

Dr. Vimmi Goel

MBBS, MD (Internal Medicine)

Sr. Consultant Non Invasive Cardiology

Reg. No: MMC-2014/01/0113

CN 7499913052

Name: Mrs. Kirti Atote Date: 9/12/23Age: 41y Sex: M/F Weight: 102.1 kg Height: 158.0 inc BMI: 40.0BP: 152/86 mmHg Pulse: 85/m bpm RBS: _____ mg/dlSpO₂: 98%LMP - 20/11/23

414 Prakesh

KIMS
CUBDLES™
MOTHER & CHILD CENTRE

Dr. Rita Bang
MS, DNB, OBGY, FMAS,
DMAS, High Risk Obstetrician,
Gynaec Endoscopic Surgeon and Infertility Specialist
Reg. No: MMC-2010/06/2306

Name: Mrs. Kirti Arote Date: 9/12/23
Age: 41 Sex: M/F Weight: _____ kg Height: _____ Inc BMI: _____

P2L2 | Both FTUSCs.

LMP - 20/11/23.

for PHP.

P/c - Cx] (H)
vg]

Adv.

Pap's Smear

Bang



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mrs. KRITI ATOTE	Age / Gender : 41 Y(s)/Female
Bill No/ UMR No : BIL2324061302/UMR2324030165	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 09-Dec-23 08:42 am	Report Date : 09-Dec-23 11:31 am

HAEMOGRAM

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Haemoglobin	Blood	13.5	12.0 - 15.0 gm%	Photometric
Haematocrit(PCV)		41.0	36.0 - 46.0 %	Calculated
RBC Count		4.68	3.8 - 4.8 Millions/cumm	Photometric
Mean Cell Volume (MCV)		87	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		28.8	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		33.0	31.5 - 35.0 g/l	Calculated
RDW		15.8	11.5 - 14.0 %	Calculated
Platelet count		281	150 - 450 10 ³ /cumm	Impedance
WBC Count		8000	4000 - 11000 cells/cumm	Impedance

DIFFERENTIAL COUNT

Neutrophils	57.4	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes	34.0	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils	3.5	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes	5.0	2 - 10 %	Flow Cytometry/Light microscopy
Basophils	0.1	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count	4592	2000 - 7000 /cumm	Calculated



**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY**

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<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Absolute Lymphocyte Count		2720	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		280	20 - 500 /cumm	Calculated
Absolute Monocyte Count		400	200 - 1000 /cumm	Calculated
Absolute Basophil Count		8	0 - 100 /cumm	Calculated
<u>PERIPHERAL SMEAR</u>				
RBC		Normochromic Normocytic, Anisocytosis ++(11%-20%)		Light microscopy
WBC		As Above		
Platelets		Adequate		
ESR		25	0 - 20 mm/hr	Automated Westergren's Method
*** End Of Report ***				

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100245

Test results related only to the item tested.

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**Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST**



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. KRITI ATOTE	Age / Gender : 41 Y(s)/Female
Bill No/ UMR No : BIL2324061302/UMR2324030165	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 09-Dec-23 08:41 am	Report Date : 09-Dec-23 10:49 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	99	< 100 mg/dl	GOD/POD,Colorimetric
Post Prandial Plasma Glucose		96	< 140 mg/dl	GOD/POD, Colorimetric
GLYCOSYLATED HAEMOGLOBIN (HBA1C)				
HbA1c		5.5	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 : : 11100499

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Phone: +91 0712 6789100
CIN: U74999MH2018PTC303510



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. KRITI ATOTE	Age / Gender : 41 Y(s)/Female
Bill No/ UMR No : BIL2324061302/UMR2324030165	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 09-Dec-23 08:42 am	Report Date : 09-Dec-23 10:49 am

LIPID PROFILE

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Total Cholesterol	Serum	251	< 200 mg/dl
Triglycerides		153	< 150 mg/dl
HDL Cholesterol Direct		38	> 50 mg/dl
LDL Cholesterol Direct		175.01	< 100 mg/dl
VLDL Cholesterol		31	< 30 mg/dl
Tot Chol/HDL Ratio		7	3 - 5

<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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Verified By : : 11100511

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CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. KRITI ATOTE	Age / Gender : 41 Y(s)/Female
Bill No/ UMR No : BIL2324061302/UMR2324030165	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 09-Dec-23 11:49 am	Report Date : 09-Dec-23 01:57 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	
URINE SUGAR			
Urine Glucose		Negative	
NOTE:		Post meal sample	
THYROID PROFILE			
T3		1.77	0.55 - 1.70 ng/ml
Free T4		1.27	0.80 - 1.70 ng/dl
TSH		5.33	0.50 - 4.80 uIU/ml
			Enhanced chemiluminescence

*** End Of Report ***

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**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY**

Patient Name : Mrs. KRITI ATOTE
Age /Gender : 41 Y(s)/Female
Bill No/ UMR No : BIL2324061302/UMR2324030165
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 09-Dec-23 08:42 am
Report Date : 09-Dec-23 10:49 am

