drugs that increase TSH values e.g. Iodine,Lithium, Amiodarone

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M.D(Path)

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	15	mL	
COLOUR	Pale Yellow		
APPEARANCE	Slightly Hazy		Clear
SEDIMENT	Absent		Absent

CHEMICAL EXAMINATION(Strip Method)

REACTION(PH)	5.0	4.6 - 8.0
SPECIFIC GRAVITY	1.010	1.005 - 1.030
URINE ALBUMIN	Absent	Absent
URINE SUGAR(Qualitative)	Absent	Absent
KETONES	Absent	Absent
BILE SALTS	Absent	Absent
BILE PIGMENTS	Absent	Absent
UROBILINOGEN	Normal(<1 mg/dl)	Normal
OCCULT BLOOD	Absent	Absent
Nitrites	Absent	Absent

MICROSCOPIC EXAMINATION

PUS CELLS	0 - 1 / hpf	0 - 3/hpf
RED BLOOD CELLS	Nil /HPF	Absent
EPITHELIAL CELLS	2 - 3 / hpf	3 - 4/hpf
CASTS	Absent	Absent
CRYSTALS	Absent	Absent
BACTERIA	Absent	Absent

Neha More
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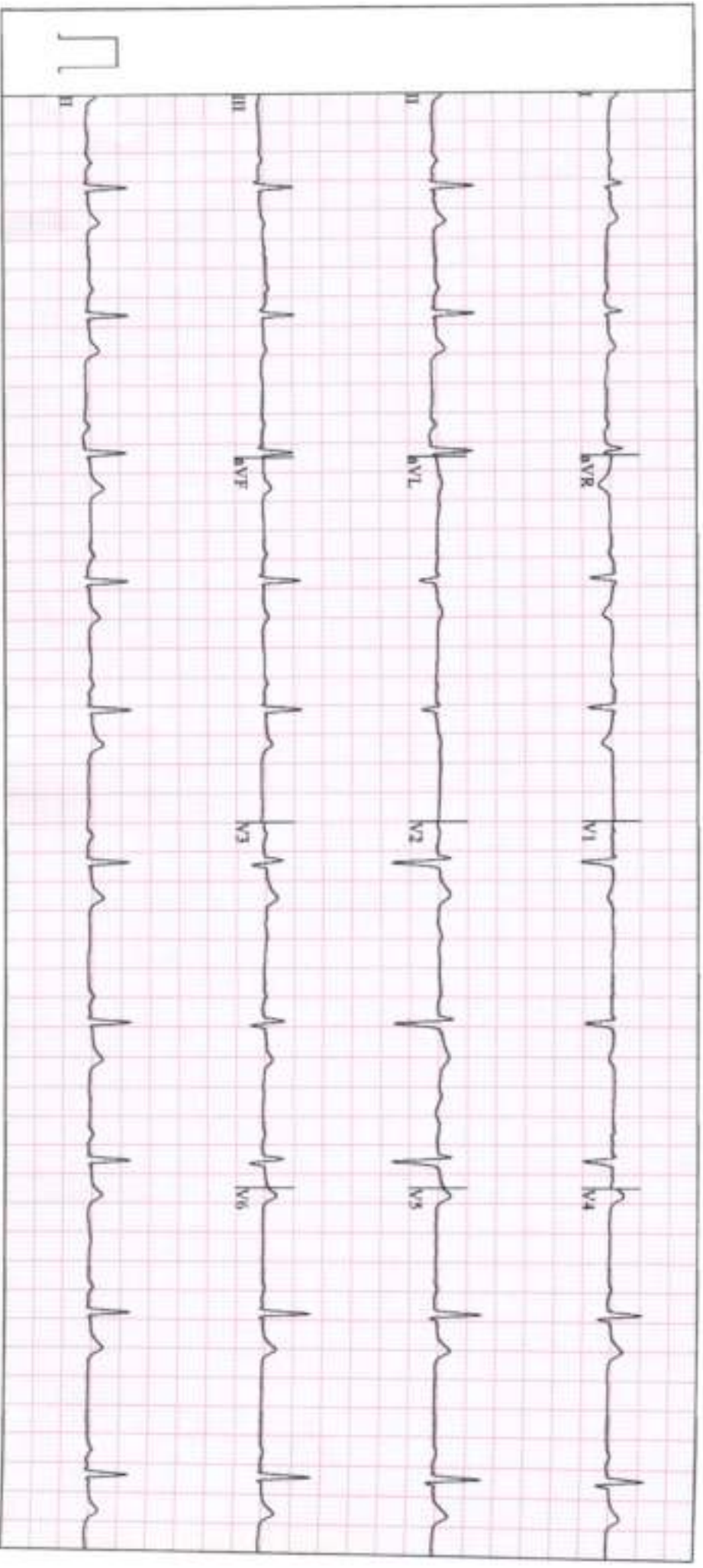
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ORS : 80 ms
 QT / QTc/Bar : 364 / 366 ms
 PR : 174 ms
 P : 100 ms
 RR / PP : 982 / 983 ms
 P / QRS / T : 51 / 79 / 41 degree

