Rlos Magpur modi-Wheat Dr. Vimmi Goel KIMS-KINGSWAY HOSPITALS MBBS. MD (Internal Medicine) Sr. Consultant Non Invasive Cardiology Reg. No: MMC- 2014/01/0113 Date: 10 06 23 Name: Me, AEVind Vaidya Age : _____<u>59 Y____</u> Sex (M)F Weight : <u>57 * 2___</u>kg Height : <u>____</u>inc BMI : ____ 21.8 mg/dl BP: 150 80 mmHg Pulse: 784 _bpm RBS : \$poz! 100% 59/M · lac DM Voglie 0.3 1- × -1 Loyzide M 30 XR 1- × . LUC HT cilacar - T 1 - * -, Tobacco++ POE-I . FIH- Mother DM, 141) Adv. O/E JWº 1 T. Loyzide M(30+500) (Before meals) Cher Crs P/A/N-T. Istamet 1-+ (100+500)ABF In. H6-11.2 Cap Roza Gold X -(10+75+75) HbA, C - 8-6 AIN LDL-121 T. Cilacar T TMT- + he T. Neuroticn Ferre ARF - Dier + walking - STOP TOBACCO - To see &, S. Ganjewan - Rpr. F& PMBS after Imth Sir DEL SPANV Medisearch Lifesciences Private Limited 44, Parwana Bhawan, Kingsway, Nagpur - 440 001, Maharashtra, India. Phone: +91 0712 6789100 CIN: U74999MH2018PTC303510

Dr. Ashish Kamble MBBS, MS, FICO (London), FVRS Phaco and Vitreoretinal Surgeon Reg. No: MCI- 11-39352	KIMS-KINGSWAY HOSPITALS		
Name: Me. Arvind Vaidya	Date: 10623		
Age: 59 G Sex: MF Weight: kg Height:	inc BMI :		
BP : mmHg Pulse :	bom BBS : mg/dl		

(B2)- mild to moderate NPDR Early Cataract

-EID maxmoist BE 4times 2200

RIA bronty/Sog



DEPARTMENT OF PATHOLOGY

Patient Name	: Mr. ARVIND VAIDYA	Age /Gender	:59 Y(s)/Male
Bill No/ UMR No	:BIL2324015657/UMR2324008175	Referred By	: Dr. Vimmi Goel MBBS,MD
Received Dt	:10-Jun-23 08:24 am	Report Date	:10-Jun-23 10:21 am

HAEMOGRAM

	<u>Parameter</u>	Specimen	Results	Biological Reference	Method
	Haemoglobin	Blood	11.2	13.0 - 17.0 gm%	Photometric
	Haematocrit(PCV)		34.5	40.0 - 50.0 Vol%	Calculated
	RBC Count		5.21	4.5 - 5.5 Millions/cumm	Photometric
	Mean Cell Volume (MCV)		66	83 - 101 fl	Calculated
	Mean Cell Haemoglobin (MCH)		21.6	27 - 32 pg	Calculated
	Mean Cell Haemoglobin Concentration (MCHC)		32.5	31.5 - 35.0 g/l	Calculated
	RDW		16.8	11.5 - 14.0 %	Calculated
	Platelet count		306	150 - 450 10^3/cumm	Impedance
	WBC Count		5400	4000 - 11000 cells/cumm	Impedance
	DIFFERENTIAL COUNT				
	Neutrophils		59.7	50 - 70 %	Flow Cytometry/Light microscopy
l	Lymphocytes		29.1	20 - 40 %	Flow Cytometry/Light microscopy
E	Eosinophils		5.4	1-6 %	Flow Cytometry/Light microscopy
N	Ionocytes	:	5.8	2-10 %	Flow Cytometry/Light microscopy
B	asophils	(0.0	0-1 %	Flow Cytometry/Light microscopy
A	bsolute Neutrophil Count	3	3223.8	2000 - 7000 /cumm	Calculated

