

Dr. Vimmi Goel  
MBBS, MD (Internal Medicine)  
Sr. Consultant Non Invasive Cardiology  
Reg. No: MMC-2014/01/0113



Ph: 7499913052

Name: Mr. Jitendra Chaware Date: 7/11/23

Age: 38y Sex: M Weight: 71.6 kg Height: 163.5 Inc BMI: 26.8

BP: 144/99 mmHg Pulse: 81/m bpm RBS: \_\_\_\_\_ mg/dl  
150/97 SPO2: 99%

- Alcohol - 100 ml twice weekly
- Tobacco +
- Non Veg ++
- I.M.
- Syrr. HT } new
- NIDDM }
- Hb - 17.4
- PCV - 54.2
- RBS - 198
- PMBS - 260
- HbA1c - 8.4

- TG - 362
- LDL - 179
- HDL - 38
- SGPT - 85
- SGOT - 55
- W S 4 +

O/E  
Jup°  
Cm  
Lm  
PIA / N.

Review 1mth Z  
F & PM BS

Adv.

- Diabetic referral
- To see Dr. Riya Ballikar (polyurethemia)

1. T. Sitara-M 1 → A/BF  
(100+500)
2. T. Glyciphage 500 x → A/D
3. T. Roseday F 20 x → A/D
4. T. Telma 40 1 → A/BF

- Diet, Exercise, weight loss
- stop Tobacco, Alcohol



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

<b>Patient Name</b> : Mr. JITENDRA CHAWARE	<b>Age / Gender</b> : 38 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2324053534/UMR2324026976	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 07-Nov-23 09:35 am	<b>Report Date</b> : 07-Nov-23 11:24 am

**HAEMOGRAM**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Haemoglobin	Blood	<b>17.4</b>	13.0 - 17.0 gm%	Photometric
Haematocrit(PCV)		<b>54.2</b>	40.0 - 50.0 %	Calculated
RBC Count		<b>6.60</b>	4.5 - 5.5 Millions/cumm	Photometric
Mean Cell Volume (MCV)		<b>82</b>	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		<b>26.4</b>	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		32.2	31.5 - 35.0 g/l	Calculated
RDW		<b>16.5</b>	11.5 - 14.0 %	Calculated
Platelet count		320	150 - 450 10 <sup>3</sup> /cumm	Impedance
WBC Count		7300	4000 - 11000 cells/cumm	Impedance

**DIFFERENTIAL COUNT**

Neutrophils		<b>49.9</b>	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		38.4	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		<b>7.6</b>	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes		3.9	2 - 10 %	Flow Cytometry/Light microscopy
Basophils		0.2	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count		3642.7	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		2803.2	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		<b>554.8</b>	20 - 500 /cumm	Calculated
Absolute Monocyte Count		284.7	200 - 1000 /cumm	Calculated
Absolute Basophil Count		14.6	0 - 100 /cumm	Calculated
<b><u>PERIPHERAL SMEAR</u></b>				
RBC		Microcytosis +(Few), Hypochromia +(Few), Anisocytosis +(Few)		Light microscopy
WBC		As Above		
Platelets		Adequate		
<b>E S R</b>		02	0 - 15 mm/hr	Automated Westergren's Method
*** End Of Report ***				

Suggested Clinical Correlation \* If necessary, Please discuss

Verified By : : 11100499

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**

<b>Patient Name</b> : Mr. JITENDRA CHAWARE	<b>Age / Gender</b> : 38 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2324053534/UMR2324026976	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 07-Nov-23 09:35 am	<b>Report Date</b> : 07-Nov-23 11:11 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	<b>198</b>	< 100 mg/dl	GOD/POD,Colorimetric
Post Prandial Plasma Glucose		<b>260</b>	< 140 mg/dl	GOD/POD, Colorimetric
<b>GLYCOSYLATED HAEMOGLOBIN (HbA1c)</b>				
<b>HbA1c</b>		<b>8.4</b>	Non-Diabetic : <= 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %	HPLC

**COMMENT**

In view of S-window of 37.9% HbA1c graph, advised HPLC to rule out hemoglobinopathy.  
\*\*\* End Of Report \*\*\*

