

Dr. Vimmi Goel  
Head - Non Invasive Cardiology  
Incharge - Preventive Health Care  
MBBS, MD (Internal Medicine)  
Reg. No. MMC- 2014/01/0113

Preventive Health Check up  
KIMS Kingsway Hospitals  
Nagpur  
Phone No.: 7499913052

Medinwheel

2/0 - Nagpur.



KIMS-KINGSWAY  
HOSPITALS

Name: Mr. Smeet Sangode

Date: 23/11/24

Age: 38 yr Sex: M Weight: 52.8 kg Height: 162.8 inc BMI: 19.9

BP: 142/73 mmHg Pulse: 88 /min RBS: mg/dl

SpO2: 100%

Name: Ms. Smeeta Sangode Date: 23/11/24

Age: 38 yrs Sex:  M/F Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ inc BMI: \_\_\_\_\_

BP: \_\_\_\_\_ mmHg Pulse: \_\_\_\_\_ bpm RBS: \_\_\_\_\_ mg/dl

Allergy: \_\_\_\_\_

Routine dental checkup.

PMH:- Hypertthyroidism, Asthma.

PDH:- Multiple restorations

O/E:-

Midline diastema seen.

Stains +

Calculus +.

Advice:- Orthodontic treatment.

Complete oral prophylaxis.

Dr. Megha N.



KIMS - Kingsway Hospitals  
(A Unit of SPANV Medisearch Lifesciences Pvt. Ltd.)  
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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

<b>SWEET SANGODE</b> 38Y(S) 0M(S) 0D(S)/M MRNP2425028783 7709516556	<b>CONSULT DATE</b> : 23-11-2024 <b>CONSULT ID</b> : OPC2425093268 <b>CONSULT TYPE</b> : WALK IN <b>VISIT TYPE</b> : NORMAL <b>TRANSACTION TYPE</b> :	<b>DR. ASHISH PRAKASHCHANDRA KAMBLE</b> MBBS,MS, FVRS,FICO CONSULTANT DEPT OPHTHALMOLOGY
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**VITALS**

**Temp :** - °F  
**Pulse :** - /min  
**BP (mmHg) :** - %RA -- /10  
**spO2 :** - cms  
**Paln Score :** -  
**Height :** - cms  
**Weight :** - kgs  
**BMI :** -

**CHIEF COMPLAINTS**

ROUTINE EYE CHECK UP

**MEDICATION PRESCRIBED**

#	Medicine	Route	Dose	Frequency	When	Duration
1	SOFTVISC ULTRA 10ML EYE DROPS	Eye	1-1-1-1	Every Day	NA	2 months
Instructions : -						
Composition : SODIUM HYALURONATE 0.3% W/W+STABILIZED OXYCHLORO COMPLEX 0.01% W/W						

**NOTES**

**GLASS PRESCRIPTION :-**  
**DISTANCE VISION**

**EYE**                 **SPH**    **CYL**    **AXIS**    **VISION**

**RIGHT EYE**             00     -1.25    90     6/6

**LEFT EYE**             00     -1.25    90     6/6

**NEAR ADDITION**

**RIGHT EYE**                             00     N6

**LEFT EYE**                             00     N6

**REMARK- WITH OLD GLASSES**

**Dr. Ashish Prakashchandra Kamble**  
MBBS,MS, FVRS,FICO  
Consultant

Printed On :23-11-2024 12:00:31



MC-6773



**KIMS-KINGSWAY**  
HOSPITALS

**KIMS-KINGSWAY**  
HOSPITALS

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

<b>Patient Name</b> : Mr. SMEET SANGODE	<b>Age /Gender</b> : 38 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2425066322/MRNP2425028783	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 23-Nov-24 09:10 am	<b>Report Date</b> : 23-Nov-24 11:21 am

**HAEMOGRAM**

Parameter	Specimen	Results	Biological Reference	Method
Haemoglobin	Blood	13.5	13.0 - 17.0 gm%	Photometric
Haematocrit(PCV)		41.4	40.0 - 50.0 %	Calculated
RBC Count		<b>5.75</b>	4.5 - 5.5 Millions/cumm	Photometric
Mean Cell Volume (MCV)		<b>72</b>	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		<b>23.4</b>	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		32.5	31.5 - 35.0 g/l	Calculated
RDW		13.8	11.5 - 14.0 %	Calculated
Platelet count		173	150 - 450 $10^3$ /cumm	Impedance
WBC Count		9000	4000 - 11000 cells/cumm	Impedance
<b><u>DIFFERENTIAL COUNT</u></b>				
Neutrophils		<b>40.9</b>	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		<b>48.2</b>	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		5.5	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes		5.4	2 - 10 %	Flow Cytometry/Light microscopy
Basophils		0.0	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count		3681	2000 - 7000 /cumm	Calculated
Absolute Lymphocyte Count		4338	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		495	20 - 500 /cumm	Calculated
Absolute Monocyte Count		486	200 - 1000 /cumm	Calculated
Absolute Basophil Count		0	0 - 100 /cumm	Calculated



