Dr. Vimmi Goel

Heag - Non-Invasive Cardiology Incharge - Preventive Heath Care MHBS, MD Internal Medicard Reg. No: MMU- 2014/01/01/3 Preventive Health Check up KIMS Kingsway Hospitals Nagpur Phone No.: 7499913052



	.1(04
Name: mrs. Asmita me	28h8 cm 06/11/24
Age: 38 4 & Sex: MF Weight: 17.8	kg Height: [53-6 inc BMI: 33
BP: 105/88 mmHg Pulse: 72	I mun ppm nas and 10/4
32/F	10 St Nation 1551
· FIH - Fection - DM	(Ecotoro)
· operity	(cortino)
. Prodicipetos (HbAjc-	
101-116	
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	hveight loss
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	. RIA SWAS & FIBS, AMA
	. RIA SWING & FIRS, AMA, HEALC, FLD

Est = 1



Or. Mugdha Jungari (Gill) MBBS, MS, DNB (OBGY), FMAS	
Sr. Consultant Obstetrics & Gynaecology High Risk Pregnancy Expert & Laparoscopic Surgeon	
High Risk Pregnancy Expert of Education	71.15
Name: Asmirta	Cate 6/11/24
Name	The state of the s
Age: 39 Sex:MF Weight: 77-6kg	Height 15 3 to HM
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1 12 - 6mos 1	21818.
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UMP-20/10/24	Cat.
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KIMS - Kingsway Hospitals

(A Unit of SPANV Medisearch Lifesciences Pvt. Ltd.)

44, Kingsway, Near Kasturchand Park, Nagpur,

Maharashtra, India - 440001.

Ph No.:1800 266 8346 Mobile No.:+91-7126789100

Email: assistance@kimshospitals.com/Website: www.kimshospitals.com

DEPARTMENT OF OPHTHALMOLOGY OUT PATIENT ASSESSMENT RECORD

	OUT PATIENT ASSESSMENT	DR. ASHISH PRAKASHCHANDRA
ASMITASACHIN 38Y(5) 7M(S) 22D(S)/F MRNP2425026796 8600108606 MARRIED	CONSULT DATE: 06-11-2024 CONSULT ID: OPC2425086554 CONSULT TYPE: WALK IN VISIT TYPE: NORMAL TRANSACTION TYPE:	VAMBLE

Temp: Pulse: BP (mmHg): spO2: Pain Score: Height:

-/min _ *F

6/6

00

Weight: BMI: - kgs

NOTES

GLASS PRESCRIPTION :-

DISTANCE VISION

VISION AXIS CYL SPH EYE

00 -0.50 RIGHT EYE

6/6 110 -0.75 00 LEFT EYE

NEAR ADDITION

NO. 00 RIGHT EYE

M6 00 LEFT EYE

REMARK-

CHIEF COMPLAINTS

ROUTINE EYE CHECKUP

Printed On :06-11-2024 11:49:02









DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. ASMITA MESHRAM

ASMITA MESHRAM Age / Gender : 38 Y(s)/Female

Bill No/ UMR No : BIL2425061430/MRNP2425026796

Referred By : Dr. Vimmi Goel MBBS,MD

Received Dt : 05-Nov-24 09:08 am

Report Date : 06-Nov-24 10:41 am

HAEMOGRAM

Parameter	Specimen	Results	Biological Reference	Method
Haemoglobin	Blood	12.8	12.0 - 15.0 gm%	Photometric
Haematoorit(PCV)		39.8	36.0 - 46.0 %	Calculated
RBC Count		5.11	3-8 - 4.8 Millions/cumm	Photometric
Mozn Cell Volume (MCV)		78	83 - 101 fl	Calculated
Mean Coll Hadmoglobin (MCH	Σ	25.0	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		32.2	31.5 - 35.0 g/l	Calculated
RDW Platelet count		14.7 259	11.5 - 14.0 % 150 450 10^3/cumm	Calculated
WBC Count DIFFERENTIAL COUNT		730n	4000 - 11000 cells/cumm	Impedance Impedance
Neutrophils		63.7	50 - 70 %	Flow Cytometry/Light
Lymphocytes Easingahiis		31, <u>1</u> 1.1	20 - 40 %	microscopy Flow Cytometry/Light microscopy
Monocytes Besophils	 S3	4.1	1 - 6 % 2 - 10 %	Flow Cytometry/Light microscopy Flow Cytometry/Light
Absourte Neutrophii Caunt Aasolute Lymphacyte Count		0.0 9650.1 1270.3	0 - 1 % 2000 - 7000 /cumm	microscopy Flow Cytometry/Light microscopy Calculated
Absolute Easinophil Count Absolute Monacyte Count Absolute Basophil Count	8	0,3 99.3	1000 - 4800 /cumm 20 - 500 /cumm 200 - 1000 /cumm 0 - 100 /cumm	Calculated Calculated Calculated Calculated









HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name

: Mrs. ASMITA MESHRAM

Age / Gender : 38 Y(s)/Female

Bill No/ UMR No : BIL2425061430/MRNP2425026796

Specimen

Referred By : Dr. Vimmi Goel MBBS,MD

Received Dt

: 06-Nov-24 09:08 am

:06-Nov-24 10:41 am Report Date

Biological Reference Method

Parameter PERIPHERAL SMEAR

Microcytosis Hypochromasia

Anisocytosis WBC Platelats ESR

Microcytosis +(Few) Hypodyromia +(Few) Anisocytosis +(FeW) As above

Adequate

:3

Results

0 - 20 mm/hr

Automated Westergren's Method

*** End Of Report ***

Suggested Dinical Correlation * If necoessary, Peaso discuss

Verified By : : 11100245

lest results related only to the item tested.

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MKHB-HMMBBWAY HOS PATSALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

patient Name

Mrs. ASMITA MESHRAM

Age / Gender : 38 Y(s)/Female

Bill No/ UMR No : BIL2425061430/MRNP2425026796

Referred By : Dr. Vimmi Goel MBBS,MD

Received Dt

: 06-Nov-24 09:05 am

Report Date

: D5-Nov-24 10:41 am

Parameter

Specimen

Results

Biological Reference < 100 mg/dl

Method

Parking Plasma Glucose Post Prancial Plasma (flucose

104 Plasma 34

< 140 mg/dl

GOO/POD/Colonmetric GOD/POD, Colorimetric

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

HbA1c

5.8

Non-Diabetic : <= 5.5 % Pre-Diabetic : 5.7 - 5.4

HPLC

Diabetic : >= 6.5 %

*** End Of Report ***

Suggested Christal Corneletion F. Chinomessary, Please CET 150

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alemande

Dr. Suwarna Kawade, MBBS,MD (Pathology) CONSULTANT







KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

: Mrs. ASMITA MESHRAM Patient Name

BIII No/ UMR No : BIL2425061430/MRNP2425026796

: 06-Nov-24 09:08 am Received Dt

Age /Gender : 38 Y(s)/Female

Referred By : Dr. Vimmi Goel MBBS,MD

Report Date : 05-Nov-24 10:41 am

LIPID PROFILE	<u>Specimen</u> Serum	Results 179	< 200 mg/dl	Method Enzymatic(CHE/CHO/PO D)
Total Cholesterol Troply cendes HDL Cholesterol Direct LDL Cholesterol Direct	53	101 54 116,62	< 150 mg/dl > 50 mg/dl < 100 mg/dl < 30 mg/dl	
VLDL Cockstorol		3	3 - 5	LDC-C
Tot CockHOL Ratio Intale therapeutic	nt	5100	Consider Drug therapy >130, optional at 100-129	<100
CHD OR CHD risk equivale Hultide major risk factors 10 yrs CHD risk>20% Two or more additional ma	18000	>130	10 yrs risk 10-20 % >130 10 yrs risk <10% >160	<130 <150
Two or more actions (actions, 10 yes CHD risk <0) for additional major risk or additional major risk factor	nue	>:60 *** End Of I	>190,optional at 150-189	

Suggested Cinical Cornelation * If neccessary, Please

discuss

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DEPARTMENT OF BIOCHEMISTRY

; Mrs. ASMITA MESHRAM

WWW LINCOL

Age / Gender : 38 Y(s)/Female

Patient Name

BILL No. UMR No : BILZ425061430/MRNP2425026796

Referred By : Dr. Vimmi Goel MBBS,MD

Received Dt

: 06-Nov-24 D9:08 am

Report Date : 06-Nov-24 10:41 am

Received by LIVER FUNCTION T Parameter Total Suirubin prect Bilinubin Indirect Bilinubin Aikaline Phosphetasin 5/571/ALT Secum Total Protoin	EST(LFT) Specimen	Results 0,63 0,13 0,50 65 18 24 7,46 4,52	Biological Reference 0.2 - 1.3 mg/dl 0.1 - 0.3 mg/dl 0.1 - 1.1 mg/dl 38 - 126 U/L 13 - 45 U/L 13 - 35 U/L 6.3 - 8.2 gm/dl 3.5 - 5.0 gm/dl	Method Bromocresol green Diver
Albumin Serum		2.95	2.0 - 4.0 am/di	
Clobulif A/G Rabio		1.5 *** End Of	Report ***	

Suggested Cinical Correlation * If necreasary, Please

discuss.

