

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

Medi-wheel

Rlo → Nagpur

 **KIMS-KINGSWAY**  
HOSPITALS

Name: Mr chetan Wanjari Date: 07/04/23  
Age: 314 Sex: M/F Weight: 89.7 kg Height: 181.6 Inc BMI: 27.2  
BP: 120/80 mmHg Pulse: 76 bpm RBS: \_\_\_\_\_ mg/dl

SpO<sub>2</sub> - 98%

- Non HT
- Non DM
- No addictions
- PII - Neg.

O/E

JVP<sup>0</sup>  
Chest  
LW  
P/A

Adv.

- Diet control
- Exercise
- weight reduction.
- Rpr. FLP after 3 mths

IM.

LDL - 121  
HDL - 33

Gd. I Fatty liver

• T. supradyn 1 - \* →  
ABF (60)

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



MC-4807



**KIMS-KINGSWAY**  
HOSPITALS

**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b> : Mr. CHETAN WANJARI	<b>Age / Gender</b> : 31 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2324001395/UMR2324001144	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 07-Apr-23 12:49 pm	<b>Report Date</b> : 07-Apr-23 01:50 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Post Prandial Plasma Glucose	Plasma	104	< 140 mg/dl	GOD/POD, Colorimetric

**Interpretation:**

Clinical Decision Value as per ADA Guidelines 2021

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

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

Suggested Clinical Correlation \* If necessary, Please discuss

Verified By : : 11100026

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

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44, Parwana Bhawan, Kingsway, Nagpur - 440 001, Maharashtra, India.  
Phone: +91 0712 6789100  
CIN: U74999MH2018PTC303510



MC-4807

**DEPARTMENT OF PATHOLOGY**

<b>Patient Name</b> : Mr. CHETAN WANJARI	<b>Age / Gender</b> : 31 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2324001395/UMR2324001144	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 07-Apr-23 08:59 am	<b>Report Date</b> : 07-Apr-23 10:56 am

**HAEMOGRAM**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Haemoglobin	Blood	15.1	13.0 - 17.0 gm%	Photometric
Haematocrit(PCV)		45.5	40.0 - 50.0 Vol%	Calculated
RBC Count		<b>5.93</b>	4.5 - 5.5 Millions/cumm	Photometric
Mean Cell Volume (MCV)		<b>77</b>	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		<b>25.6</b>	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		33.3	31.5 - 35.0 g/l	Calculated
RDW		<b>16.3</b>	11.5 - 14.0 %	Calculated
Platelet count		346	150 - 450 $10^3$ /cumm	Impedance
WBC Count		7700	4000 - 11000 cells/cumm	Impedance

**DIFFERENTIAL COUNT**

Neutrophils	51.9	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes	<b>40.2</b>	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils	3.4	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes	4.5	2 - 10 %	Flow Cytometry/Light microscopy
Basophils	0.0	0 - 1 %	Flow Cytometry/Light microscopy
Large Immature cells	0.0		Flowcytometry
Absolute Neutrophil Count	3996.3	2000 - 7000 /cumm	Calculated
Absolute Lymphocyte Count	3095.4	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count	261.8	20 - 500 /cumm	Calculated





MC-4807



**DEPARTMENT OF PATHOLOGY**

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**Age / Gender** : 31 Y(s)/Male  
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**Received Dt** : 07-Apr-23 08:59 am  
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<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Absolute Monocyte Count		346.5	200 - 1000 /cumm	Calculated
Absolute Basophil Count		0	0 - 100 /cumm	Calculated
<b><u>PERIPHERAL SMEAR</u></b>				
Microcytosis		Microcytosis +(Few)		
Hypochromasia		Hypochromia +(Few)		
Anisocytosis		Anisocytosis +(Few)		
WBC		Within Norml limits		
Platelets		Adequate		
<b>E S R</b>		<b>22</b>	0 - 15 mm/hr	Automated Westergren's Method
*** End Of Report ***				