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
RFT				
Blood Urea	Serum	20	15.0 - 36.0 mg/dl	Urease with indicator dye
Creatinine		0.59	0.52 - 1.04 mg/dl	Enzymatic (creatinine amidohydrolase)
GFR		116.0		Calculation by CKD-EPI 2021
Sodium		139	136 - 145 mmol/L	Direct ion selective electrode
Potassium		4.51	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		0.28	0.1 - 0.3 mg/dl	Calculated
Indirect Bilirubin		0.23	0.1 - 1.1 mg/dl	Duel wavelength spectrophotometric
Alkaline Phosphatase		132	38 - 126 U/L	pNPP/AMP buffer
SGPT/ALT		25	13 - 45 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		34	13 - 35 U/L	Kinetic with pyridoxal 5 phosphate
Serum Total Protein		7.57	6.3 - 8.2 gm/dl	Biuret (Alkaline cupric sulphate)
Albumin Serum		3.75	3.5 - 5.0 gm/dl	Bromocresol green Dye
Globulin		3.82	2.0 - 4.0 gm/dl	Binding
A/G Ratio		0.98		Calculated

*** End Of Report ***

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Jaiswal



**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY**

Patient Name : Mrs. KRITI ATOTE	Age / Gender : 41 Y(s)/Female
Bill No/ UMR No : BIL2324061302/UMR2324030165	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 09-Dec-23 09:11 am	Report Date : 09-Dec-23 11:44 am

URINE MICROSCOPY

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
<u>PHYSICAL EXAMINATION</u>			
Volume	Urine	40 ml	
Colour.		Pale yellow	
Appearance		Clear	
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)		6.5	4.6 - 8.0 Indicators
Specific gravity		1.005	1.005 - 1.025 ion concentration
Urine Protein		Negative	protein error of pH indicator
Sugar		Negative	GOD/POD
Bilirubin		Negative	Diazonium
Ketone Bodies		Negative	Legal's est Principle
Nitrate		Negative	
Urobilinogen		Normal	Ehrlich's Reaction
<u>MICROSCOPIC EXAMINATION</u>			
Epithelial Cells		0-1	0 - 4 /hpf Manual
R.B.C.		Absent	0 - 4 /hpf
Pus Cells		0-1	0 - 4 /hpf
Casts		Absent	



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name : Mrs. KRITI ATOTE	Age / Gender : 41 Y(s)/Female
Bill No/ UMR No : BIL2324061302/UMR2324030165	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 09-Dec-23 08:42 am	Report Date : 09-Dec-23 11:25 am

BLOOD GROUPING AND RH

Parameter

BLOOD GROUP.

Rh (D) Typing.

Specimen Results

EDTA Whole " O "
Blood &
Plasma/
Serum

Gel Card Method

* Positive *(+Ve)

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100499

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Jaiswal

Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST

DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

NAME	KRITIATOTE	STUDY DATE	09-12-2023 10:20:35
AGE/SEX	41Y / F	HOSPITAL NO.	UMR2324030165
ACCESSION NO.	BIL2324061302-9	MODALITY	DX
REPORTED ON	09-12-2023 12:24	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.



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.

PATIENT NAME:	KRITI ATOTE	AGE /SEX:	36 YRS/F
UMR NO:	2324030165	BILL NO:	2324061302
REF BY	DR. VIMMI GOEL	DATE:	09/12/2023

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 breasts show predominantly fatty type A 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

PATIENT NAME:	MRS. KRITI ATOTE	AGE /SEX:	41 YRS/F
UMR NO	2324030165	BILL NO	2324061302
REFERRED BY	DR. VIMMI GOEL	DATE	09/12/2023

USG WHOLE ABDOMEN

LIVER is mildly enlarged in size and shows increase in 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. It measures 8.0 x 4.1 x 4.7 cm.
No focal myometrial lesion seen.
Endometrial echo-complex appear normal. ET- 6 mm.
Both ovaries No adnexal mass lesion seen.

There is no free fluid or abdominal lymphadenopathy seen.

IMPRESSION -

Mild hepatomegaly with fatty infiltration.
No other significant abnormality seen.
Suggest clinical correlation / further evaluation.

DR NAVEEN PUGALIA.
MBBS, MD [076125]
SENIOR CONSULTANT RADIOLOGIST

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

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Mrs. Kirti, Atote
Patient ID: 030165
Height:
Weight:
Study Date: 09.12.2023
Test Type: Treadmill Stress Test
Protocol: BRUCE

DOB: 01.07.1982
Age: 41yrs
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:

Case Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	01:42	0.00	0.00	98		
	WARM-UP	00:26	0.90	0.00	136		
EXERCISE	STAGE 1	03:00	1.70	10.00	162	130/80	
	STAGE 2	01:45	2.50	12.00	179		
RECOVERY		01:00	0.00	0.00	150	140/80	
		02:00	0.10	0.00	114	130/80	
		00:14	0.00	0.00	126		

The patient exercised according to the BRUCE for 4:45 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 97 bpm rose to a maximal heart rate of 179 bpm. This value represents 100 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Fatigue.

Interpretation:

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
● Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions:

TMT is negative for inducible ischemia. at low work load.
Severe breathlessness.
Physical deconditioning noted.
To be correlated clinically.

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

Rate 74 . Sinus rhythm.....normal P axis, V-rate 50- 99
 . Low voltage, precordial leads.....precordial leads <1.0mv
 PR 149 . Abnormal R-wave progression, early transition.....QRS area>0 in V2
 QRSd 82
 QT 369
 QTc 410

--AXIS--
 P 40
 QRS 30
 T 17
 12 Lead; Standard Placement

-- OTHERWISE NORMAL ECG --
 Unconfirmed Diagnosis

