

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

Preventive Health Check up  
KIMS-KINGSWAY  
HOSPITALS

Name: Mrs. Pralisha Munde

Date: 12/10/23

Age: 49y Sex: MF Weight: 99.7 kg Height: 154.4 cm BMI: 25

BP: 140/80 mmHg Pulse: 96 bpm FBS: mg/dl

3807. 98%

LMP: 19/10/23

45/f

- 4c Hypothyroidism (25 ug OD)
- LDL - 120
- sTSH - 5.64
- Doing well

O/E

FLP<sup>o</sup>

Ch  
W  
P/A | N

Adv.

- 1. L. thyrox 37.5 ug  
On Sat, Sun  
Rem of days 25 ug

- Diet
- Exercise
- Wt. loss

• Epr. sTSH / after 3  
FLP weeks  
P/A 3mm.

Dr. VIMMI GOEL  
Sr. Consultant Non Invasive Cardiology



**CLINICAL DIAGNOSTIC LABORATORY**  
**DEPARTMENT OF PATHOLOGY**

<b>Patient Name</b> : Mrs. PRATIBHA MUDE	<b>Age /Gender</b> : 45 Y(s)/Female
<b>Bill No/ UMR No</b> : BIL2324069427/UMR2324033722	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 13-Jan-24 09:31 am	<b>Report Date</b> : 13-Jan-24 12:01 pm

**HAEMOGRAM**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Haemoglobin	Blood	12.6	12.0 - 15.0 gm%	Photometric
Haematocrit(PCV)		37.8	36.0 - 46.0 %	Calculated
RBC Count		4.77	3.8 - 4.8 Millions/cumm	Photometric
Mean Cell Volume (MCV)		<b>79</b>	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		<b>26.4</b>	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		33.4	31.5 - 35.0 g/l	Calculated
RDW		<b>16.2</b>		
Platelet count		<b>469</b>	11.5 - 14.0 %	Calculated
WBC Count		10200	150 - 450 10 <sup>3</sup> /cumm	Impedance
			4000 - 11000 cells/cumm	Impedance

**DIFFERENTIAL COUNT**

Neutrophils	67.9	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes	25.8	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils	3.1	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes	3.2	2 - 10 %	Flow Cytometry/Light microscopy
Basophils	0.0	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count	6925.8	2000 - 7000 /cumm	Calculated



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<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Absolute Lymphocyte Count		2631.6	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		316.2	20 - 500 /cumm	Calculated
Absolute Monocyte Count		326.4	200 - 1000 /cumm	Calculated
Absolute Basophil Count		0	0 - 100 /cumm	Calculated
<b><u>PERIPHERAL SMEAR</u></b>				
RBC		Microcytosis +(Few), Hypochromia +(Few), Anisocytosis +(Few)		Light microscopy
WBC		As Above		
Platelets		Mildly Increased		
<b>E S R</b>		12	0 - 20 mm/hr	Automated Westergren's Method
*** End Of Report ***				

Suggested Clinical Correlation \* If necessary, Please discuss

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Test results related only to the item tested.

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



**CLINICAL DIAGNOSTIC LABORATORY**

**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b> : Mrs. PRATIBHA MUDE	<b>Age /Gender</b> : 45 Y(s)/Female
<b>Bill No/ UMR No</b> : BIL2324069427/UMR2324033722	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 13-Jan-24 09:30 am	<b>Report Date</b> : 13-Jan-24 10:46 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	97	< 100 mg/dl	GOD/POD,Colorimetric

**GLYCOSYLATED HAEMOGLOBIN (HBA1C)**

<b>HbA1c</b>	5.1	Non-Diabetic : <= 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %	HPLC
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\*\*\* End Of Report \*\*\*

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

**CONSULTANT PATHOLOGIST**  
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CIN: U74999MH2018PTC303510





**CLINICAL DIAGNOSTIC LABORATORY**  
**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b> : Mrs. PRATIBHA MUDE	<b>Age /Gender</b> : 45 Y(s)/Female
<b>Bill No/ UMR No</b> : BIL2324069427/UMR2324033722	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 13-Jan-24 09:31 am	<b>Report Date</b> : 13-Jan-24 11:40 am