Page 1 of 2



DEPARTMENT OF PATHOLOGY

Patient Name : Mr. ARVIND	VAIDYA				
			Age /Gender : 59 Y(s		ale
Bill No/ UMR No : BIL2324015		008175	Referred By	:Dr. Vimmi	Goel MBBS,MD
Received Dt : 10-Jun-23	08:24 am		Report Date	:10-Jun-23	
Parameter Sp Absolute Lymphocyte Count Absolute Eosinophil Count	ecimen <u>Re</u> 1571 291.6		<u>Biological</u> 1000 - 4800 /cun 20 - 500 /cumm	Reference	Calculated
Absolute Monocyte Count	313.2	2	20 - 300 /cumm 200 - 1000 /cumr	~	Calculated
Absolute Basophil Count PERIPHERAL SMEAR	0		0 - 100 /cumm	n	Calculated Calculated
Microcytosis	Microo	cytosis			
Hypochromasia	Нурос	1%-20%) hromia			
Anisocytosis	Anisoc	1%-20%) Cytosis			
WBC	+(Few As Abo				
Platelets	Adequa				
SR	14		0-20 mm/hr	,	Automated
*** End Of Re			ort ***		Westergren's Method

Suggested Clinical Correlation * If neccessary, Please discuss Verified By : : 11100245

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.

Page 2 of 2



Dr. VAIDEHEE NAIK, MBBS,MD CONSULTANT PATHOLOGIST



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. AF						
		Age /Gender : 59 Y(s)/Male				
Bill No/ UMR No : BIL23	Bill No/ UMR No : BIL2324015657/UMR2324008175		Referred By ; Dr. Vimr	mi Goel MBBS,MD		
Received Dt : 10-Jun-23 08:22 am			Report Date :10-Jun-2			
<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	Biological Reference	Method		
Fasting Plasma Glucose Plasma 188		< 100 mg/dl	GOD/POD,Colorimetric			
GLYCOSYLATED HAEM	OGLOBIN (H	BA1C)		• • • • • • • • • •		
HbA1c 8.6		Non-Diabetic : <= 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %	HPLC			
*** End Of Report ***						

Suggested Clinical Correlation * If neccessary, Please discuss Verified By : : 11100245

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.



Dr. VAIDEHEE NAIK, MBBS,MD CONSULTANT PATHOLOGIST



DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. ARVIND VAIDYA	Age /Gender : 59 Y(s)/Male	
Bill No / UMR No	: BIL2324015657/UMR2324008175	Referred By	: Dr. Vimmi Goel MBBS,MD
	:10-Jun-23 11:13 am	Report Date	:10-Jun-23 12:39 pm

Devemotor Speci	imen <u>Results</u>	<u>Biol</u>
Post Prandial Plasma Glucose Plasma	130	< 14

Biological Reference < 140 mg/dl Method GOD/POD, Colorimetric

Interpretation:

Clinical Decision Value as per ADA Guidelines 2021

Diabetes Mellites If, Fasting =/>126 mg/dl Random/2Hrs.OGTT=/>200 mg/dl Impaired Fasting = 100-125 mg/dl Impaired Glucose Tolerance = 140-199 mg/dl

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100026

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.



Dr. VAIDEHEE NAIK, MBBS,MD CONSULTANT PATHOLOGIST



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. ARVIND VAIDYA			Age /Gender : 59 Y(s)/M	ale
Bill No/ UMR No	:BIL2324015657/UMR2324008175		Referred By : Dr. Vimm	i Goel MBBS,MD
Received Dt	ed Dt : 10-Jun-23 08:24 am		Report Date : 10-Jun-23	3 10:58 am
LIPID PROFI	LE			
<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>		Method
Total Cholesterol	Serum	180	< 200 mg/dl	Enzymatic(CHE/CHO/P D)
Triglycerides		135	< 150 mg/dl	Enzymatic (Lipase/GK/GPO/POD)
HDL Cholesterol Dir	rect	29	> 40 mg/dl	Phosphotungstic acid/mgcl-Enzymatic (microslide)
LDL Cholesterol Dir	ect	121.38	< 100 mg/dl	Enzymatic
VLDL Cholesterol		27	< 30 mg/dl	Calculated
Tot Chol/HDL Ratio)	6	3 - 5	Calculation
Intiate therapeu	tic		Consider Drug therapy	LDC-C
CHD OR CHD risk Multiple major risk 10 yrs CHD risk>2	factors conferring	>100	>130, optional at 100-129	<100
Two or more addit	ional major risk	>130	10 yrs risk 10-20 % >130	<130
factors,10 yrs CHD	0 risk <20%		10 yrs risk <10% >160	
No additional majo	or risk or one	>160	>190,optional at 160-189	<160
additional major ri	sk factor			

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100026

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.



