

Name: Mrs. Smita Mukewale Date: 17/04/23

Age: 60y Sex: M/F Weight: 65.8 kg Height: 163.2 inc BMI: 24.7

BP: 140/80 mmHg Pulse: 70h bpm RBS: SpO2: 100% mg/dl

60/F

menopause x 8 yrs.

1/2 HT, DM

Br. Asthma (Aerocort intermittently)

Omnipres CH 1 - * - *

Glycoheal 500 1 - * - *

H/O recent Influenza - Treated

O/E

Jup°

Chen - clear

CVS - S₁ S₂ +

P/A - soft

Inw.

Hb - 11.8

LDL - 120

HbA_{1c} - 6.4

2D - Mild LVH

Adv.

1. T. Omnipres CH 1 - * - *
2. T. Glycoheal 500 1 - * - *
3. T. Atonva 10 x - * - 1

(90)

A/D

- Diet, Exercise
- Calcium supplements.


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

Mrs. Sumita Markewar 20/F 17/4/23

For Health Check up

O/H: P₂L₂ C (Both ATT'D)

⊖ done

M/H: Menopausal - 3 yrs

P/H: HTN, Asthma, DM.

S/H: ⊖, ~~⊖~~ operated for disc prolapse (L4-L5)

F/H: HTN, DM

USG: ut ⊕, F1 - 3mm.

No adnexal mass lesion seen.

Adm: PAP smear Test - Taken on 17/4/23

P/A: soft NT breasts: soft w/c

P/S: ⊕] healthy

P/U: ut ⊕, AV/AF

Blk foemias free NT

Monika.

Dr. MONIKA KOTPALLIWAR
MBBS, MD, DNB, MNAMS, MRCOG,
Consultant-Obstetrics and Gynecologist,
Reg. No.: MMC-2013/03/0477

Name: Mrs Swita Mukewar Date: 17.04.23
Age: 60^{yo} Sex: M/F Weight: _____ kg Height: _____ inc BMI: _____
BP: _____ mmHg Pulse: _____ bpm RBS: _____ mg/dl

ke/o DM | HTN | Asthma 4 + 1 t

O/E Multiple Periodontitis all 4 side

Mobility C 2+

Abfraction lesion 3 2 1 1

Calculus +
Stain +

A2W SOS scaling OPR - XRay
Restoration C 3 2 1 1 Sign for further it

to Giggana



MC-4807



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. SMITA MUKEWAR	Age / Gender : 60 Y(s)/Female
Bill No/ UMR No : BIL2324003658/UMR2324002533	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 17-Apr-23 12:29 pm	Report Date : 17-Apr-23 01:56 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Post Prandial Plasma Glucose	Plasma	115	< 140 mg/dl	GOD/POD, Colorimetric

Interpretation:

Clinical Decision Value as per ADA Guidelines 2021

Diabetes Mellites If,

Fasting \geq 126 mg/dl

Random/2Hrs.OGTT \geq 200 mg/dl

Impaired Fasting = 100-125 mg/dl

Impaired Glucose Tolerance = 140-199 mg/dl

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100026

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Dr. Anuradha Deshmukh, MBBS,MD

CONSULTANT MICROBIOLOGIST



MC-4807

**DEPARTMENT OF PATHOLOGY**

Patient Name : Mrs. SMITA MUKEWAR	Age / Gender : 60 Y(s)/Female
Bill No/ UMR No : BIL2324003658/UMR2324002533	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 17-Apr-23 08:26 am	Report Date : 17-Apr-23 11:52 am

HAEMOGRAM

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Haemoglobin	Blood	11.8	12.0 - 15.0 gm%	Photometric
Haematocrit(PCV)		35.2	36.0 - 46.0 Vol%	Calculated
RBC Count		4.02	3.8 - 4.8 Millions/cumm	Photometric
Mean Cell Volume (MCV)		88	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		29.4	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		33.5	31.5 - 35.0 g/l	Calculated
RDW		14.7	11.5 - 14.0 %	Calculated
Platelet count		330	150 - 450 10 ³ /cumm	Impedance
WBC Count		5100	4000 - 11000 cells/cumm	Impedance