**LIPID PROFILE**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Total Cholesterol	Serum	196 < 200 mg/dl	Enzymatic(CHE/CHO/POD)
Triglycerides		122 < 150 mg/dl	Enzymatic (Lipase/GK/GPO/POD)
HDL Cholesterol Direct		<b>45</b> > 50 mg/dl	Phosphotungstic acid/mgcl-Enzymatic (microslide)
LDL Cholesterol Direct		<b>120.72</b> < 100 mg/dl	Enzymatic
VLDL Cholesterol		24 < 30 mg/dl	Calculated
Tot Chol/HDL Ratio		4 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 >190, optional at 160-189	<160

\*\*\* End Of Report \*\*\*

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**CONSULTANT PATHOLOGIST**



**CLINICAL DIAGNOSTIC LABORATORY**  
**DEPARTMENT OF BIOCHEMISTRY**

**Patient Name** : Mrs. PRATIBHA MUDE  
**Age / Gender** : 45 Y(s)/Female  
**Bill No/ UMR No** : BIL2324069427/UMR2324033722  
**Referred By** : Dr. Vimmi Goel MBBS,MD  
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<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
<b>RFT</b>				
Blood Urea	Serum	10	15.0 - 36.0 mg/dl	Urease with indicator dye
Creatinine		0.54	0.52 - 1.04 mg/dl	Enzymatic ( creatinine amidohydrolase)
GFR		115.6	>90 mL/min/1.73m square.	Calculation by CKD-EPI 2021
Sodium		142	136 - 145 mmol/L	Direct ion selective electrode
Potassium		4.31	3.5 - 5.1 mmol/L	Direct ion selective electrode
<b>THYROID PROFILE</b>				
<b>T3</b>		1.54	0.55 - 1.70 ng/ml	Enhanced chemiluminescence
<b>Free T4</b>		1.05	0.80 - 1.70 ng/dl	Enhanced Chemiluminescence
<b>TSH</b>		5.64	0.50 - 4.80 uIU/ml	Enhanced chemiluminescence

\*\*\* End Of Report \*\*\*

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**CLINICAL DIAGNOSTIC LABORATORY**  
**DEPARTMENT OF BIOCHEMISTRY**

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**Report Date** : 13-Jan-24 11:40 am

**LIVER FUNCTION TEST(LFT)**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Total Bilirubin	Serum	0.63	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline Calculated
Direct Bilirubin		0.26	0.1 - 0.3 mg/dl	Duel wavelength spectrophotometric
Indirect Bilirubin		0.37	0.1 - 1.1 mg/dl	pNPP/AMP buffer
Alkaline Phosphatase		91	38 - 126 U/L	Kinetic with pyridoxal 5 phosphate
SGPT/ALT		26	13 - 45 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		25	13 - 35 U/L	Biuret (Alkaline cupric sulphate)
Serum Total Protein		7.88	6.3 - 8.2 gm/dl	Bromocresol green Dye Binding
Albumin Serum		4.58	3.5 - 5.0 gm/dl	Calculated
Globulin		3.30	2.0 - 4.0 gm/dl	
A/G Ratio		1.39		

\*\*\* 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 PATHOLOGY**

**Patient Name** : Mrs. PRATIBHA MUDE  
**Bill No/ UMR No** : BIL2324069427/UMR2324033722  
**Received Dt** : 13-Jan-24 09:46 am  
**Age /Gender** : 45 Y(s)/Female  
**Referred By** : Dr. Vimmi Goel MBBS,MD  
**Report Date** : 13-Jan-24 12:06 pm

**URINE MICROSCOPY**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Volume	Urine	30 ml	
Colour.		Pale yellow	
Appearance		Clear	Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)		6.0	4.6 - 8.0 Indicators
Specific gravity		1.005	1.005 - 1.025 ion concentration
Urine Protein		Negative	Negative protein error of pH indicator
Sugar		Negative	Negative GOD/POD
Bilirubin		Negative	Negative Diazonium
Ketone Bodies		Negative	Negative Legal's est Principle
Nitrate		Negative	Negative
Urobilinogen		Normal	Normal Ehrlich's Reaction
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Epithelial Cells		0-1	0 - 4 /hpf Manual
R.B.C.		Absent	0 - 4 /hpf
Pus Cells		0-1	0 - 4 /hpf
Casts		Absent	Absent