Suggested Clinical Correlation \* If necessary, Please discuss

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**CONSULTANT PATHOLOGIST**



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

<b>Patient Name</b> : Mr. CHETAN WANJARI	<b>Age / Gender</b> : 31 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2324001395/UMR2324001144	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 07-Apr-23 08:58 am	<b>Report Date</b> : 07-Apr-23 10:27 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	94	< 100 mg/dl	GOD/POD,Colorimetric

**Interpretation:**

Clinical Decision Value as per ADA Guidelines 2021

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

**GLYCOSYLATED HAEMOGLOBIN (HBA1C)**

<b>HbA1c</b>	5.4	Non-Diabetic : $\leq$ 5.6 %	HPLC
		Pre-Diabetic : 5.7 - 6.4 %	
		Diabetic : $\geq$ 6.5 %	

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MC-4807

**DEPARTMENT OF BIOCHEMISTRY**

**Patient Name** : Mr. CHETAN WANJARI  
**Age / Gender** : 31 Y(s)/Male  
**Bill No/ UMR No** : BIL2324001395/UMR2324001144  
**Referred By** : Dr. Vimmi Goel MBBS,MD  
**Received Dt** : 07-Apr-23 08:59 am  
**Report Date** : 07-Apr-23 10:27 am

**LIPID PROFILE**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Total Cholesterol	Serum	194 < 200 mg/dl	Enzymatic(CHE/CHO/POD)
Triglycerides		147 < 150 mg/dl	Enzymatic (Lipase/GK/GPO/POD)
HDL Cholesterol Direct		<b>33</b> > 40 mg/dl	Phosphotungstic acid/mgcl-Enzymatic (microslide)
LDL Cholesterol Direct		<b>121.05</b> < 100 mg/dl	Enzymatic
VLDL Cholesterol		29 < 30 mg/dl	Calculated
Tot Chol/HDL Ratio		<b>6</b> 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
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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**CLINICAL DIAGNOSTIC LABORATORY**

**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b> : Mr. CHETAN WANJARI	<b>Age / Gender</b> : 31 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2324001395/UMR2324001144	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 07-Apr-23 08:59 am	<b>Report Date</b> : 07-Apr-23 10:27 am

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
<b>RFT</b>				
Blood Urea	Serum	25	19.0 - 43.0 mg/dl	Urease with indicator dye
Creatinine		1.0	0.66 - 1.25 mg/dl	Enzymatic ( creatinine amidohydrolase)
GFR		103.2		Calculation by CKD-EPI 2021
Sodium		142	136 - 145 mmol/L	Direct ion selective electrode
Potassium		4.50	3.5 - 5.1 mmol/L	Direct ion selective electrode
<b>THYROID PROFILE</b>				
<b>T3</b>		1.59	0.55 - 1.70 ng/ml	Enhanced chemiluminescence
<b>Free T4</b>		1.41	0.80 - 1.70 ng/dl	Enhanced Chemiluminescence
<b>TSH</b>		1.48	0.50 - 4.80 uIU/ml	Enhanced chemiluminescence

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CONSULTANT PATHOLOGIST



**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b> : Mr. CHETAN WANJARI	<b>Age / Gender</b> : 31 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2324001395/UMR2324001144	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 07-Apr-23 08:59 am	<b>Report Date</b> : 07-Apr-23 10:27 am

**LIVER FUNCTION TEST(LFT)**

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Total Bilirubin	Serum	0.71	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Direct Bilirubin		0.27	0.1 - 0.3 mg/dl	Calculated
Indirect Bilirubin		0.44	0.1 - 1.1 mg/dl	Dual wavelength spectrophotometric
Alkaline Phosphatase		97	38 - 126 U/L	pNPP/AMP buffer
SGPT/ALT		<b>43</b>	10 - 40 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		33	15 - 40 U/L	Kinetic with pyridoxal 5 phosphate
Serum Total Protein		<b>8.25</b>	6.3 - 8.2 gm/dl	Biuret (Alkaline cupric sulphate)
Albumin Serum		4.66	3.5 - 5.0 gm/dl	Bromocresol green Dye Binding
Globulin		3.60	2.0 - 4.0 gm/	Calculated
A/G Ratio		1.3		

