Dr. Vimmi Goel

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



Name: MR . HEMANT GHODMI	9R5 Date: 24/C	06/23
Age: 34 y Sex:MF Weight: 86-2 kg Hei	ight: 170 inc BMI: 29.8	
BP: $150/90$ mmHg Pulse: $90/M$ $502: 98/.$	bpm ABS :	mg/dl
· Surcher - Occasionally · Alcohol - 180 me/wh.		
· FBS-102		
· FIH - Father - DM.	Adv.	
0/E JW°	Adv. Cap Acinned DSR	1 — +
Chu Ly P/A	· Dies control · Daily exercise	
P/A /~	· weight reduction	11
	· Ppr - FLP } cyrer	3 mths
Iny - noved	/	

Sr. Consultant-Non Invasive Cardiology MBBS, MD Reg. No.: 2014/01/01/3

Dr. Rahul AtaraBDS, MDS (Endodontics) Reg. No: A-16347



			1103F117	
Name : Mr	Hemoint Exhod mare		Date: 29. (06-23
Age: 34yo	Sex:M/F Weight: kg Height:	inc	BMI :	
BP :	mmHg Pulse :bp	om	RBS :	mg/dl
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	Exploration (1) Host.			
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DEPARTMENT OF PATHOLOGY

Patient Name : Mr. HEMANT GHODMARE Age / Gender : 34 Y(s)/Male

Bill No/ UMR No : BIL2324019998/UMR2324010237 Referred By : Dr. Vimmi Goel MBBS,MD

Received Dt : 29-Jun-23 08:19 am Report Date : 29-Jun-23 10:52 am

HAEMOGRAM

Parameter Haemoglobin	Specimen Blood	Results 16.5 ✓	Biological Reference 13.0 - 17.0 gm%	Method Photometric
Haematocrit(PCV)		47.4	40.0 - 50.0 Vol%	Calculated
RBC Count		6.11	4.5 - 5.5 Millions/cumm	Photometric
Mean Cell Volume (MCV)		78	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		27.0	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		34.7	31.5 - 35.0 g/l	Calculated
RDW		13.6	11.5 - 14.0 %	Calculated
Platelet count		234 🗸	150 - 450 10^3/cumm	Impedance
WBC Count		7800 🗸	4000 - 11000 cells/cumm	Impedance
DIFFERENTIAL COUNT				
Neutrophils		58.7	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		31.1	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		4.8	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes		5.4	2 - 10 %	Flow Cytometry/Light microscopy
Basophils		0.0	0 - 1 %	Flow Cytometry/Light microscopy
Large Immature cells		0.0		Flowcytometry





DEPARTMENT OF PATHOLOGY

Patient Name : Mr. HEMANT GHODMARE Age / Gender : 34 Y(s)/Male

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Received Dt : 29-Jun-23 08:19 am Report Date : 29-Jun-23 10:52 am

<u>Parameter</u>	Specimen	Results	Biological Reference	Method
Absolute Neutrophil Count		4578.6	2000 - 7000 /cumm	Calculated
Absolute Lymphocyte Count		2425.8	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		374.4	20 - 500 /cumm	Calculated
Absolute Monocyte Count		421.2	200 - 1000 /cumm	Calculated
Absolute Basophil Count		0	0 - 100 /cumm	Calculated
PERIPHERAL SMEAR				
Microcytosis		Microcytosis +(Few)		
Hypochromasia		Hypochromia +(Few)		
Anisocytosis		Anisocytosis +(Few)		
WBC		As Above		
Platelets		Adequate		
ESR		04	0 - 15 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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Page 2 of 2



Dr. VAIDEHEE NAIK, MBBS,MD CONSULTANT PATHOLOGIST

SPANV Medisearch Lifesciences Private Limited

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



DEPARTMENT OF BIOCHEMISTRY

Patient Name

: Mr. HEMANT GHODMARE

Bill No/ UMR No : BIL2324019998/UMR2324010237

Received Dt

: 29-Jun-23 08:18 am

Age /Gender : 34 Y(s)/Male

Referred By : Dr. Vimmi Goel MBBS,MD

Report Date :29-Jun-23 11:55 am

Parameter

Specimen

Results

Biological Reference

Method

HPLC

Fasting Plasma Glucose Post Prandial Plasma Glucose Plasma

102 121

< 100 mg/dl < 140 mg/dl

GOD/POD, Colorimetric GOD/POD, Colorimetric

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

HbA1c

5.3

Non-Diabetic : <= 5.6 %

Pre-Diabetic: 5.7 - 6.4

Diabetic : >= 6.5 %

COMMENT

In view of S-window of 33.9% in HbA1c graph, advised HPLC to rule out hemoglobinopathy.