Normal sinus rhythm with sinus arrhythmia
Normal ECG

Srinivasa

DR. AMRAN DASGUPTA
 U.S. B.S. D.N.B. Medicine
 Diploma Cardiology
 MMC-2005/02/0920



PATIENT'S NAME	NIMMI KUMARI	AGE :- 32 Y/F
UHID	9950	DATE :- 23 Dec. 23

X-RAY CHEST PA VIEW

OBSERVATION:

Patient is in positional obliquity.
Bilateral lung fields are clear.
Both hila are normal.
Bilateral cardiophrenic and costophrenic angles are normal.
The trachea is central.
Aorta appears normal.
The mediastinal and cardiac silhouette are normal.
Soft tissues of the chest wall are normal.
Bony thorax is normal.

IMPRESSION:

➤ No significant abnormality seen.



DR. CHHAYA S. SANGANI
CONSULTANT SONOLOGIST
Reg No. 073826

PATIENT'S NAME	NIMMI KUMARI	AGE :- 32Y/F
UHID	9950	DATE :- 23-12-23

2D Echo and Colour Doppler Report

All cardiac chambers are normal in dimension

No obvious resting regional wall motion abnormalities (RWMA)

Interatrial and Interventricular septum – Appears Normal

Valves – Structurally normal

Mild TR

Good biventricular function.

IVC is normal.

Pericardium is normal.

Great vessels - Origin and visualized proximal part are normal.

No coarctation of aorta.

Doppler study

Normal flow across all the valves.

No pulmonary hypertension.

No diastolic dysfunction.

Measurements

Aorta annulus	19 mm
Left Atrium	30 mm
LVID(Systole)	18 mm
LVID(Diastole)	41 mm
IVS(Diastole)	10 mm
PW(Diastole)	10 mm
LV ejection fraction.	55-60%

Conclusion

- Good biventricular function
- No RWMA
- Valves – Structurally normal
- No diastolic dysfunction
- No PAH



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Diploma Cardiology
MMC -2005/02/0920

Performed by: Dr. Anirban Dasgupta
D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).

PATIENT'S NAME	NIMMI KUMARI	AGE :- 32Y/F
UHID	9950	23 Dec 2023

USG WHOLE ABDOMEN (TAS)

LIVER is normal in size, shape and echotexture. No evidence of any focal lesion. The portal vein appears normal & shows normal hepato-petal flow. No evidence of intra-hepatic biliary duct dilatation.

Gall Bladder appears well distended with normal wall thickness. There is no calculus or pericholecystic collection. CBD appears normal.

Visualised parts of head & body of **PANCREAS** appear normal.

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

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen. **RIGHT KIDNEY** measures 9.2 x 4.1 cm. **LEFT KIDNEY** measures 11.2 x 4.1 cm.

URINARY BLADDER is well distended; no e/o wall thickening or mass or calculi seen.

UTERUS is anteverted and is normal in size, shape and echotexture; No focal lesion seen. It measures 6.7 x 3.7 x 2.9 cm; ET measures 4.8 mm. **IUCD seen in situ.**

Left ovary is normal in size, shape and position.

Right ovary is enlarged in size.

RIGHT OVARY measures : 4.2 x 2.9 x 4.6 cm (Vol: 13 ml), shows 28 x 18 mm simple cyst.

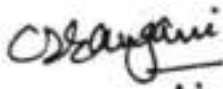
LEFT OVARY measures : 2.5 x 2.4 x 1.8 cm (Vol: 6.2 ml).

Visualised **BOWEL LOOPS** appear normal. There is no free fluid seen.

IMPRESSION –

- Enlarged right ovary with simple cyst.
- No other significant abnormality detected.

THIS REPORT IS NOT TO BE USED FOR MEDICOLEGAL PURPOSE.THE CONTENTS OF THIS REPORT REQUIRE CLINICAL CO-RELATION BEFORE ANY APPLICATION.



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