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

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**CONSULTANT PATHOLOGIST**





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

<b>Patient Name</b> : Mr. CHETAN WANJARI	<b>Age / Gender</b> : 31 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2324001395/UMR2324001144	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 07-Apr-23 10:39 am	<b>Report Date</b> : 07-Apr-23 11:45 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
<b>URINE MICROSCOPY</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
Volume	Urine	30 ml	
Colour.		Pale yellow	
Appearance		Clear	
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Urine	7	4.6 - 8.0
Specific gravity		<b>1.000</b>	1.005 - 1.025
Urine Protein		Negative	Indicators ion concentration
Sugar		Negative	protein error of pH indicator
Bilirubin		Negative	GOD/POD
Ketone Bodies		Negative	Diazonium
Nitrate		Negative	Legal's est Principle
Urobilinogen		Normal	Ehrlich's Reaction
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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><u>USF(URINE SUGAR FASTING)</u></b>			
Urine Glucose	Urine	Negative	Manual
			GOD/POD

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

Suggested Clinical Correlation \* If necessary, Please discuss



MC-4807



**DEPARTMENT OF IMMUNO HAEMATOLOGY**

<b>Patient Name</b> : Mr. CHETAN WANJARI	<b>Age /Gender</b> : 31 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2324001395/UMR2324001144	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 07-Apr-23 08:59 am	<b>Report Date</b> : 07-Apr-23 10:29 am

**BLOOD GROUPING AND RH**

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

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

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



**DEPARTMENT OF BIOCHEMISTRY**

<b>Patient Name</b> : Mr. CHETAN WANJARI	<b>Age /Gender</b> : 31 Y(s)/Male
<b>Bill No/ UMR No</b> : BIL2324001395/UMR2324001144	<b>Referred By</b> : Dr. Vimmi Goel MBBS,MD
<b>Received Dt</b> : 07-Apr-23 01:41 pm	<b>Report Date</b> : 07-Apr-23 02:48 pm

**URINE SUGAR**

Parameter

Urine Glucose

Result Values

Negative

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

RE

Suggested Clinical Correlation \* If necessary, Please discuss

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



**DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE**

NAME	CHE TAN WANJARI	STUDY DATE	07-04-2023 09:20:09
AGE/ SEX	31Y9M / M	HOSPITAL NO.	UMR2324001144
ACCESSION NO.	BIL2324001395-9	MODALITY	DX
REPORTED ON	07-04-2023 10:08	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. VIRAM TANKSALE**  
**MD, DNB (RADIOLOGIST)**  
**REG NO. 2016093942**

NAME OF PATIENT:	CHETAN WANJARI	AGE & SEX:	31Y/M
REG NO	2324001144	BILL NO	2324001395
REF BY:	DR. VIMMI GOEL	DATE:	07/04/2023

**USG ABDOMEN AND PELVIS**

LIVER is normal in size (14.9 cm) and shows mildly raised 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.

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

SPLEEN is normal in size (9.2 cm) , shape and echotexture. No focal lesion seen.

Right kidney measures - 9.6 x 4.2 cm . Left kidney measures – 9.2 x 4.1 cm.  
Both kidney are normal in size, shape and echotexture.  
No evidence of calculus or hydronephrosis seen.  
URETERS are not dilated.

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

Prostate is normal in size, shape and echotexture (volume- 12.7 cc )

There is no free fluid or abdominal lymphadenopathy seen.

**IMPRESSION: USG reveals,**

- **Grade I fatty liver.**

  
**DR. VIRAM TANKSALE**  
**MD, DNB (RADIOLOGIST)**  
**REG NO. 2016093942**

**SCREENING 2D ECHOCARDIOGRAPHY REPORT**

Patient Name : Mr. Chetan Wanjari  
Age : 31 years / Male  
UMR : UMR2324001144  
Date : 07/04/2023  
Done by : Dr. Vimmi Goel  
ECG : NSR, Minor ST-T changes

