

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

 **KIMS-KINGSWAY
HOSPITALS**

Name: Mrs. Pratibha Halvi

Date: 27/1/24

Age: 50 y Sex: M F Weight: 58.8 kg Height: 149.1 cm BMI: 38.6

BP: 186/87 mmHg Pulse: 84/m bpm RBS: mg/dl

SpO2 99%

Menopause - 5 years



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. PRATIBHA HALVI	Age /Gender : 50 Y(s)/Female
Bill No/ UMR No : BIL2324072401/UMR2324035076	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 08:35 am	Report Date : 27-Jan-24 10:15 am

HAEMOGRAM

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Haemoglobin	Blood	12.8	12.0 - 15.0 gm%	Photometric
Haematocrit(PCV)		38.1	36.0 - 46.0 %	Calculated
RBC Count		4.19	3.8 - 4.8 Millions/cumm	Photometric
Mean Cell Volume (MCV)		91	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		30.5	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		33.5	31.5 - 35.0 g/l	Calculated
RDW		14.2		
Platelet count		297	11.5 - 14.0 %	Calculated
WBC Count		8100	150 - 450 10 ³ /cumm	Impedance
			4000 - 11000 cells/cumm	Impedance
<u>DIFFERENTIAL COUNT</u>				
Neutrophils		77.5	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		16.2	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		1.0	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes		5.3	2 - 10 %	Flow Cytometry/Light microscopy
Basophils		0.0	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count		6277.5	2000 - 7000 /cumm	Flow Cytometry/Light microscopy
				Calculated



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Absolute Lymphocyte Count		1312.2	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		81	20 - 500 /cumm	Calculated
Absolute Monocyte Count		429.3	200 - 1000 /cumm	Calculated
Absolute Basophil Count		0	0 - 100 /cumm	Calculated

PERIPHERAL SMEAR

RBC	Normochromic
Anisocytosis	Normocytic
WBC	Anisocytosis
Platelets	+(Few)
ESR	As Above
	Adequate
	22
	0 - 20 mm/hr

*** End Of Report ***

Automated
Westergren's Method

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100354

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



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. PRATIBHA HALVI	Age / Gender : 50 Y(s)/Female
Bill No/ UMR No : BIL2324072401/UMR2324035076	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 08:34 am	Report Date : 27-Jan-24 10:15 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	106	< 100 mg/dl	GOD/POD, Colorimetric
Post Prandial Plasma Glucose		105	< 140 mg/dl	GOD/POD, Colorimetric
GLYCOSYLATED HAEMOGLOBIN (HBA1C)				
HbA1c		5.4	Non-Diabetic : <= 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %	HPLC

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100245

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Dr. VAIDEHEE NAIK, MBBS,MD

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Phone: +91 0712 6789100

CIN: U74999MH2018PTC303510



**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY**

Patient Name : Mrs. PRATIBHA HALVI	Age / Gender : 50 Y(s)/Female
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LIPID PROFILE

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Total Cholesterol	Serum	234 < 200 mg/dl	Enzymatic(CHE/CHO/POD)
Triglycerides		57 < 150 mg/dl	Enzymatic
HDL Cholesterol Direct		87 > 50 mg/dl	(Lipase/GK/GPO/POD)
LDL Cholesterol Direct		115.85 < 100 mg/dl	Phosphotungstic acid/mgcl-Enzymatic (microslide)
VLDL Cholesterol		11 < 30 mg/dl	Enzymatic
Tot Chol/HDL Ratio		3 3 - 5	Calculated
			Calculation

<u>Intiate therapeutic</u>	<u>Consider Drug therapy</u>	<u>LDC-C</u>
CHD OR CHD risk equivalent	>100	>130, optional at 100-129
Multiple major risk factors conferring 10 yrs CHD risk >20%		<100
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
		<160

*** End Of Report ***

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



**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY**

Patient Name : Mrs. PRATIBHA HALVI	Age / Gender : 50 Y(s)/Female
Bill No/ UMR No : BIL2324072401/UMR2324035076	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 09:19 am	Report Date : 27-Jan-24 11:00 am

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	
URINE SUGAR			
Urine Glucose		Negative	
THYROID PROFILE			
T3		1.25	0.55 - 1.70 ng/ml Enhanced chemiluminescence
Free T4		1.11	0.80 - 1.70 ng/dl Enhanced Chemiluminescence
TSH		3.07	0.50 - 4.80 uIU/ml Enhanced chemiluminescence

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CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. PRATIBHA HALVI **Age /Gender** : 50 Y(s)/Female
Bill No/ UMR No : BIL2324072401/UMR2324035076 **Referred By** : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 08:35 am **Report Date** : 27-Jan-24 10:15 am