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KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

: Mrs. ASMITA MESHRAM Patient Name

Bill No/ UMR No : B[12425061430/MRNP2425026796

: 06-Nov-24 09:08 am Received Dt

Age / Gender : 38 Y(s)/Female

Referred By : Dr. Vimmi Goel MBBS,MD

Report Date : 06-Nov-24 10:41 am

THYROID PROFILE Parameter T3 Free T4	Specimen Serum	Results 1,33 1,14 7,21	Biological Reference 0.55 - 1.70 ng/mi 0.80 - 1.70 ng/di 0.50 - 4.60 uIU/mi	Method Enhanced chemituminespence
TSH		*** End Of	Report ***	

Suggested Clinical Correlation * [finecostsary, Please discuss

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DEPARTMENT OF BIOCHEMISTRY

: Mrs. ASMITA MESHRAM

Age / Gender : 38 Y(s)/Female

Bill No/ UMR No : BJL2425061430/MRNP2425026796

Referred By : Dr. Vimmi Goel MBBS,MD

Received Dt

: 06-Nov-24 09:08 am

Report Date : 06-Nov-24 10:41 am

RFT Parameter Stoot Urea Creatmine GFR	<u>Specimen</u> Serum	27 0.8 96.7	Biological Reference 15.0 - 35.0 mg/dl 0.52 - 1.04 mg/dl >90 mL/min/1.73m square, 136 - 145 mmol/L	Method Direct ion selective electrode
Soglum Polassium			3,5 - 5,1 mmal/L port ***	

Suggested Clinical Correlation * If necossary, Please discuss

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Dr. Suwarna Kawade, MBBS,MD (Pathology)

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KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name

: Mrs. ASMITA MESHRAM

Age /Gender : 38 Y(s)/Female

BIL No/ UMR No : BIL 2425061430/MRNP2425026796

Referred By : Dr. Vimmi Goel MBBS, MD

Received Dt

: 05-Nov-24 11:39 am

Report Date : 06-Nov-24 12:32 pm

URINE SUGAR

Parameter Urine Glucose Result Values Nil

*** End Of Report ***

Supposted Chincal Correlation * If noncessary, Please

Verified By :: 11100997

lest meals related only to the item tested.

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Dr. GAURI HARDAS, MBBS,MD CONSULTANT PATHOLOGIST

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DEPARTMENT OF PATHOLOGY

Patient Name

: Mrs. ASMITA MESHRAM

Age /Gender : 38 Y(s)/Female

gii No/ UMR No : BIL2425061430/MRNP2425026796

Referred By : Dr. Vimmi Goel MBBS, MD

Received Dt

: 06-Nov-24 10:40 am

Report Date

:06-Nov-24 12:10 pm

USF(URINE SUGAR FASTING)

Specimen Result Values Biological Reference

Method STREP

Parameter ume Gucuse

Urine

Negative *** End Of Report ***

Suggested Cirical Correlation * If necossary, Please

70 fed By :: 10100997

Test results related only to the item tested.

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Dr. Suwarna Kawade, MBBS,MD (Pathelogy)

CONSULTANT

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DEPARTMENT OF PATHOLOGY

: Mrs. ASMITA MESHRAM

Age / Gender : 38 Y(s)/Female

BILNO/ UMR No : BIL2425061430/MRNP2425026796

Referred By : Dr. Vimmi Goel MBBS,MD

Received Dt

: 06-Nov-24 10:40 am

Report Date

:06-Nov-24 12:10 pm

	OFCOPY
TOTNE	MICROSCOPY

URINE MICROSCOPY	Specimen	Results	Biological Reference	Method
Parameter PHYSICAL EXAMINATION Volume Colour.		30 ml Pale yellow Slightly Hazy	Ccal	
Appearance CHEMICAL EXAMINATION Specific gravity	ı	1,020	1,005 - 1,025 4,6 - 8.0	jon concentration Indicators
Reaction (pH) Nitrale Unine Probein Sugar Kebane Bodies Umbilingen		Negative Negative Negative Negative Kormal Negative	Negative Negative Negative Nermal Negative	protein error of pit indicator GOD/POD Legal's est Principle Shrildh's Reaction Diazonium
Elinubin NICROSCOPIC EXAMINA Pus Cells R.B.C. Epithelial Cells Casts Crystals	TION	5-10 Absent 2-4 Absent Absent Absent *** End Of R	0 - 4 /hpf 0 - 4 /hpf 0 - 4 /hpf Absent teport ***	

Suggested Cirical Correlation * If naccessary, Plaase dist es

VarTec By : : 11100997

est results related only to the item tested.