Dr. Anuradha Deshmukh, MBBS,MD

CONSULTANT MICROBIOLOGIST



DEPARTMENT OF BIOCHEMISTRY

			DIOCHEMISTRY		
Patient Name	: Mr. ARVIND VAIDYA				
Bill No/ UMR No	: BIL2324015657/UM	82324008175	Age /Gender : 59 Y(59 Y(s)/Male	
Received Dt	:10-Jun-23 08:24 an		Referred By : Dr. Vi	mmi Goel MBBS,MD	
		.1		n-23 10:58 am	
THYROID PR	OFILE				
<u>Parameter</u> T3	<u>Specimen</u> Serum	<u>Results</u> 1.28	<u>Biological Reference</u> 0.55 - 1.70 ng/ml	<u>Method</u> Enhanced	
Free T4		1.15	0.80 - 1.70 ng/dl	chemiluminescence Enhanced	
TSH		1.87	0.50 - 4.80 uIU/ml	Chemiluminescence Enhanced	
		*** End Of Re	eport ***	chemiluminescence	

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100026

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.



Dr. Anuradha Deshmukh, MBBS,MD CONSULTANT MICROBIOLOGIST

KIMS-KINGSWAY HOSPITALS CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. ARVIND VAIDYA		OCHEMISTRY			
Bill No/ UMR No Received Dt	O/ UMR No : BIL2324015657/UMP228 404		Age /Gender :59 Y(s) Referred By :Dr. Vin		i)/Male mmi Goel MBBS,MD	
<u>Parameter</u>	Specimen		Report Date :1	10-Jun-23	10:58 am	
RFT	<u> Zeennen</u>	Result Values	<u>Biological Refer</u>	ence	Method	
Blood Urea	Serum	18			<u>Listinod</u>	
Creatinine		18	19.0 - 43.0 mg/dl	(Jrease with indicator	
GFR		1.05	0.66 - 1.25 mg/dl		196	
		81.8		E a	nzymatic (creatinine midohydrolase)	
Sodium		138		C (alculation by CKD-EPI	
Potassium			136 - 145 mmol/L	D	irect ion selective	
		4.47	3.5 - 5.1 mmol/L	e	lectrode irect ion selective	
LIVER FUNCTION	TEST(LFT)			e	lectrode	
Total Bilirubin		0.29				
Direct Bilirubin		0.00	0.2 - 1.3 mg/dl	A	zobilirubin/Dyphylline	
Indirect Bilirubin		0.20	0.1 - 0.3 mg/dl	C	alculated	
Alkaline Phosphatase		0.20	0.1 - 1.1 mg/dl		uel wavelength	
SGPT/ALT		80	29 125 144	sp	ectrophotometric	
			38 - 126 U/L	pN	IPP/AMP buffer	
SGOT/AST			10-40 U/L	Kir	netic with pyridoval 5	
Arum Total D		18	15-40 U/L	pn	osphate	
erum Total Protein		7 20	5.3 - 8.2 gm/dl	PII	netic with pyridoxal 5 osphate	
lbumin Serum				Biu	iret (Alkaline cupric	
lobulin		4.12 3	.5 - 5.0 gm/dl	Sui	phate) pmocresol green Dye	
/G Ratio	3	3.15 2	.0 - 4.0 gm/	DIU	aing	
	1	31	.0 - 4 .0 gm/	Cal	culated	
	**	* End Of Report	***			

Suggested Clinical Correlation * If neccessary, Please Verified By : : 11100026

Test results related only to the item tested.