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
RFT				
Blood Urea	Serum	40	15.0 - 36.0 mg/dl	Urease with indicator dye
Creatinine		0.57	0.52 - 1.04 mg/dl	Enzymatic (creatinine amidohydrolase)
GFR		110.6	>90 mL/min/1.73m square.	Calculation by CKD-EPI 2021
Sodium		143	136 - 145 mmol/L	Direct ion selective electrode
Potassium		4.71	3.5 - 5.1 mmol/L	Direct ion selective electrode

LIVER FUNCTION TEST(LFT)

Total Bilirubin		0.65	0.2 - 1.3 mg/dl	
Direct Bilirubin		0.13	0.1 - 0.3 mg/dl	
Indirect Bilirubin		0.52	0.1 - 1.1 mg/dl	
Alkaline Phosphatase		71	38 - 126 U/L	
SGPT/ALT		26	13 - 45 U/L	
SGOT/AST		18	13 - 35 U/L	
Serum Total Protein		7.18	6.3 - 8.2 gm/dl	
Albumin Serum		4.43	3.5 - 5.0 gm/dl	
Globulin		2.7	2.0 - 4.0 gm/dl	Bromocresol green Dye Binding
A/G Ratio		1.64		Calculated

*** End Of Report ***

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**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY**

Patient Name : Mrs. PRATIBHA HALVI	Age / Gender : 50 Y(s)/Female
Bill No/ UMR No : BIL2324072401/UMR2324035076	Referred By : Dr. Vimmi Goel MBBS,MD
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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	Clear
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)		5.0	4.6 - 8.0
Specific gravity		1.015	1.005 - 1.025
Urine Protein		Negative	Negative
Sugar		Negative	Negative
Bilirubin		Negative	Negative
Ketone Bodies		Negative	Negative
Nitrate		Negative	Negative
Urobilinogen		Negative	Negative
<u>MICROSCOPIC EXAMINATION</u>			
Epithelial Cells		Normal	Normal
R.B.C.		0-1	0 - 4 /hpf
Pus Cells		Absent	0 - 4 /hpf
Casts		0-1	0 - 4 /hpf
		Absent	Absent



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. PRATIBHA HALVI
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Bill No/ UMR No : BIL2324072401/UMR2324035076
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 09:19 am
Report Date : 27-Jan-24 11:00 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. VAIDEHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name : Mrs. PRATIBHA HALVI
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Bill No/ UMR No : BIL2324072401/UMR2324035076
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 08:35 am
Report Date : 27-Jan-24 10:38 am

BLOOD GROUPING AND RH

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>
BLOOD GROUP.	EDTA Whole Blood & Plasma/ Serum	" A "

Gel Card Method

Rh (D) Typing.

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

Suggested Clinical Correlation * If necessary, Please discuss

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Dr. VAIDEHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST

DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

NAME	PRATIBHA HALVI	STUDY DATE	27-01-2024 10:28:43
AGE/ SEX	50Y / F	HOSPITAL NO.	UMR2324035076
ACCESSION NO.	BIL2324072401-9	MODALITY	DX
REPORTED ON	27-01-2024 10:49	REFERRED BY	Dr. Vimmi Goel

X-RAY CHEST PA VIEW

Both the lung fields are clear.

Heart and Aorta are normal.

hilar shadows appear normal.

Diaphragm domes and CP angles are clear.

Bony cage is normal.

IMPRESSION:

No pleuro-parenchymal abnormality seen.



DR. R. KHANDELWAL

SENIOR 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.

NAME OF PATIENT:	PRATIBHA HALVI	AGE & SEX:	50YR/FEMALE
UMR NO	2324035076	BILL NO:	2324072401
REF BY:	DR VIMMI GOEL	DATE:	27/01/2024

USG ABDOMEN AND PELVIS

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 physiologically distended. 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 size, shape and echotexture.
No evidence of calculus or hydronephrosis seen.
URETERS are not dilated.

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

No mass lesion in pelvis region.

There is no free fluid or abdominal lymphadenopathy seen.

IMPRESSION: USG reveals,

- No significant abnormality seen.



DR. R.R. KHANDELWAL
SENIOR CONSULTANT
MD RADIO DIAGNOSIS [MMC-55870]

2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

Patient Name : Mrs. Pratibha Halvi
 Age : 50 years / Female
 UMR : UMR2324035076
 Date : 27/01/2024
 Done by : Dr. Vimmi Goel
 ECG : NSR, Minor ST-T changes
 Blood pressure: 186/87 mm Hg (Right arm, Supine position)
 BSA : 1.58 m²

Impression:

Normal chambers dimensions
Borderline left ventricular hypertrophy
No RWMA of LV at rest
Good LV systolic function, LVEF 68%
Normal LV diastolic function
E/A is 1.1
E/E' is 9.7 (Borderline filling pressure)
Valves are normal
No pulmonary hypertension
IVC is normal in size and collapsing well with respiration
No clots or pericardial effusion