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*Jaiswal*

**Dr. PURVA JAISWAL, MBBS,MD,DNB**  
 SPANV Medisearch Lifesciences Private Limited  
 CONSULTANT PATHOLOGIST  
 44, Parwana Bhawan, Kingsway, Nagpur - 440 001, Maharashtra, India  
 Phone: +91 0712 678911  
 CIN: U74999MH2018PTC3035





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

<b>Patient Name</b> : Mr. JITENDRA CHAWARE	<b>Age / Gender</b> : 38 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2324053534/UMR2324026976	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 07-Nov-23 09:35 am	<b>Report Date</b> : 07-Nov-23 12:08 pm

**LIPID PROFILE**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Total Cholesterol	Serum	<b>275</b>	< 200 mg/dl
Triglycerides		<b>362</b>	< 150 mg/dl
HDL Cholesterol Direct		<b>38</b>	> 40 mg/dl
LDL Cholesterol Direct		<b>179.75</b>	< 100 mg/dl
VLDL Cholesterol		<b>72</b>	< 30 mg/dl
Tot Chol/HDL Ratio		<b>7</b>	3 - 5

Enzymatic

Initiate therapeutic

		<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 \*\*\*

Suggested Clinical Correlation \* If necessary, Please discuss

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**CONSULTANT PATHOLOGIST**



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

**Patient Name** : Mr. JITENDRA CHAWARE  
**Age / Gender** : 38 Y(s)/Male  
**Bill No/ UMR No** : BIL2324053534/UMR2324026976  
**Referred By** : Dr. Vimmi Goel MBBS,MD  
**Received Dt** : 07-Nov-23 09:35 am  
**Report Date** : 07-Nov-23 12:08 pm

**THYROID PROFILE**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
T3	Serum	1.41	0.55 - 1.70 ng/ml	Enhanced chemiluminescence
Free T4		1.11	0.80 - 1.70 ng/dl	Enhanced Chemiluminescence
TSH		1.09	0.50 - 4.80 uIU/ml	Enhanced chemiluminescence

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

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**CONSULTANT PATHOLOGIST**



**CLINICAL DIAGNOSTIC LABORATORY  
DEPARTMENT OF BIOCHEMISTRY**

**Patient Name** : Mr. JITENDRA CHAWARE  
**Bill No/ UMR No** : BIL2324053534/UMR2324026976  
**Received Dt** : 07-Nov-23 09:35 am  
**Age / Gender** : 38 Y(s)/Male  
**Referred By** : Dr. Vimmi Goel MBBS,MD  
**Report Date** : 07-Nov-23 12:08 pm

**Parameter**

Parameter	Specimen	Result Values	Biological Reference	Method
<b>RFT</b>				
Blood Urea	Serum	17	19.0 - 43.0 mg/dl	Urease with indicator dye
Creatinine		0.73	0.66 - 1.25 mg/dl	Enzymatic ( creatinine amidohydrolase)
GFR		119.4	136 - 145 mmol/L	Calculation by CKD-EPI 2021
Sodium		137	3.5 - 5.1 mmol/L	Direct ion selective electrode
Potassium		4.52		Direct ion selective electrode
<b>LIVER FUNCTION TEST(LFT)</b>				
Total Bilirubin		0.71	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Direct Bilirubin		0.34	0.1 - 0.3 mg/dl	Calculated
Indirect Bilirubin		0.37	0.1 - 1.1 mg/dl	Duel wavelength spectrophotometric
Alkaline Phosphatase		93	38 - 126 U/L	pNPP/AMP buffer
SGPT/ALT		85	10 - 40 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		55	15 - 40 U/L	Kinetic with pyridoxal 5 phosphate
Serum Total Protein		8.09	6.3 - 8.2 gm/dl	Biuret (Alkaline cupric sulphate)
Albumin Serum		4.44	3.5 - 5.0 gm/dl	Bromocresol green Dye Binding
Globulin		3.66	2.0 - 4.0 gm/dl	Calculated
A/G Ratio		1.21		

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

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*Jaiswal*

CLINICAL DIAGNOSTIC LABORATORY  
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. JITENDRA CHAWARE  
 Bill No/ UMR No : BIL2324053534/UMR2324026976  
 Received Dt : 07-Nov-23 10:02 am  
 Age / Gender : 38 Y(s)/Male  
 Referred By : Dr. Vimmi Goel MBBS,MD  
 Report Date : 07-Nov-23 12:36 pm