**CLINICAL DIAGNOSTIC LABORATORY**  
**DEPARTMENT OF PATHOLOGY**

<b>Patient Name</b> : Mrs. PRATIBHA MUDE	<b>Age / Gender</b> : 45 Y(s)/Female
<b>Bill No/ UMR No</b> : BIL2324069427/UMR2324033722	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 13-Jan-24 09:46 am	<b>Report Date</b> : 13-Jan-24 12:06 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Crystals		Absent *** 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 IMMUNO HAEMATOLOGY**

<b>Patient Name</b> : Mrs. PRATIBHA MUDE	<b>Age / Gender</b> : 45 Y(s)/Female
<b>Bill No/ UMR No</b> : BIL2324069427/UMR2324033722	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 13-Jan-24 09:31 am	<b>Report Date</b> : 13-Jan-24 12:33 pm

**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 \*\*\*

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

**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE**

NAME	PRATIBHA MUDE	STUDY DATE	13-01-2024 11:37:54
AGE/ SEX	45Y6M14D / F	HOSPITAL NO.	UMR2324033722
ACCESSION NO.	BIL2324069427-9	MODALITY	DX
REPORTED ON	13-01-2024 13:08	REFERRED BY	Dr. Vimmi 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 NAVEEN PUGALIA

MBBS, MD [076125]

SENIOR CONSULTANT RADIOLOGIST.

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.

PATIENT NAME:	MRS. PRATIBHA MUDE	AGE /SEX:	45 YRS/F
UMR NO:	2324033722	BILL NO:	23274069422
REF BY	DR. VIMMI GOEL	DATE:	13/01/2024

USG WHOLE ABDOMEN

LIVER is normal in size, shape and shows normal 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. KHANDELWAL**  
**SENIOR CONSULTANT**  
**MD RADIO DIAGNOSIS [MMC-55870]**



Kingsway Hospitals  
44 Kingsway, Mohan Nagar,  
Near Kasturchand Park, Nagpur

Station  
Telephone:

### EXERCISE STRESS TEST REPORT

Patient Name: Mrs. Pratibha, Mude  
Patient ID: 033722  
Height:  
Weight:  
Study Date: 13.01.2024  
Test Type: Treadmill Stress Test  
Protocol: BRUCE

DOB: 01.07.1978  
Age: 45yrs  
Gender: Female  
Race: Indian  
Referring Physician: Mediwheel HCU  
Attending Physician: Dr. Vimmi Goel  
Technician: --

Medications:  
--

Medical History:  
NIL

#### Reason for Exercise Test:

Screening for CAD

#### Exercise Test Summary:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:40	0.00	0.00	95	120/80	
	WARM-UP	00:32	0.70	0.00	103	120/80	
	STAGE 1	03:00	1.70	10.00	123	130/80	
EXERCISE	STAGE 2	03:00	2.50	12.00	146	140/80	
	STAGE 2	00:26	3.40	14.00	155	140/80	
	STAGE 3	01:00	0.00	0.00	125	140/80	
RECOVERY		02:00	0.00	0.00	103		
		00:14	0.00	0.00	106		

The patient exercised according to the BRUCE for 6:25 min:s, achieving a work level of Max. METS: 8.20. The resting heart rate of 94 bpm rose to a maximal heart rate of 155 bpm. This value represents 88 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Fatigue.

#### Interpretation:

Resting ECG: normal.  
ECG: normal.  
Appropriate response.