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**CLINICAL DIAGNOSTIC LABORATORY**

**DEPARTMENT OF PATHOLOGY**

<b>Patient Name</b> : Mr. SMEET SANGODE	<b>Age /Gender</b> : 38 Y(s)/Male
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<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference Method</u>
<b>PERIPHERAL SMEAR</b>			
Microcytosis		Microcytosis +(Few)	
Hypochromasia		Hypochromia +(Few)	
WBC		As above	
Platelets		Adequate	
<b>E S R</b>		02	0 - 15 mm/hr
		*** End Of Report ***	Automated Westergren's Method

Suggested Clinical Correlation \* If necessary, Please discuss

Verified By : : 11100245

Test results related only to the item tested.

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

**CONSULTANT**

Page 2 of 2

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**KIMS-KINGSWAY**  
HOSPITALS

**CLINICAL DIAGNOSTIC LABORATORY**

**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b> : Mr. SMEET SANGODE	<b>Age / Gender</b> : 38 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2425066322/MRNP2425028783	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 23-Nov-24 09:10 am	<b>Report Date</b> : 23-Nov-24 11:08 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	92	< 100 mg/dl	GOD/POD, Colorimetric
Post Prandial Plasma Glucose		95	< 140 mg/dl	GOD/POD, Colorimetric
<b>GLYCOSYLATED HAEMOGLOBIN (HBA1C)</b>				
HbA1c		5.1	Non-Diabetic : <= 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %	HPLC

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

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**KIMS-KINGSWAY**  
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**CLINICAL DIAGNOSTIC LABORATORY**

**DEPARTMENT OF BIOCHEMISTRY**

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**LIPID PROFILE**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Total Cholesterol	Serum	177	Enzymatic(CHE/CHO/PO D)
Triglycerides		125	
HDL Cholesterol Direct		42	
LDL Cholesterol Direct		<b>109.41</b>	
VLDL Cholesterol		25	
Tot Chol/HDL Ratio		4	

<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 \*\*\*

Suggested Clinical Correlation \* If necessary, Please discuss

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*Suwarna Kawade*

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

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**CLINICAL DIAGNOSTIC LABORATORY**

**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b> : Mr. SMEET SANGODE	<b>Age / Gender</b> : 38 Y(s)/Male
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**LIVER FUNCTION TEST(LFT)**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Total Bilirubin	Serum	<b>1.58</b>	0.2 - 1.3 mg/dl	
Direct Bilirubin		0.12	0.1 - 0.3 mg/dl	
Indirect Bilirubin		<b>1.46</b>	0.1 - 1.1 mg/dl	
Alkaline Phosphatase		124	38 - 126 U/L	
SGPT/ALT		25	10 - 40 U/L	
SGOT/AST		24	15 - 40 U/L	
Serum Total Protein		6.74	6.3 - 8.2 gm/dl	
Albumin Serum		4.33	3.5 - 5.0 gm/dl	
Globulin		2.42		Bromocresol green Dye Binding
A/G Ratio		1.79	2.0 - 4.0 gm/dl	

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

Suggested Clinical Correlation \* If necessary, Please discuss

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**KIMS-KINGSWAY**  
HOSPITALS

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HOSPITALS

**CLINICAL DIAGNOSTIC LABORATORY**

**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b> : Mr. SMEET SANGODE	<b>Age /Gender</b> : 38 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2425066322/MRNP2425028783	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 23-Nov-24 09:10 am	<b>Report Date</b> : 23-Nov-24 11:08 am

**RFT**

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
Blood Urea	Serum	23	19.0 - 43.0 mg/dl	Direct ion selective electrode
Creatinine		0.78	0.66 - 1.25 mg/dl	
GFR		117.1	>90 mL/min/1.73m square.	
Sodium		139	136 - 145 mmol/L	
Potassium		4.93	3.5 - 5.1 mmol/L	

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

Suggested Clinical Correlation \* If necessary, Please discuss

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**CLINICAL DIAGNOSTIC LABORATORY**