DIFFERENTIAL COUNT

Neutrophils	53.4	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes	41.0	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils	3.4	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes	2.2	2 - 10 %	Flow Cytometry/Light microscopy
Basophils	0.0	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count	2723.4	2000 - 7000 /cumm	Calculated
Absolute Lymphocyte Count	2091	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count	173.4	20 - 500 /cumm	Calculated
Absolute Monocyte Count	112.2	200 - 1000 /cumm	Calculated



MC-4807

**DEPARTMENT OF PATHOLOGY**

Patient Name : Mrs. SMITA MUKEWAR	Age / Gender : 60 Y(s)/Female
Bill No/ UMR No : BIL2324003658/UMR2324002533	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 17-Apr-23 08:26 am	Report Date : 17-Apr-23 11:52 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Absolute Basophil Count		0	0 - 100 /cumm	Calculated
<u>PERIPHERAL SMEAR</u>				
RBC		Normochromic Normocytic		
Anisocytosis		Anisocytosis +(Few)		
WBC		As Above		
Platelets		Adequate		
E S R		22	0 - 30 mm/hr	Automated Westergren's Method
*** End Of Report ***				

Suggested Clinical Correlation * If necessary, Please discuss

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Dr. VAIDEHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. SMITA MUKEWAR	Age / Gender : 60 Y(s)/Female
Bill No/ UMR No : BIL2324003658/UMR2324002533	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 17-Apr-23 08:25 am	Report Date : 17-Apr-23 10:30 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

Interpretation:

Clinical Decision Value as per ADA Guidelines 2021

- Diabetes Mellites If,
- Fasting \geq 126 mg/dl
- Random/2Hrs.OGTT \geq 200 mg/dl
- Impaired Fasting = 100-125 mg/dl
- Impaired Glucose Tolerance = 140-199 mg/dl

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

HbA1c	6.4	Non-Diabetic : \leq 5.6 %	HPLC
		Pre-Diabetic : 5.7 - 6.4 %	
		Diabetic : \geq 6.5 %	

*** End Of Report ***
SPANV Medisearch Lifesciences Private Limited
14, Poojara Bhawan, Kingsway, Nagpur - 440 001, Maharashtra, India.
Phone : +91 0712 6789100
CIN: U71901MH2012PTC303510

Suggested Clinical Correlation * If necessary, Please discuss

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Anuradha
CIN: U71901MH2012PTC303510

Dr. Anuradha Deshmukh, MBBS,MD
CONSULTANT MICROBIOLOGIST



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. SMITA MUKEWAR **Age / Gender** : 60 Y(s)/Female
Bill No/ UMR No : BIL2324003658/UMR2324002533 **Referred By** : Dr. Vimmi Goel MBBS,MD
Received Dt : 17-Apr-23 08:26 am **Report Date** : 17-Apr-23 10:30 am

LIPID PROFILE

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>		<u>Method</u>
Total Cholesterol	Serum	215	< 200 mg/dl	Enzymatic(CHE/CHO/PO D)
Triglycerides		129	< 150 mg/dl	
HDL Cholesterol Direct		51	> 50 mg/dl	
LDL Cholesterol Direct		120.60	< 100 mg/dl	
VLDL Cholesterol		26	< 30 mg/dl	
Tot Chol/HDL Ratio		4.21	3 - 5	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	<100
Multiple major risk factors conferring 10 yrs CHD risk >20%			
Two or more additional major risk factors, 10 yrs CHD risk <20%	>130	10 yrs risk 10-20 % >130	<130
No additional major risk or one additional major risk factor	>160	10 yrs risk <10% >160	<160
		>190, optional at 160-189	<160

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

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Dr. Anuradha Deshmukh, MBBS,MD
CONSULTANT MICROBIOLOGIST



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. SMITA MUKEWAR **Age / Gender** : 60 Y(s)/Female
Bill No/ UMR No : BIL2324003658/UMR2324002533 **Referred By** : Dr. Vimmi Goel MBBS,MD
Received Dt : 17-Apr-23 08:26 am **Report Date** : 17-Apr-23 10:30 am

THYROID PROFILE

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
T3	Serum	1.09	0.55 - 1.70 ng/ml	Enhanced chemiluminescence
Free T4		1.07	0.80 - 1.70 ng/dl	Enhanced Chemiluminescence
TSH		0.97	0.50 - 4.80 uIU/ml	Enhanced chemiluminescence

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

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Dr. Anuradha Deshmukh, MBBS,MD