PRATIBHA MUDE  
female

13-Jan-24 1:08:31 PM

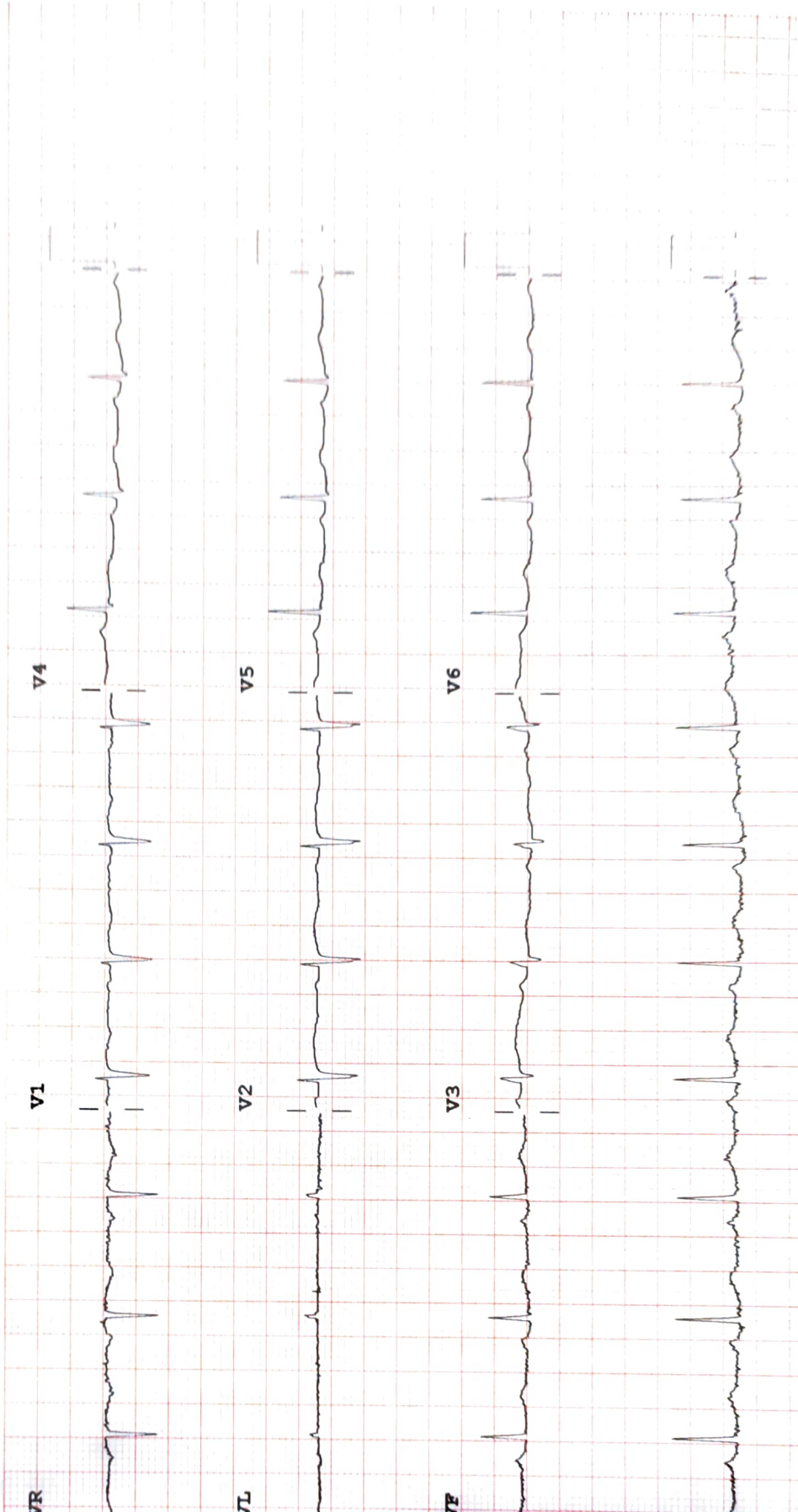
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PHC DEPT.

.....normal 2 axis, V-rate 50-99  
ordial leads.....Preordial leads <1.0mV

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Limb: 10 mm/mV Chest: 10.0 mm/mV

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

PHILIPS

REORDER # M21R3A

PATIENT NAME:	MRS. PRATIBHA MUDE	AGE /SEX:	45 YRS/F
UMR NO:	2324033722	BILL NO:	23274069422
REF BY	DR. VIMMI GOEL	DATE:	13/01/2024

**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 breasts show mixed density (type B) parenchyma.

**Right breast:**

Right breast does not show any 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: X RAY mammography reveals:**

No mammographically detectable significant abnormality.

ACR – BIRADS Category 1- Negative for malignancy.


USG correlation is suggested for any palpable abnormality.

**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. ASHWINI GANJEWAR**  
**DMRD, DNB [MMC-2005/03/1863]**  
**CONSULTANT RADIOLOGIST**