**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b> : Mr. SMEET SANGODE	<b>Age / Gender</b> : 38 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2425066322/MRNP2425028783	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
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**THYROID PROFILE**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
T3	Serum	<b>2.45</b>	0.55 - 1.70 ng/ml	
Free T4		<b>2.58</b>	0.80 - 1.70 ng/dl	
TSH		<b>&lt;0.010</b>	0.50 - 4.80 uIU/ml	Enhanced chemiluminescence

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

Suggested Clinical Correlation \* If necessary, Please discuss

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MC-6773



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

<b>Patient Name</b> : Mr. SMEET SANGODE	<b>Age / Gender</b> : 38 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2425066322/MRNP2425028783	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 23-Nov-24 09:43 am	<b>Report Date</b> : 23-Nov-24 11:08 am

**URINE MICROSCOPY**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</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>				
Specific gravity		1.020	1.005 - 1.025	ion concentration
Reaction (pH)		5.0	4.6 - 8.0	Indicators
Nitrate		Negative	Negative	
Urine Protein		Negative	Negative	protein error of pH indicator
Sugar		Negative	Negative	GOD/POD
Ketone Bodies		Negative	Negative	Legal's est Principle
Urobilinogen		Normal	Normal	Ehrlich's Reaction
Bilirubin		Negative	Negative	Diazonium
<b><u>MICROSCOPIC EXAMINATION</u></b>				
Pus Cells		0-1	0 - 4 /hpf	
R.B.C.		Absent	0 - 4 /hpf	
Epithelial Cells		0-1	0 - 4 /hpf	
Casts		Absent	Absent	
Crystals		Absent		
*** End Of Report ***				

Suggested Clinical Correlation \* If necessary, Please discuss

Verified By : : 11101075

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

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MC-6773



**KIMS-KINGSWAY**  
HOSPITALS

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HOSPITALS

**CLINICAL DIAGNOSTIC LABORATORY**  
**DEPARTMENT OF IMMUNO HAEMATOLOGY**

<b>Patient Name</b> : Mr. SMEET SANGODE	<b>Age /Gender</b> : 38 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2425066322/MRNP2425028783	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
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**BLOOD GROUPING AND RH**

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

Suggested Clinical Correlation \* If necessary, Please discuss

Verified By : : 11100245

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

N.B  
Hen

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**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE**

NAME	SMEET SANGODE	STUDY DATE	23-11-2024 11:19:08
AGE/ SEX	38Y 1D / M	HOSPITAL NO.	MRNP2425028783
ACCESSION NO.	BIL2425066322-9	MODALITY	DX
REPORTED ON	23-11-2024 11:44	REFERRED BY	Dr. Vimmi Goel

**X-RAY CHEST PA VIEW**

Both the lung fields are clear.

Heart and Aorta are normal.

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.

PATIENT NAME:	MR. SMEET SANGODE	AGE /SEX:	38 YRS/MALE
UMR NO:	MRNP2425028783	BILL NO:	BIL2425066322
REF BY	DR. VIMMI GOEL	DATE:	23-NOV-2024

**USG WHOLE ABDOMEN**

LIVER is normal in size and shows normal echotexture.  
No evidence of any focal lesion seen. Intrahepatic billiary 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.

Visualized head and body of PANCREAS is normal in shape, size and echotexture.

SPLEEN is normal in size shape 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.

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

Prostate is normal in size, shape and echotexture.

There is no free fluid seen.

**IMPRESSION:**

- No significant visceral abnormality seen.  
Suggest clinical correlation.



**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: Mr. Smeet, Sangade  
Patient ID: 028783  
Height:  
Weight:  
Study Date: 23.11.2024  
Test Type: Treadmill Stress Test  
Protocol: BRUCE

DOB: 25.05.1986  
Age: 38yrs  
Gender: Male  
Race: Indian  
Referring Physician: Mediwh  
Attending Physician: Dr. Vimmi  
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
REST	SUPINE	00:09	0.00	0.00	79	110/70	
	HYPERV.	00:01	0.00	0.00	78		
	WARM-UP	00:05	0.00	0.00	80		
EXERCISE	STAGE 1	03:00	1.70	10.00	125	110/70	
	STAGE 2	03:00	2.50	12.00	148	110/70	
	STAGE 3	00:32	3.40	14.00	157		
RECOVERY		01:00	0.00	0.00	129	120/70	
		02:00	0.00	0.00	108	120/70	
		00:25	0.00	0.00			

The patient exercised according to the BRUCE for 6:31 min:s, achieving a work level of Max. METS: 8.60. The resting heart rate of 76 bpm rose to a maximal heart rate of 157 bpm. This value represents 86 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 120/70 mmHg. The exercise test was stopped due to Target heart rate achieved.