Patient Name

No part of the report can be reproduced without written permission of the laboratory.



Dr. Anuradha Deshmukh, MBBS,MD CONSULTANT MICROBIOLOGIST

KIMS-KINGSWAY HOSPITALS CLINICAL DIAGNOSTIC LABORATORY

ĉ

DEPARTMENT OF PATHOLOGY

			- FAINOLOGT		
Patient Name	: Mr. ARVIND VAIDYA		Ann (Condon	- FO 147 1 14 1	
Bill No/ UMR No	: BIL2324015657/UM	BIL2324015657/UMR2324008175 10-Jun-23 09:55 am		Age /Gender : 59 Y(s)/Male	
Received Dt				: Dr. Vimmi Goel MBBS,MD	
	10-5011-25 09:55 ar			:10-Jun-23 11:47 am	
<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>		Method	
URINE MICROS	СОРҮ			Henrod	
PHYSICAL EXAMI					
Volume	Urine	30 ml			
Colour.		Pale yellow			
Appearance		Clear			
CHEMICAL EXAMI	NATION				
Reaction (pH)	Urine	6.0	4.6 - 8.0	Indicators	
Specific gravity		1.005	1.005 - 1.025	ion concentration	
Urine Protein		1+ (Approx 25r		protein error of pH	
Sugar		Negative		indicator	
Bilirubin		Negative		GOD/POD	
(etone Bodies		Negative		Diazonium	
litrate		Negative		Legal's est Principle	
Jrobilinogen <u>IICROSCOPIC EXA</u>	<u>MINATION</u>	Normal		Ehrlich's Reaction	
pithelial Cells	Urine	0-1	0-4 /hpf	Manual	
B.C.		Absent	0-4 /hpf	Manual	
us Cells		0-1	0-4 /hpf	Manual	
ists		Absent	•	Manual	
rstals	,	Absent		Manual	
hers					
SF(URINE SUGAR	R FASTING)				
ine Glucose	Urine N	legative		GOD/POD	
		* End Of Repo	ىلد باد باد	GOD/FOD	

Suggested Clinical Correlation * If neccessary, Please discuss Verified By : : 11100400

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.



Dr. Anuradha Deshmukh, MBBS, MD CONSULTANT MICROBIOLOGIST



DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name: Mr. ARVIND VAIDYAAge /Gender: 59 Y(s)/MaleBill No/ UMR No: BIL2324015657/UMR2324008175Referred By: Dr. Vimmi Goel MBBS,MDReceived Dt: 10-Jun-23 08:24 amReport Date: 10-Jun-23 10:25 am

*** End Of Report ***

BLOOD GROUPING AND RH

<u>Parameter</u> BLOOD GROUP.

Specimen Results

EDTA Whole "B" Blood & Plasma/ Serum "Positive "(+Ve)

Gel Card Method

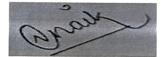
Rh (D) Typing.

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100245

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.



Dr. VAIDEHEE NAIK, MBBS, MD CONSULTANT PATHOLOGIST



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

	ANYIND VAIDYA		SCIENCE
AGE/ SEX	59Y11M20D / M	STUDY DATE	10-06-2023 08:54:45
ACCECCION	ВШ.2324015657-9	LIOCDITAL	UMR2324008175
DEDODTES	10-06-2023 10:02	MODALITY	DX
		REFERRED BY	Dr. Vimmi Goel

X-RAY CHEST AP VIEW

Both the lung fields are clear.

NAME

Heart and Aorta are normal.

Both hilar shadows appear normal.

Diaphragm domes and CP angles are clear.

Bony cage is normal.

IMPRESSION: No pleuro-parenchumed a

No pleuro-parenchymal abnormality seen.

Angalia

WNAVEEN PUGALIA MBBS, MD [076125] SENIOR CONSULTANT RADIOLOGIST.



NAME OF PATIENT	MR. ARVIND VAIDYA	AGE & SEX	59YRS/MALE
UMR NO	2324008175	BILL NO	2324015657
REF BY	DR. VIMMI GOEL	DATE	10/06/2023

USG WHOLE ABDOMEN

LIVER is normal in shape, 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 stones or sludge seen within it. Wall thickness is within normal limits.