**Impression:**

- Normal LV dimensions
- LA is on higher side
- No RWMA of LV at rest
- Good LV systolic function with LVEF – 68%
- Normal LV diastolic function
- E Velocity is 83 cm/s, A Velocity is 47 cm/s, E/A is 1.5
- Valves are normal
- No pulmonary hypertension
- No clots / Pericardial effusion
- IVC – Normal in size and collapsing well with respiration

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



Rate 75 Sinus rhythm.....normal P axis, V-rate 50- 99  
Borderline ST elevation, anterior leads.....ST >0.15mV in V1-V4

PR 151  
QRS 90  
QT 369  
QTc 413

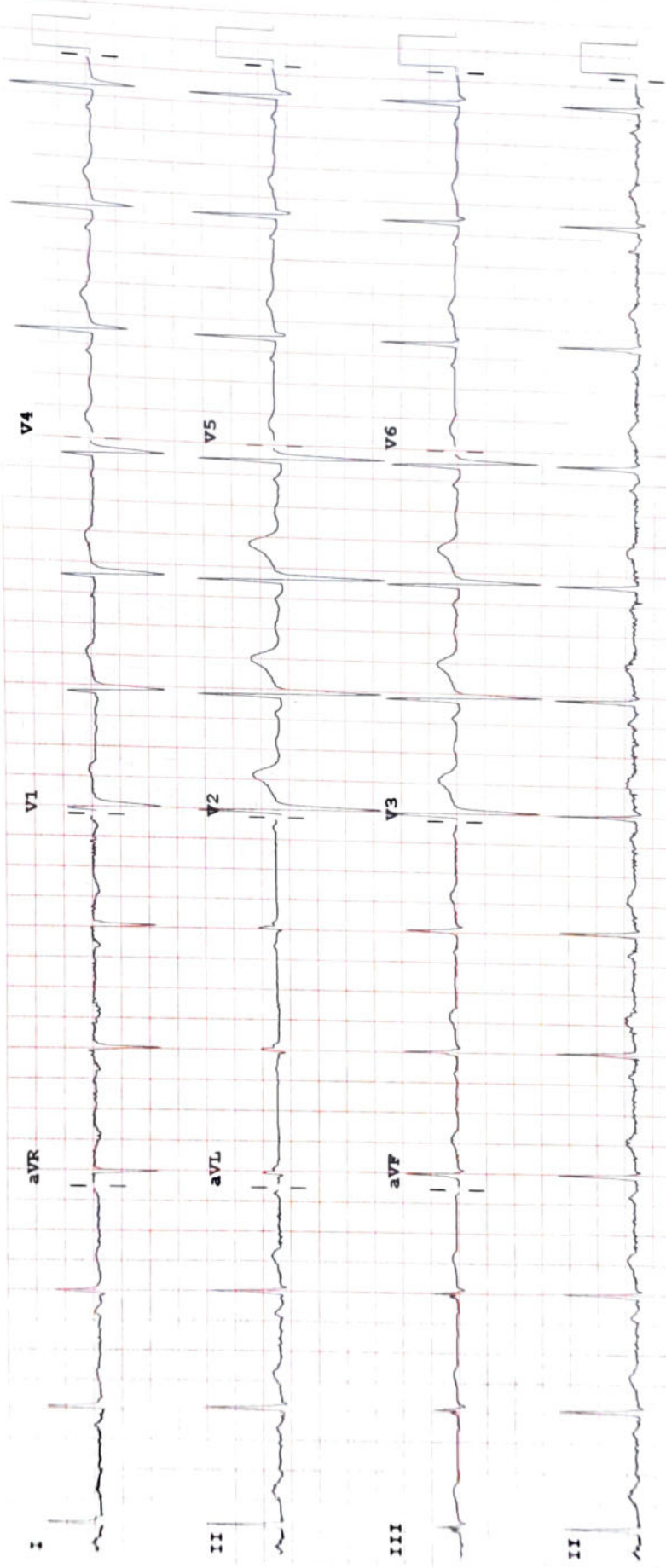
--AXIS--

P 13  
QRS 39  
T 60

12 Lead: Standard Placement

- BORDERLINE 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?