Parameter	Specimen	Results	Method
<b>URINE MICROSCOPY</b>			
<u>PHYSICAL EXAMINATION</u>			
Volume	Urine	30 ml	
Colour.		Pale yellow	
Appearance		Clear	
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Urine	5	4.6 - 8.0
Specific gravity		1.015	1.005 - 1.025
Urine Protein		Negative	Indicators ion concentration protein error of pH indicator
Sugar		4+ (Approx 1000mg/dl)	GOD/POD
Bilirubin		Negative	Diazonium
Ketone Bodies		Negative	Legal's est. Principle
Nitrate		Negative	Ehrlich's Reaction
Urobilinogen		Normal	
<u>MICROSCOPIC EXAMINATION</u>			
Epithelial Cells	Urine	0-1	0 - 4 /hpf
R.B.C.		Absent	0 - 4 /hpf
Pus Cells		0-1	0 - 4 /hpf
Casts		Absent	Manual
Crystals		Absent	Manual
<b>USF(URINE SUGAR FASTING)</b>			
Urine Glucose	Urine	Negative	GOD/POD

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

*Jaiswal*

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Dr. PURVA JAISWAL, MBBS,MD,DNB  
 SPANV Medisearch Lifesciences Private Limited  
 CONSULTANT PATHOLOGIST  
 44, Parwana Bhawan, Kingsway, Nagpur - 440 001, Maharashtra, India.  
 Phone: +91 0712 6780100  
 CIN: U74999MH2018PTC303510





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

**Patient Name** : Mr. JITENDRA CHAWARE  
**Age / Gender** : 38 Y(s)/Male  
**Bill No/ UMR No** : BIL2324053534/UMR2324026976  
**Referred By** : Dr. Vimmi Goel MBBS,MD  
**Received Dt** : 07-Nov-23 09:35 am  
**Report Date** : 07-Nov-23 12:49 pm

**BLOOD GROUPING AND RH**

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

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

Suggested Clinical Correlation \* If necessary, Please discuss

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

**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE**

NAME	JITENDRA CHAWARE	STUDY DATE	07-11-2023 10:58:04
AGE/ SEX	38Y 22D / M	HOSPITAL NO.	UMR2324026976
ACCESSION NO.	BH.2324053534-9	MODALITY	DX
REPORTED ON	07-11-2023 12:42	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 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.

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44, Parwana Bhawan, Kingsway, Nagpur - 440 001, Maharashtra, India  
Phone: +91 0712 678910  
CIN: U74999MH2018PTC303511

PATIENT NAME:	MR. JITENDRA CHAWARE	AGE /SEX:	38 YRS/M
UMR NO:	2324026976	BILL NO:	2324053534
REF BY	DR. VIMMI GOEL	DATE:	07/11/2023

**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.

Prostate is normal in size, shape and echotexture.

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]**

**2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT**

Patient Name : Mr. Jitendra Chaware  
 Age : 38 years / Male  
 UMR : UMR2324026976  
 Date : 07/11/2023  
 Done by : Dr. Vimmi Goel  
 ECG : NSR, WNL  
 Blood pressure: 144/99 mm Hg (Right arm, Supine position)  
 BSA : 1.8 m<sup>2</sup>

**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 1.5**  
**E/E' is 8.4 (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. There is no RWMA of LV seen at rest. Good LV systolic function. LVEF 70%. Normal LV diastolic function. E Velocity is 84 cm/s, A Velocity is 55 cm/s. E/A is 1.5. 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 8.3 cm/sec & at lateral mitral annulus is 12.6 cm/sec.  
 E/E' is 8.4 (Average).

**M Mode echocardiography and dimension:**

	Normal range (mm)		Observed (mm)
	(adults)	(children)	
Left atrium	19-40	7-37	37
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	4-8	10
LVEF %	~ 60%	~60%	70%
Fractional Shortening			40%

P.T.O

**Dr. Vimmi Goel**  
**MD, Sr. Consultant**  
**Non-invasive Cardiology**



38 Years

MR JITENDRA CHAWARE  
Male

07-Nov-23 12:01:47 PM

KIMS-KINGSWAY HOSPITALS

PBC DEPT.