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.

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

Prostate is normal in size, shape and echotexture. Wt- 22.56 gms.

There is no free fluid or abdominal lymphadenopathy seen.

IMPRESSION: No significant visceral abnormality seen. Suggest clinical correlation / further evaluation.

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

Kingsway Hospitals	5
44 Kingsway, Mohan Nagar,	Station
Near Kasturohand Park, Nagpur	Telephone:

EXERCISE STRESS TEST REPORT

Page

Patient Name: Mr. Arvind , Valdya	DOB: 20.06.1963
Patient ID: 008175	Age: 59yrs
Height: Weight:	Gender: Male
Study Date: 10.06.2023	Race: Indian
Test Type: Treadmill Stress Test	Referring Physician: Medi Wheel HCU
Protocol: BRUCE	Attending Physician: Dr. Vimmi Goel Technidian:

Medications:

or CAD	 A - A - A - A - A - A - A - A - A - A -					
Stage Name	Time	Speed	Grade	HR	BP	Comment
	in Stage	(mph)	(%)	(bpm)	(mmHg)	
SUPINE	00:07	0.00	0.00	85	120/80	
WARM-UP	00:05	0.00	0.00	85		
STAGE 1	03:00	1.70	10.00		120/80	
STAGE 2	03:00	2.50	12.00			
STAGE 3	01:27	3.40	14.00			
	01:00	0.00	0.00	127	150/80	
	02:00	0.00	0.00	110		
	02:00	0.00	0.00	98		
	02:00	0.00	0.00	96	120/80	
	00:28	0.00	0.00			
	Exercise Test: or CAD est Summary: Stage Name SUPINE WARM-UP STAGE 1 STAGE 2	Exercise Test: or CAD est Summary: Stage Name in Stage SupINE 00;07 WARM-UP 00;05 STAGE 1 03;00 STAGE 3 01:27 01:00 02:00 02:00	Exercise Test: or CAD est Summary: Stage Name Time stage 00007 WARM-UP 00005 STAGE 1 0300 STAGE 2 0300 STAGE 3 0127 0100 0.00 0200 0.00	Exercise Test: or CAD est Summary: Stage Name Time in Stage (mph) SUPINE 00;07 0,00 0,00 WARM-UP 00;05 0,00 1.70 STAGE 1 03;00 STAGE 2 03;00 STAGE 3 01;27 01;00 0.00 01;00 0.00 01;00 0.00 02;00 0.00 02;00 0.00	Exercise Test: or CAD est Summary: Stage Name Time Speed Grade HR in Stage (mph) (%) (bpm) SUPINE 00:07 0.00 0.00 85 WARM-UP 00:05 0.00 0.00 85 STAGE 1 03:00 1.70 10:00 113 STAGE 2 03:00 2.50 12:00 127 STAGE 3 01:27 3:40 14:00 137 01:00 0.00 0.00 100 98 02:00 0.00 0.00 98 02:00 0.00 96	Exercise Test: or CAD est Summary: Stage Name Time in Stage (mph) (%4) (bpm) SUPINE 00:07 0.00 0.00 WARM-UP 00:05 0.00 0.00 STAGE 1 03:00 01:00 2.50 120/80 STAGE 2 03:00 01:00 0.00 01:00 0.00 02:00 0.00 02:00 0.00 02:00 0.00 02:00 0.00 03:00 1.70 14.00 137 01:00 0.00 02:00 0.00 02:00 0.00 02:00 0.00 02:00 0.00 02:00 0.00

The patient exercised according to the BRUCE for 7:26 mints, achieving a work level of Max. METS: 10.10. The resting heart rate of 84 bpm rose to a maximal heart rate of 137 bpm. This value represents 85 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to ST-T changes seen.

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: ST-T changes seen. Overall impression: Positive.

<u>Conclusions:</u> TMT is Positive for inducible ischemia, by ST-T changes seen during exercise & recovery. No angina.

51 009