**Interpretation:**

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP 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.

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



38 Years

MR SMIT SANGODE  
Male

23-Nov-24 9:59:43 AM

KIMS-KINGSWAY HOSPITALS

PBC DEPT.

Rate	85	Sinus rhythm.....	normal P axis, V-rate	50-99
PR	127	Minimal ST depression, inferior leads.....	ST <-0.04mV, II III aVF	
QRSD	75	Minimal ST elevation, anterior leads.....	ST >0.10mV, V1-V4	
QT	339			
QTc	403			

--AXIS--

P 78

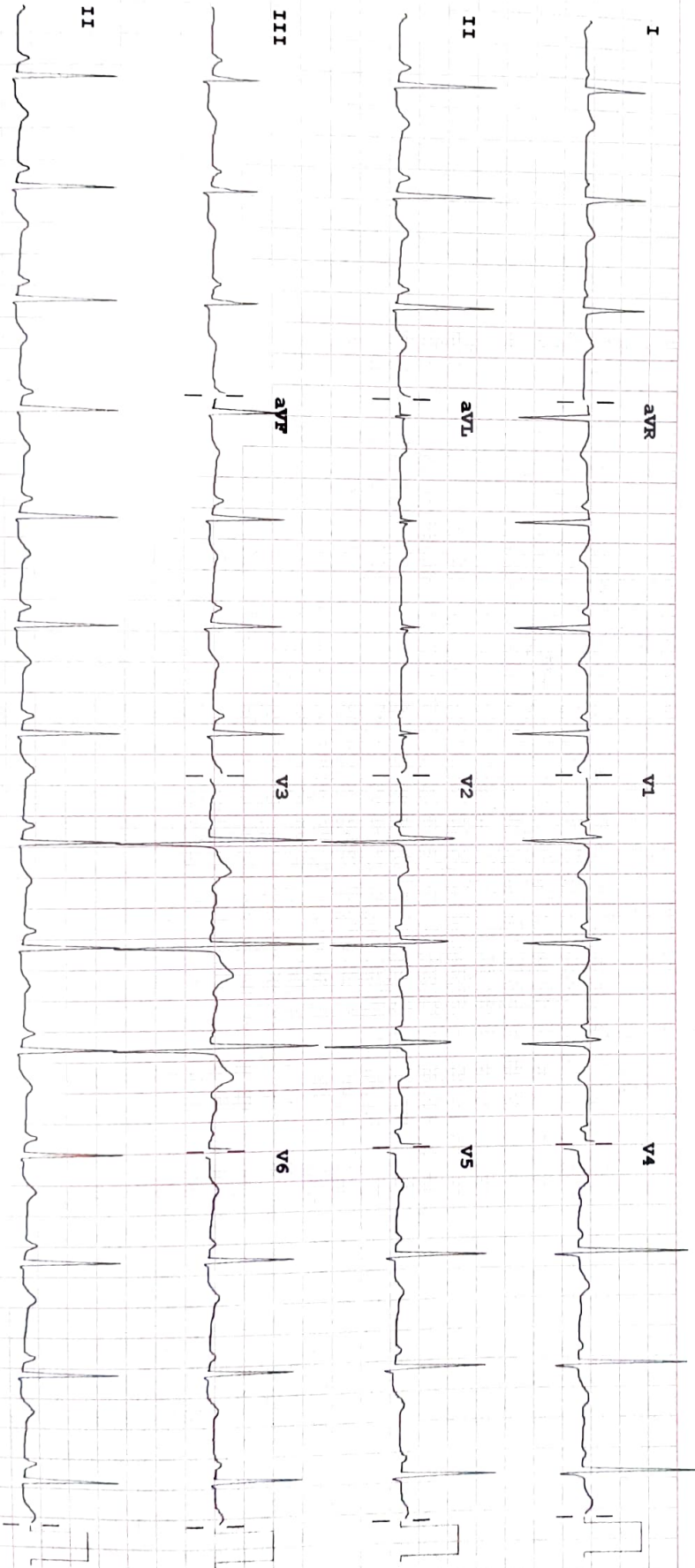
QRS 51

T 12

12 Lead, Standard Placement

- OTHERWISE NORMAL ECG -

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?

U / IIIIPS

PHOENIX 110A