

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**

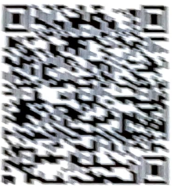
Name: Mrs. Sonali Gedam Date: 27/1/24

Age: 36y Sex: M F Weight: 38.7 kg Height: 154.8 inc BMI: 16.1

BP: 108/72 mmHg Pulse: 78/m bpm RBS: _____ mg/dl

SpO2: 99%

LMP - 1/1/24



**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY**

Patient Name : Mrs. SOHALI GEDAM	Age /Gender : 36 Y(s)/Female
Bill No / UMR No : BIL2324072421/UMR2324035089	Referred By : Dr. Virendra Gopal Waghre, MD
Received Dt : 27-Jan-24 10:13 am	Report Date : 27-Jan-24 11:29 am

HAEMOGRAM

Parameter	Specimen	Results	Biological Reference	Method
Haemoglobin	Blood	9.0	12.0 - 15.0 g/dl%	Photometric
Haematocrit(PCV)		31.1	36.0 - 46.0 %	Calculated
RBC Count		3.93	3.8 - 4.8 Million/cumm	Photometric
Mean Cell Volume (MCV)		79	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		25.2	27 - 32 Pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		32.0	31.5 - 35.0 g/l	Calculated
RDW		18.8	11.5 - 14.0 %	Calculated
Platelet count		361	150 - 450 10 ³ /cumm	Impedance
WBC Count		6000	4000 - 11000 cells/cumm	Impedance
DIFFERENTIAL COUNT				
Neutrophils		62.5	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		30.7	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		2.0	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes		4.8	2 - 10 %	Flow Cytometry/Light microscopy
Basophils		0.0	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count		3750	2000 - 7000 /cumm	Calculated



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. SONALI GEDAM
Age /Gender : 36 Y(s)/Female
Bill No/ UMR No : BILL2324072421/UMNR2324035089
Referred By : Dr. Virrmi Goel MBBS,MD
Received Dt : 27-Jan-24 10:13 am
Report Date : 27-Jan-24 11:29 am

Parameter	Specimen	Results	Biological Reference Method
Absolute Lymphocyte Count		1842	1000 - 4800 /cumm Calculated
Absolute Eosinophil Count		120	20 - 500 /cumm Calculated
Absolute Monocyte Count		288	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
 Automated Westergren's Method
 Platelets
 Adequate
 ESR
 25
 0 - 20 mm/hr
 *** End Of Report ***

Suggested Clinical Correlation * If necessary, please discuss
 Verified By : : 11100245
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DR. VAIDHEE NALIK, MBBS,MD
CONSULTANT PATHOLOGIST



**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY**

Patient Name : Mrs. SONALI GEDAM
Age /Gender : 36 Y(s)/Female
Bill No/ UMR No : BIL2324072421/UMR2324035089
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 10:12 am
Report Date : 27-Jan-24 11:21 am

Parameter	Specimen	Results	Biological Reference	Method
Fasting Plasma Glucose	Plasma	89	< 100 mg/dl	GOD/POD, Colorimetric
Post Prandial Plasma Glucose		76	< 140 mg/dl	GOD/POD, Colorimetric

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

Hba1c

4.9

Non-Diabetic : <= 5.6 %
Pre-Diabetic : 5.7 - 6.4

HPLC

COMMENT

In view of S-window of 36.5% in HBA1c graph,
advised HPLC to rule out Hemoglobinopathy.
*** End Of Report ***

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CLINICAL DIAGNOSTIC LABORATORY DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. SONALI GEDAM	Age /Gender : 36 Y(s)/Female
Bill No/ UMR No : BIL2324072421/UMR2324035089	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 10:13 am	Report Date : 27-Jan-24 11:39 am

LIPID PROFILE

Parameter	Specimen	Results	Method
Total Cholesterol	Serum	105	Enzymatic(CHE/CHO/POD)
Triglycerides		32	Enzymatic (Lipase/GK/GPO/POD)
HDL Cholesterol Direct		40	Phosphotungstic acid/mgcl-Enzymatic (microslide)
LDL Cholesterol Direct		53.63	Enzymatic
VLDL Cholesterol		6	Calculated
Tot Chol/HDL Ratio		3	Calculated

Initiate therapeutic	Consider Drug therapy	IDC-C
CHD OR CHD risk equivalent	>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%	10 yrs risk 10-20 % >130	<130
No additional major risk or one additional major risk factor	10 yrs risk <10% >160 >190,optional at 160-189	<160

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

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**DR. VAIDHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST**



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. SONALI GEDAM **Age / Gender** : 36 Y(s)/Female
Bill No/ UMR No : BL2324072421/UMR2324035089 **Referred By** : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 01:18 pm **Report Date** : 27-Jan-24 02:46 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>
URINE SUGAR		
Urine Glucose		Negative
NOTE:		Post Meal Urine Sugar
THYROID PROFILE		
T3		1.00 0.55 - 1.70 ng/ml Enhanced Chemiluminescence
Free T4		1.37 0.80 - 1.70 ng/dl Enhanced Chemiluminescence
TSH		1.82 0.50 - 4.80 uIU/ml Enhanced Chemiluminescence

*** End Of Report ***

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DR. VAIDHEE NAIK, MBBS,MD

CONSULTANT PATHOLOGIST
SPANV Medisearch Lifesciences Private Limited
44, Pawana Bhanu, Kingsway, Nagpur - 440 001, Maharashtra, India.