Comments:

Sector echocardiography was performed in various conventional views (PLAX, SSAX, AP4 CH and 5 CH views). LV size normal. Borderline left ventricular hypertrophy. There is no RWMA of LV seen at rest. Good LV systolic function. LVEF 68%. Normal LV diastolic function. E Velocity is 104 cm/s, A Velocity is 94 cm/s. E/A is 1.1. Valves are normal. No Pulmonary Hypertension. IVC normal in size and collapsing well with respiration. Pericardium is normal. No clots or pericardial effusion seen. E' at medial mitral annulus is 11.5 cm/sec & at lateral mitral annulus is 10 cm/sec. E/E' is 9.7 (Borderline filling pressure).

M Mode echocardiography and dimension:

	Normal range (mm)		Observed (mm)
	(adults)	(children)	
Left atrium	19-40	7-37	29
Aortic root	20-37	7-28	28
LVIDd	35-55	8-47	36
LVIDs	23-39	6-28	22
IVS (d)	6-11	4-8	11
LVPW (d)	6-11	4-8	11
LVEF %	~ 60%	~60%	68%
Fractional Shortening			38%

P.T.O


Dr. Vimmi Goel
MD, Sr. Consultant
Non-invasive Cardiology

50 Years

MR PRATIBHA HALVI
Female

27-Jan-24 9:54:05 AM

KIMS-KINGSWAY HOSPITALS

PBC DEPT.

- Rate 82 . Sinus rhythm.....normal P axis, V-rate 50- 99
- Consider right atrial enlargement.....P >0.24mV limb lead
- Consider right ventricular hypertrophy.....large R or R' V1/V2
- Baseline wander in lead(s) V1

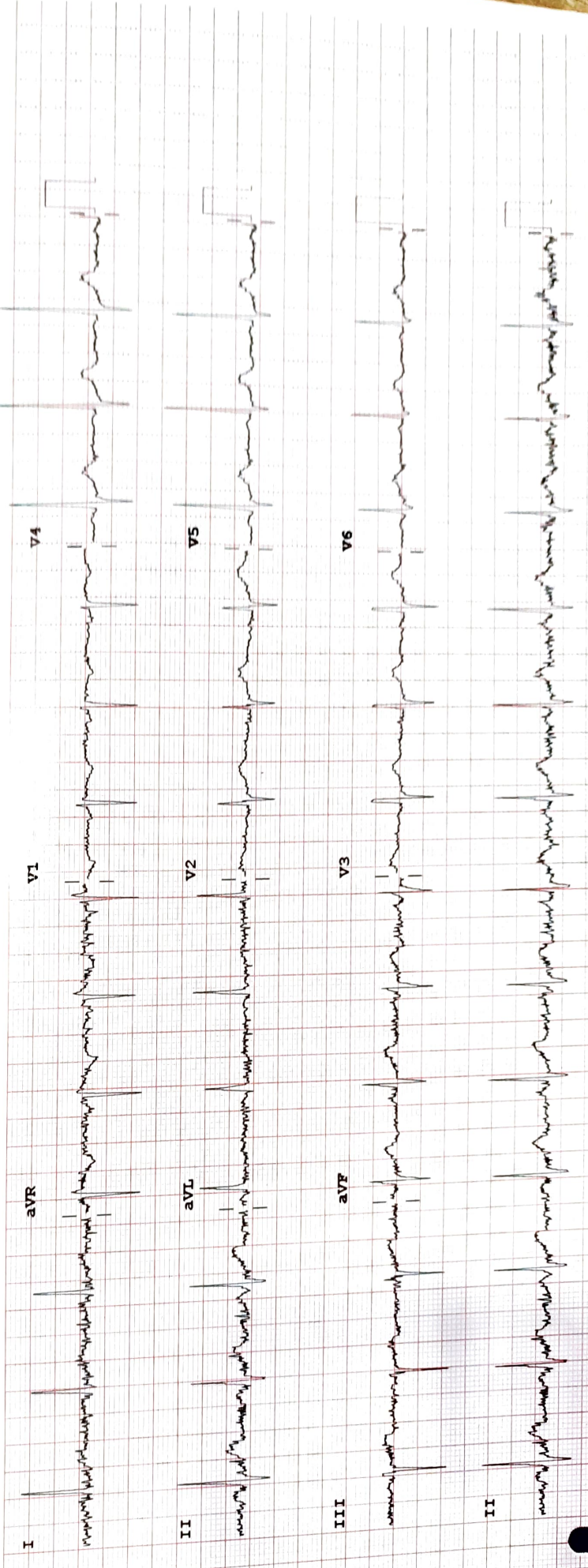
--AXIS--

P 23
QRS -5
T 60

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?