CONSULTANT MICROBIOLOGIST



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. SMITA MUKEWAR	Age / Gender : 60 Y(s)/Female
Bill No/ UMR No : BIL2324003658/UMR2324002533	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 17-Apr-23 08:26 am	Report Date : 17-Apr-23 10:30 am

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
RFT				
Blood Urea	Serum	22	15.0 - 36.0 mg/dl	Urease with indicator dye
Creatinine		0.7	0.52 - 1.04 mg/dl	Enzymatic (creatinine amidohydrolase)
GFR		98.9		Calculation by CKD-EPI 2021
Sodium		141	136 - 145 mmol/L	Direct ion selective electrode
Potassium		4.20	3.5 - 5.1 mmol/L	Direct ion selective electrode
LIVER FUNCTION TEST(LFT)				
Total Bilirubin		0.51	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Direct Bilirubin		0.20	0.1 - 0.3 mg/dl	Calculated
Indirect Bilirubin		0.31	0.1 - 1.1 mg/dl	Duel wavelength spectrophotometric
Alkaline Phosphatase		58	38 - 126 U/L	pNPP/AMP buffer
SGPT/ALT		17	13 - 45 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		20	13 - 35 U/L	Kinetic with pyridoxal 5 phosphate
Serum Total Protein		7.03	6.3 - 8.2 gm/dl	Biuret (Alkaline cupric sulphate)
Albumin Serum		4.05	3.5 - 5.0 gm/dl	Bromocresol green Dye Binding
Globulin		2.98	2.0 - 4.0 gm/	Calculated
A/G Ratio		1.4		

*** End Of Report ***
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 Phone : +91 0712 6789100

Suggested Clinical Correlation * If necessary, Please discuss

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Anuradha
 PIN: 470001MH2018PTC303510

Dr. Anuradha Deshmukh, MBBS,MD
CONSULTANT MICROBIOLOGIST



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. SMITA MUKEWAR	Age /Gender : 60 Y(s)/Female
Bill No/ UMR No : BIL2324003658/UMR2324002533	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 17-Apr-23 09:58 am	Report Date : 17-Apr-23 11:48 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
URINE MICROSCOPY			
<u>PHYSICAL EXAMINATION</u>			
Volume	Urine	20 ml	
Colour.		Pale yellow	
Appearance		Clear	
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Urine	6.0	4.6 - 8.0
Specific gravity		1.010	1.005 - 1.025
Urine Protein		Negative	Indicators ion concentration
Sugar		Negative	protein error of pH indicator
Bilirubin		Negative	GOD/POD
Ketone Bodies		Negative	Diazonium
Nitrate		Negative	Legal's est Principle
Urobilinogen		Normal	Ehrlich's Reaction
<u>MICROSCOPIC EXAMINATION</u>			
Epithelial Cells	Urine	0-1	0 - 4 /hpf
R.B.C.		Absent	0 - 4 /hpf
Pus Cells		0-1	0 - 4 /hpf
Cast		Absent	Manual
Crystals		Absent	Manual
Others		.	Manual
<u>USF(URINE SUGAR FASTING)</u>			
Urine Glucose	Urine	Negative	GOD/POD

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

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Kingsway Nagar - 440 001, Maharashtra, India.
Ph: 020-2612 6789/100

SIN: U74999MH201
Anuradha

Dr. Anuradha Deshmukh, MBBS,MD
CONSULTANT MICROBIOLOGIST



MC-4807



DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name : Mrs. SMITA MUKEWAR	Age / Gender : 60 Y(s)/Female
Bill No/ UMR No : BIL2324003658/UMR2324002533	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 17-Apr-23 08:26 am	Report Date : 17-Apr-23 11:37 am

BLOOD GROUPING AND RH

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	
BLOOD GROUP.	EDTA Whole Blood & Plasma/ Serum	" B "	Gel Card Method
Rh (D) Typing.		" Positive "(+Ve) *** End Of Report ***	

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100245

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Dr. VAIDEHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST

DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

NAME	SMITA MUKHEWAR	STUDY DATE	17-04-2023 08:48:03
AGE/ SEX	60Y3M14D / F	HOSPITAL NO.	UMR2324002533
ACCESSION NO.	BIL2324003658-10	MODALITY	DX
REPORTED ON	17-04-2023 10:03	REFERRED BY	Dr. Vimmi Goel

X-RAY CHEST PA VIEW

Both the lung fields are clear.