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

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CIN: U74999MH2018PTC303510



DEPARTMENT OF BIOCHEMISTRY

: Mr. HEMANT GHODMARE Patient Name

Age /Gender : 34 Y(s)/Male

10 yrs risk <10% >160

>190,optional at 160-189

Bill No/ UMR No : BIL2324019998/UMR2324010237

Referred By : Dr. Vimmi Goel MBBS,MD

Received Dt

: 29-Jun-23 08:19 am

Report Date

:29-Jun-23 11:55 am

.....

LIPID PROFILE

	Cuacimon	Results		Method
Parameter Total Cholesterol	Specimen Serum	195	< 200 mg/dl	Enzymatic(CHE/CHO/PO D)
Triglycerides	_	170	< 150 mg/dl	Enzymatic (Lipase/GK/GPO/POD)
HDL Cholesterol Direct		40	> 40 mg/dl	Phosphotungstic acid/mgcl-Enzymatic (microslide)
LDL Cholesterol Direct		127.60	< 100 mg/dl	Enzymatic
VLDL Cholesterol		34	< 30 mg/dl	Calculated
Tot Chol/HDL Ratio		5	3 - 5	Calculation
Intiate therapeutic			Consider Drug therapy	LDC-C
CHD OR CHD risk equivalent Multiple major risk factors conf	erring	>100	>130, optional at 100-129	<100
10 yrs CHD risk>20%	risk	>130	10 yrs risk 10-20 % >130	<130

*** End Of Report ***

>160

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By:: 11100026

Test results related only to the item tested.

Two or more additional major risk

factors,10 yrs CHD risk <20%

No additional major risk or one additional major risk factor

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<160

Dr. Anuradha Deshmukh, MBBS,MD CONSULTANT MICROBIOLOGIST



DEPARTMENT OF BIOCHEMISTRY

Patient Name

: Mr. HEMANT GHODMARE

Age /Gender : 34 Y(s)/Male

Bill No/ UMR No : BIL2324019998/UMR2324010237

Referred By : Dr. Vimmi Goel MBBS,MD

Received Dt : 29-Jun-23 08:19 am

Report Date : 29-Jun-23 11:55 am

Parameter	Specimen			23 11:55 am
RFT	Specimen	Result Values	Biological Reference	Method
Blood Urea	Sérum	10		
Creatinine	out util	19	19.0 - 43.0 mg/dl	Urease with indicator
GFR		0.98	0.66 - 1.25 mg/dl	dye Enzymatic (creatinine
2-2		103.8		amidohydrolase) Calculation by CKD-EP
Sodium		142	136 - 145 mmol/L	2021
Potassium		4.59		Direct ion selective electrode
LIVER FUNCTION TES	T/LET)		3.5 - 5.1 mmol/L	Direct ion selective electrode
Total Bilirubin	([[]			
Direct Bilirubin		0.63	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Indirect Bilirubin		0.17	0.1 - 0.3 mg/dl	Calculated
Allentine Di		0.46	0.1 - 1.1 mg/dl	Duel wavelength
Alkaline Phosphatase SGPT/ALT		75	38 - 126 U/L	spectrophotometric
JOP I/ALI		24	10 - 40 U/L	pNPP/AMP buffer
SGOT/AST		51	15 - 40 U/L	Kinetic with pyridoxal phosphate
Serum Total Protein		6.00		Kinetic with pyridoxal phosphate
Albumin Serum		6.98	6.3 - 8.2 gm/dl	Biuret (Alkaline cupric
ADDITION SERVIN		4.14	3.5 - 5.0 gm/dl	sulphate) Bromocresol green Dy
Globulin		2.84		Binding
A/G Ratio		1.46	2.0 - 4.0 gm/	Calculated
		*** End Of Rep	ort ***	
		э. пер		

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100026

Test results related only to the item tested.