Phone: +91 0712 6789100
CIN: U74999MH2018PTC303510



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

patient Name : Mrs. SONALI GEDAM Age /Gender : 36 Y(s)/Female
Bill No/ UMR No : BIL2324072421/UMR2324035089 Referred By : Dr. Virmal Goel MBBS,MD
Received Dt : 27-Jan-24 10:13 am Report Date : 27-Jan-24 11:39 am

Parameter	Specimen	Result Values	Biological Reference	Method
RFT				
Blood Urea	Serum	12	15.0 - 36.0 mg/dl	Urease with indicator dye
Creatinine		0.49	0.52 - 1.04 mg/dl	Enzymatic (creatinine amidohydrolase)
GFR		125.2	>90 mL/min/1.73m square.	Calculation by CKD-EPI 2021
Sodium		142	136 - 145 mmol/L	Direct ion selective electrode
Potassium		4.46	3.5 - 5.1 mmol/L	Direct ion selective electrode

LIVER FUNCTION TEST(LFT)

Total Bilirubin	0.64	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Direct Bilirubin	0.23	0.1 - 0.3 mg/dl	Calculated
Indirect Bilirubin	0.41	0.1 - 1.1 mg/dl	Dual wavelength spectrophotometric
Alkaline Phosphatase	120	38 - 126 U/L	pHPP/AMP buffer
SGPT/ALT	19	13 - 45 U/L	Kinetic with pyrdoxal 5 phosphate
SGOT/AST	27	13 - 35 U/L	Kinetic with pyrdoxal 5 phosphate
Serum Total Protein	7.59	6.3 - 8.2 gm/dl	Buret (Alkaline cupric sulphate)
Albumin Serum	4.17	3.5 - 5.0 gm/dl	Bromocresol green Dye Binding
Globulin	3.43		
A/G Ratio	1.22	2.0 - 4.0 gm/dl	Calculated

*** End Of Report ***

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Dr. VAIDHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. SONALI GEDAM
Age /Gender : 36 Y(s)/Female
Bill No/ UMR No : BIL2324072421/UMR2324035089
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 10:27 am
Report Date : 27-Jan-24 12:56 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
URINE MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	Urine	30 ml	
Colour.		Pale Yellow	
Appearance		Clear	
CHEMICAL EXAMINATION			
Reaction (pH)	Urine	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
MICROSCOPIC EXAMINATION			
Epithelial Cells	Urine	0-1	0 - 4 /hpf
R.B.C.		Absent	0 - 4 /hpf
Pus Cells		0-1	0 - 4 /hpf
Casts		Absent	Absent
Crystals		Absent	Absent
USF (URINE SUGAR FASTING)			
Urine Glucose	Urine	Negative	Ehrlich's Reaction
		*** End Of Report ***	STRIP

Suggested Clinical Correlation * If necessary, Please discuss
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DR. VAIDHEE NAIR, MBBS,MD

CONSULTANT PATHOLOGIST
 Private Limited

44 Banwana Bhanwa, Kingsway, Nagpur - 440 001, Maharashtra, India.
 Phone: +91 0712 6789100
 CIN: U74999MH2018PTC303510



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name	: Mrs. SONALI GEDAM	Age /Gender	: 36 Y(s)/Female
Bill No / UMR No	: BIL2324072421/UMR2324035089	Referred By	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 27-Jan-24 10:13 am	Report Date	: 27-Jan-24 12:27 pm

BLOOD GROUPING AND RH

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

Suggested Clinical Correlation * If neccessary, Please discuss
Verified By : : 11100245
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DR. VAIDHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST

DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

NAME	SONALI GADAM	STUDY DATE	27-01-2024 11:08:59
AGE/ SEX	36Y 6M 28D / F	HOSPITAL NO.	UMR3324035089
ACCESSION NO.	BIL2324072421-10	MODALITY	DX
REPORTED ON	27-01-2024 11:46	REFERRED BY	Dr. Vinmi 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

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.

1 of 1

PATIENT NAME:	MRS. SONALI GEDAM	AGE /SEX:	36 YRS/F
UMR NO:	2324035089	BILL NO.:	2324072421
REF BY	DR. VIMMI GOEL	DATE:	27/01/2024

USG WHOLE ABDOMEN

LIVER is normal in size, shape 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 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.
No focal myometrial lesion seen.
Endometrial echo-complex appear normal.
No adnexal mass lesion seen.

There is no free fluid or abdominal lymphadenopathy seen.

IMPRESSION:

No significant abnormality seen.

Suggest clinical correlation / further evaluation.