Heart and Aorta are normal.

1 hilar shadows appear normal.

Diaphragm domes and CP angles are clear.

Bony cage is normal.

IMPRESSION -No pleuro-parenchymal abnormality seen.



DR. MILI PARIKH

MD, DNB

CONSULTANT RADIOLOGIST

SPANV Medisearch Lifesciences Private Limited
44, Parwana Bhawan, Kingsway, Nagpur - 440 001, Maharashtra, India.

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.

Phone: +91 0712 6789100
CIN: U74999MH2018PTC303510

NAME OF PATIENT:	SMITA MUKEWAR	AGE & SEX:	60Y/F
UMR NO	2324002553	BILL NO:	2324003658
REF BY:	DR. VIMMI GOEL	DATE:	17/04/2023

X RAY MAMMOGRAPHY OF BOTH BREASTS

TECHNIQUE: Bilateral MLO and CC projections taken. Markers placed in external aspect in CC view and superior in MLO view.

OBSERVATION:

Both breast show type B parenchyma.

Right breast:

Right breast does not show any other dominant mass, architectural distortion or suspicious microcalcification.

No skin or trabecular thickening noted.

No enlarged axillary nodes seen.

Left breast:

Left breast does not show any dominant mass, architectural distortion or suspicious microcalcification.

No skin or trabecular thickening noted.

No enlarged axillary nodes seen.

IMPRESSION: XRAY mammography reveals:

No significant abnormality. ACR – BIRADS Category 1- Negative for malignancy.

Note:

* The false negative of mammography is approximately 10%

* Investigations have their limitations. Solitary Radiological /pathological and other investigations never confirm the final diagnosis of disease .

Please correlate accordingly



DR. MILI PARIKH
MD, DNB (RADIOLOGIST)
REG NO. 2017083895

NAME OF PATIENT:	SMITA MUKEWAR	AGE & SEX:	60Y/F
UMR NO	2324002553	BILL NO:	2324003658
REF BY:	DR. VIMMI GOEL	DATE:	17/04/2023

USG ABDOMEN AND PELVIS

LIVER is normal in size (11.5 cm) 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 (8 cm), shape and echotexture. No focal lesion seen.

Right kidney measures - 10.0 x 3.8 cm. Left kidney measures - 8.8 x 5.6 cm.
Both kidneys are normal in size, shape and echotexture.
Simple cortical cyst measuring 1 x 1.1 cm is seen in mid pole of left kidney.
No evidence of calculus or hydronephrosis seen.
URETERS are not dilated.

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

Uterus is anteverted and normal. It measures 3.3 x 2.0 x 5.4 cm.
No focal myometrial lesion seen.
Endometrial echo-complex appear normal. ET - 3 mm.
No adnexal mass lesion seen.

There is no free fluid or abdominal lymphadenopathy seen.

IMPRESSION: USG reveals,

- **No significant abnormality seen.**



**DR. MILI PARIKH
MD, DNB (RADIOLOGIST)
REG NO. 2017083895**

2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

Patient Name : Mrs. Smita Mukewar
 Age : 60 years / Female
 UMR : UMR2324002533
 Date : 17/04/2023
 Done by : Dr. Vimmi Goel
 ECG : NSR, WNL

Impression: Hypertensive Heart Disease

Normal LV dimensions
LA is on higher side
Mild left ventricular hypertrophy
No RWMA of LV at rest
Good LV systolic function, LVEF 70%
Normal LV diastolic function
E/A is 1.3
E/E' is 12.6 (Mildly elevated filling pressure)
Valves are normal
Trivial MR
Trivial AR
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. LA is on higher side. Mild left ventricular hypertrophy. There is no RWMA of LV seen at rest. Good LV systolic function. LVEF 70%. Normal LV diastolic function. E Velocity is 118 cm/s, A Velocity is 87 cm/s. E/A is 1.3. Valves are normal. Trivial MR. Trivial AR. 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 8.9 cm/sec & at lateral mitral annulus is 8.4 cm/sec. E/E' is 12.6 (Mildly elevated filling pressure).