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Dr. Suwarna Kawade, MBBS,MD (Pathology)

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DEPARTMENT OF IMMUNO HAEMATOLOGY

milient Name

; Mrs. ASMITA MESHRAM

Age / Gender : 38 Y(s)/Female

Referred By : Dr. Vimmi Goel MBBS, MD

Gel Card Method

gi No/ UMR No : BIL2425051430/MRNP2425026796 : 06-Nov-24 09:08 am sectived Dt

Report Date : 06-Nov-24 11:02 am

BLOOD GROUPING AND RH

errameter. ELCOD GROUP. Specimen Results

EDTA Whole 'O'

Blood & Plasme/ Serum

* Positive *(-Ve)

R) (D) Typing-

*** End Of Report ***

Suggested Christo Correlation * If necessary, Please

150130

Valled By : : 11:00245

Test results related only to the Item tested.

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Or. Suwarna Kawade, MBBS,MD (Pathology)

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DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

DEPARTMENT OF R	STUDY DATE	06-11-2024 10:10:14
ASMITA MESHRAM	HOSPITAL NO.	MRNP2425026796
38Y1D / F	MODALITY	DX
BIL2425061430-10 06-11-2024 10:39	REFERRED BY	Dr. Vimmi Goel

X-RAY CHEST PA VIEW

igg tree fields are clear,

lorta are normal.

Se in studows appear normal.

painspindomes and CP angles are clear,

Bony cage is normal.

IMPRESSION -No pieuro-parenchymal abnormality seen.

DR R.R KHANDELWAL

SENIOR CONSULTANT

MD, RADIODIAGNOSIS [MMC-55870]

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Think, correlation with clinical findings and other investigations should be carried out to know true nature of kilness.

CIN: UT4999MH2D18PTC303510



DR.	HW.	AS AND AS
VIMMI GOEL	NP2425026796	WITA MESHRAM
DATE	BILLINO	AGE & SEX:
06/31/2024	BIL2425061430	38 YRS/FEMALE

USB WHOLL ABDOMEN

ageTat Variated CBb are noticed in course and talkien. φ, existence of any focal leathn seen, intrahepark billiary radicals are not cliabed. (WEA is control in size (13) dictal), shape and echotosbure.

Walthickness is within normal limits. CAU BUNDER is perhally distanced. No sudge or calculus seen.

 ϕ . EEK is normal to size (5.5 cm) shape and extrohecture. No focal less on seen. (Gue) and head and body of PANCREAS is normal in shape, size and echoses (unp

Hat is a second dialect No exidence of calculus or hydronophrosis seen. Both NOVERS are normal in shape, size and exhabed three) gat hid revine as trees 9.4×4.0 cm. Left kinney measures 9.6×4.8 cm.

university account is partially distended. No calculus or mass lesson seen.

Kaltica myometrial leaton seen Lieux k coma. In site, shape and ediccesture. It measures 6.5 x 4.0 x 8.2 cm. Esti ocarie apreen normal. No adnesal mass lesion seem. COURSELLING.

Then is no free thaid or abstactional lymphodes octobbly seen.

Stell fat containing umbilited hemia 2.8 x 2.7 cm.

WERESTON:

- Straf umplication hereig.
- No other significant viscoral who omnaitty sees.

Suffret clinical correlation.

DI. REPAR PERVEZ WESS, OWAND, DANS CONSULTANT RADIOLOGIST

> SPARY Sed sector il facilità del Private Lindad di Private Brace de desperado del Composito della di Composito del Composito del

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2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

Patient Name: Mrs. Asmita Meshram : 38 years / Female Age

: MRNP2425026796 UMR : 06/11/2024 Date : Dr. Vimmi Goel Done by

: NSR, Minor ST-T changes ECG

Blood pressure: 109/88 mm Hg (Left arm, sitting position)

: 1.76 m² BSA

Impression:

Normal LV dimensions

LA is dilated

No RWMA of LV at rest

Good LV systolic function, LVEF 70%

Normal LV diastolic function

E/A is 1.4

E/E' is 7.3 (Normal filling pressure)

Valves are normal

Trivial MR

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 dilated. There is no RWMA of LV seen at rest. Good LV systolic function. LVEF 70%. Normal LV diastolic function. E Velocity is 90 cm/s, A Velocity is 66 cm/s. E/A is 1.4. Valves are normal. Trivial MR. 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 cm/sec & at lateral mitral annulus is 13.8 cm/sec.

E/E' is 7.3 (Average).

M Mode echocardiography and dimension:

	Normal n (adults) (ange (mm) (children)	Observed (mm)
Left atrium	19-40	7-37	40
Aortic root	20-37	7-28	25
LVIDd	35-55	8-47	44
LVIDs	23-39	6-28	26
IVS (d)	6-11	4-8	09
LVPW (d)	6-11	4-6	10
LVEF %	~ 60%	~60%	70%
Fractional Shortening	0.5500		40%
Du			

Dr. Vimmi Goel MD, Sr. Consultant

Non-invasive Cardiology

Fellow Indian Academy of Echocardiography (FIAE)