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

2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

Patient Name : Mrs. Sonali Gedam
 Age : 36 years / Female
 UMR : UMR2324035089
 Date : 27/01/2024
 Done by : Dr. Vimmi Goel
 ECG : NSR, WNL
 Blood pressure: 108/72 mm Hg (Right arm, Supine position)
 BSA : 1.29 m²

Impression: Normal 2D Echocardiography Study

- Normal chambers dimensions**
- No RWMA of LV at rest**
- Good LV systolic function, LVEF 70%**
- Normal LV diastolic function**
- E/A is 1.4**
- E/E' is 6.9 (Normal filling pressure)**
- Valves are normal**
- Trivial TR, 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. There is no RWMA of LV seen at rest. Good LV systolic function. LVEF 70%. Normal LV diastolic function. E Velocity is 106 cm/s, A Velocity is 78 cm/s. E/A is 1.4. Valves are normal. Trivial TR. 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 13.3 cm/sec & at lateral mitral annulus is 17.4 cm/sec.
 E/E' is 6.9 (Average).

M Mode echocardiography and dimension:

	Normal range (mm) (adults) (children)	Observed (mm)
Left atrium	19-40	28
Aortic root	20-37	21
LVIDd	35-55	43
LVIDs	23-39	26
IVS (d)	6-11	09
LVPW (d)	6-11	70%
LVEF %	~ 60%	40%
Fractional Shortening	~60%	

P.T.O

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

36 Years

MRS SONALI GEDAM
Female

27-Jan-24 12:02:38 PM

KIMS-KINGSWAY HOSPITALS

Rate 84 . Sinus rhythm.....normal P axis, V-rate 50- 99
 PR 144 . Nonspecific intraventricular conduction delay.....QRSd >115ms, not LBBB/RBBB
 QRSD 115 . Low voltage, extremity and precordial leads.....extremity<0.5mV, precordial<1.0mV
 QT 368 . Baseline wander in lead(s) I
 QTc 436

PHC DEPT.

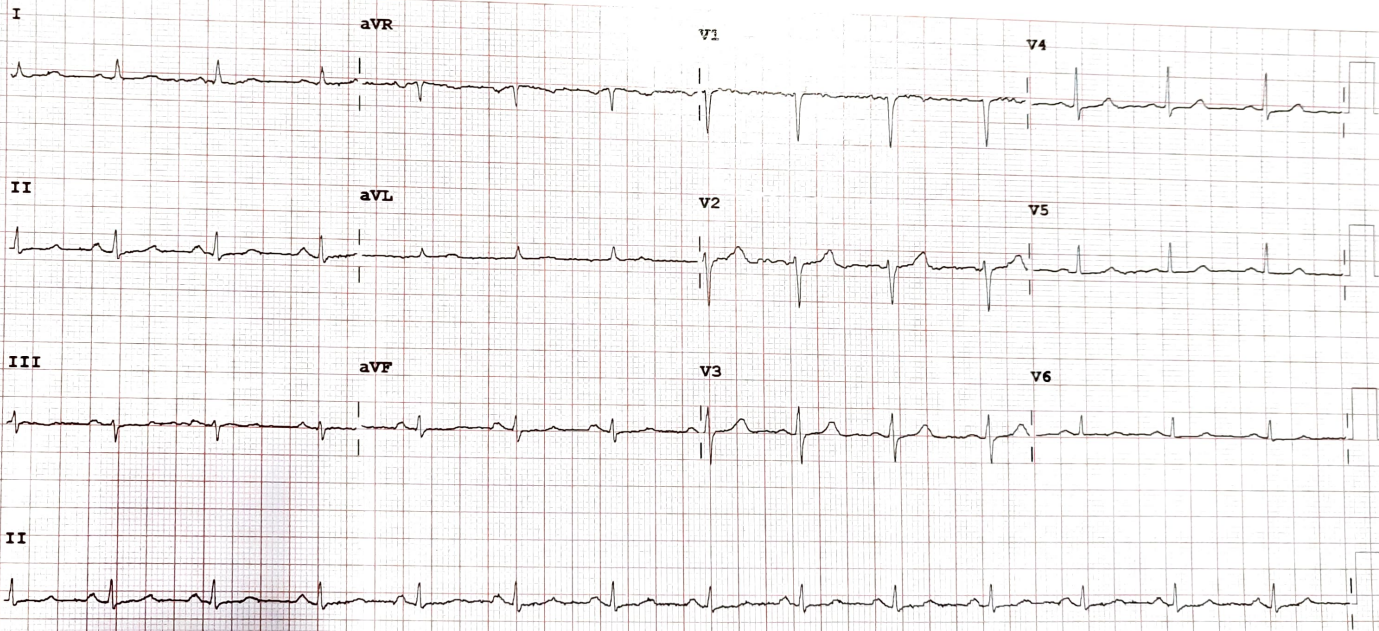
--AXIS--

P 67
 QRS 11
 T 40

- ABNORMAL ECG -

12 Lead; Standard Placement

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?