Rate 79 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 . Probable left ventricular hypertrophy.....multiple LVH criteria  
 . Borderline T abnormalities, inferior leads.....T flat/neg, II III aVF

QRSD 84  
 QT 348  
 QTc 399

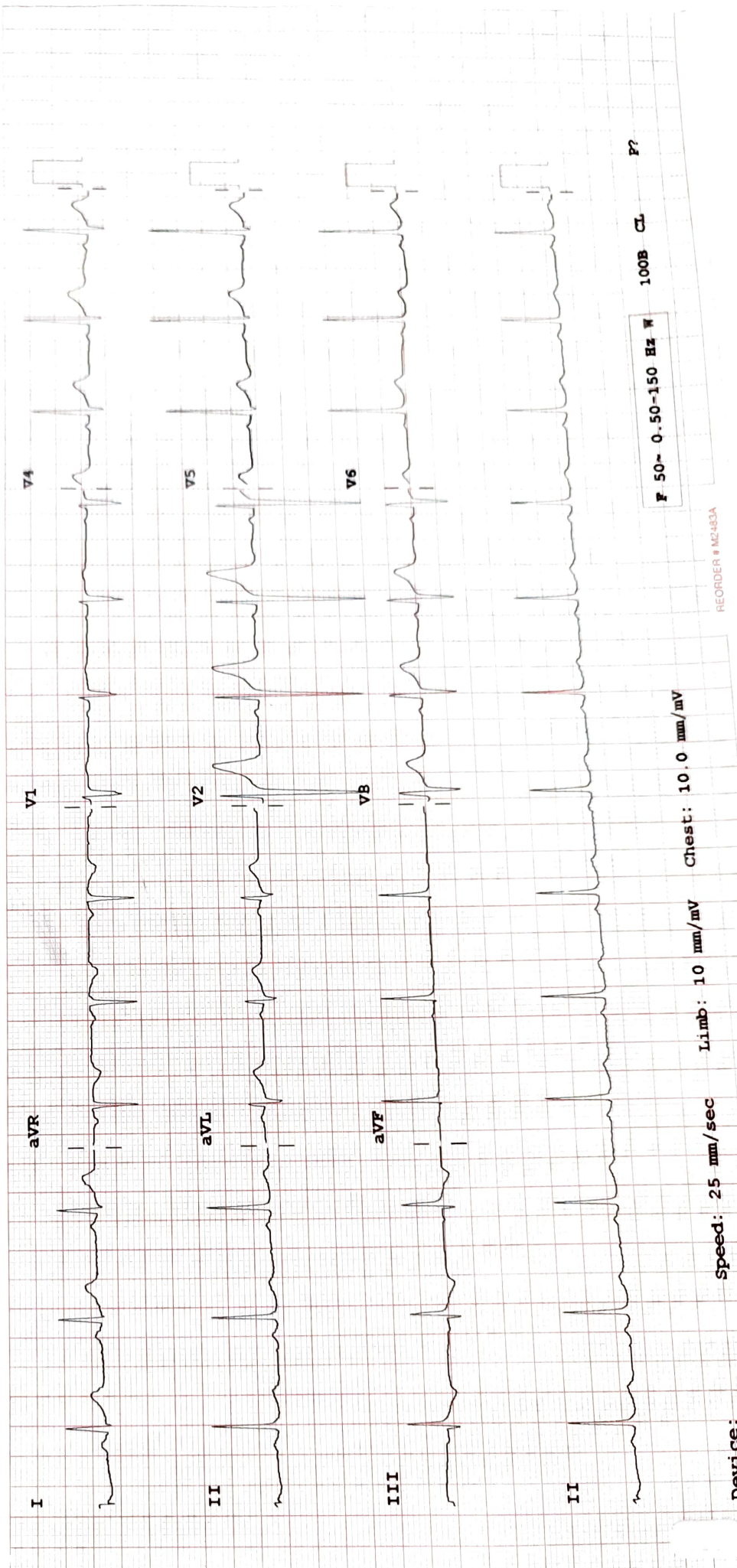
--AXIS--

P 17  
 QRS 55  
 T -5

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



F 50~ 0.50-150 Hz W

100B CL P?

Chest: 10.0 mm/mV

Limb: 10 mm/mV

Speed: 25 mm/sec

Device:

PHILIPS

REORDER # M2-453A