M Mode echocardiography and dimension:

	Normal range (mm)		Observed (mm)
	(adults)	(children)	
Left atrium	19-40	7-37	37
Aortic root	20-37	7-28	27
LVIDd	35-55	8-47	43
LVIDs	23-39	6-28	26
IVS (d)	6-11	4-8	12
LVPW (d)	6-11	4-8	13
LVEF %	~ 60%	~60%	70%
Fractional Shortening			39%

P.T.O


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

60 Years

Rate 75 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . Minimal ST elevation, inferior leads.....ST >0.06mV, II III aVF

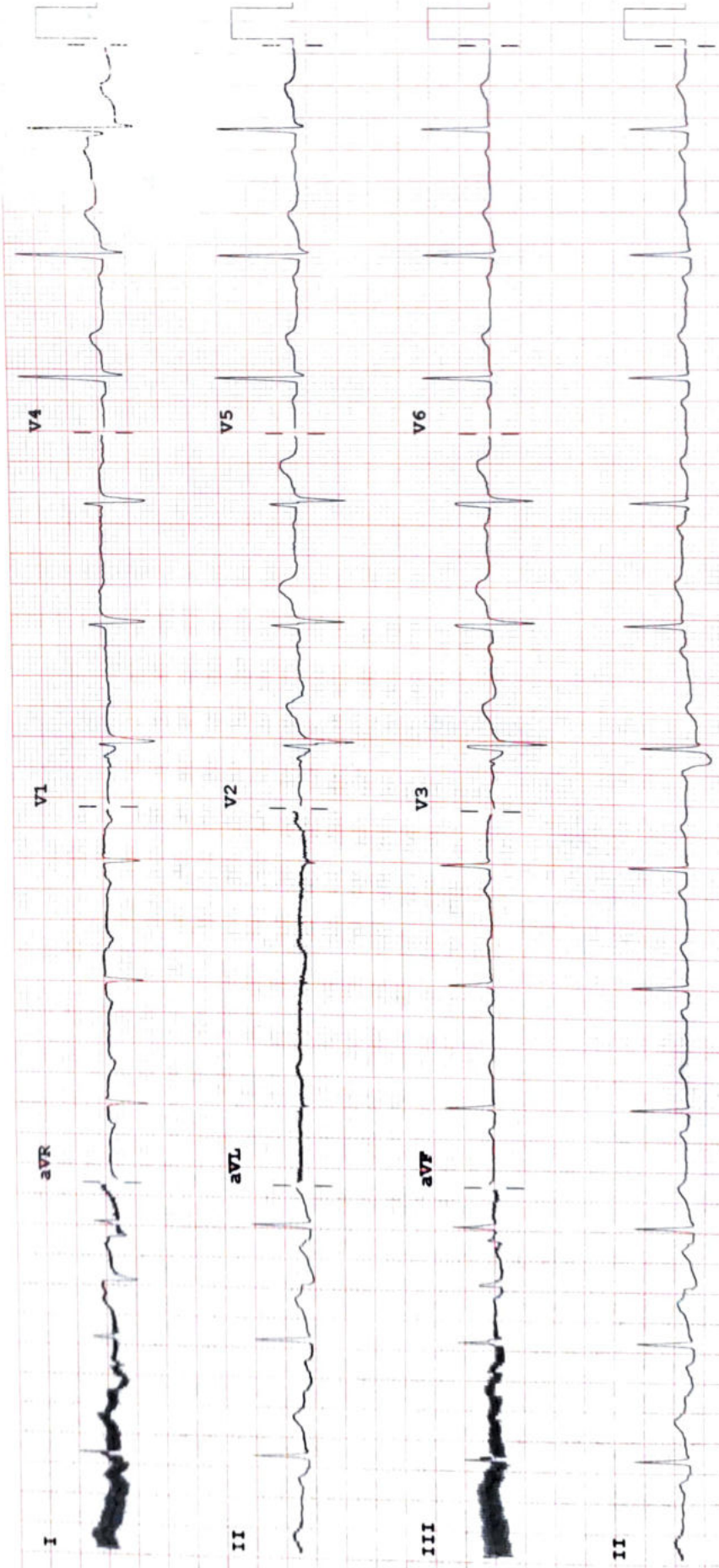
PR 178
 QRS 86
 QT 387
 QTc 433

--AXIS--
 P 54
 QRS 66
 T 40

12 Lead: Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



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

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