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Dr. Anuradha Deshmukh, MBBS,MD CONSULTANT MICROBIOLOGIST

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Phone: +91 0712 6789100 CIN: U74999MH2018PTC303510



DEPARTMENT OF BIOCHEMISTRY

Patient Name

: Mr. HEMANT GHODMARE

Age /Gender : 34 Y(s)/Male

Bill No/ UMR No : BIL2324019998/UMR2324010237

Referred By : Dr. Vimmi Goel MBBS,MD

Received Dt

: 29-Jun-23 11:14 am

:29-Jun-23 11:55 am **Report Date**

<u>ra</u>	<u>га</u>	m	e	<u>te</u>	r

Result Values **Specimen**

URINE SUGAR

Urine Glucose

Negative

THYROID PROFILE

T3 Free T4 1.57

0.55 - 1.70 ng/ml

Enhanced

1.43

0.80 - 1.70 ng/dl

Chemiluminescence

1.76

0.50 - 4.80 uIU/ml

Enhanced

TSH

chemiluminescence

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By:: 11100026

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Dr. Anuradha Deshmukh, MBBS,MD **CONSULTANT MICROBIOLOGIST**

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Phone: +91 0712 6789100 CIN: U74999MH2018PTC303510



DEPARTMENT OF PATHOLOGY

Patient Name

: Mr. HEMANT GHODMARE

Age /Gender : 34 Y(s)/Male

Bill No/ UMR No : BIL2324019998/UMR2324010237

Referred By : Dr. Vimmi Goel MBBS, MD

Received Dt

: 29-Jun-23 09:41 am

Report Date :29-Jun-23 10:49 am

Parameter Specimen Results Method URINE MICROSCOPY PHYSICAL EXAMINATION Volume Urine 30 ml Colour. Pale yellow **Appearance** Clear CHEMICAL EXAMINATION Reaction (pH) Urine 6 4.6 - 8.0Indicators 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 MICROSCOPIC EXAMINATION

Epithelial Cells Urine R.B.C. Pus Cells Casts Crystals

0-1 0-4/hpf**A**bsent 0-4/hpf0-1 0 - 4 /hpf **Absent**

Manual Manual Manual Manual

Manual

USF(URINE SUGAR FASTING)

Urine Glucose

Urine

Negative

Absent

*** End Of Report ***

GOD/POD

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By:: 11100354

Test results related only to the item tested.

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Dr. Anuradha Deshmukh, MBBS,MD **CONSULTANT MICROBIOLOGIST**

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The House of the Control of the State of the

CIN: U74999MH2018PTC303510



DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name : Mr. HEMANT GHODMARE

Age /Gender : 34 Y(s)/Male

Bill No/ UMR No : BIL2324019998/UMR2324010237

Referred By : Dr. Vimmi Goel MBBS,MD

Received Dt : 29-Jun-23 08:19 am

Report Date

:29-Jun-23 12:24 pm

Gel Card Method

BLOOD GROUPING AND RH

<u>Parameter</u> **BLOOD GROUP.**

Rh (D) Typing.

Specimen Results

" B "

EDTA Whole Blood &

Plasma/ Serum

" Positive "(+Ve)

*** 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. Anuradha Deshmukh, MBBS,MD

CONSULTANT MICROBIOLOGIST



DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

	DELAKTMENTOR	KADIOLOGI G	T = = = = = = = = = = = = = = = = = = =
NAME	HEMANT GHODMARE	31001 DATE	29-06-2023 08:49:11
AGE/ SEX	34Y2M5D / M	HOSPITAL NO.	UMR2324010237
ACCESSION NO.	BIL2324019998-9	MODALITY	DX
REPORTED ON	29-06-2023 10:16	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. ASAWARI. S. LAUTRE
MBBS (KEM HOSPITAL),
MD RADIODIAGNOSIS (TMH MUMBAI)

CONSULTANT RADIOLOGIST.

SPANV Medisearch Lifesciences Private Limited 44, Parwana Bhawan, Kingsway, Nagpur - 440 001, Maharashtra, India.

N.B.: This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations dyasosrapions should be carried out to know true nature of illness.

Phone: +91 0712 6789100

Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.



NAME OF PATIENT	MR. HEMANT GHODMARE	AGE & SEX	34 YRS/M
UMR NO	2324010237	BILL NO	2324019998
REF BY	DR. VIMMI GOEL	DATE	29/06/2023

USG ABDOMEN AND PELVIS

LIVER is normal in size and 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, 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 (volume 24 cc), shape and echotexture.

There is no free fluid or abdominal lymphadenopathy seen.

IMPRESSION: USG reveals,

No significant visceral abnormality seen.

DR. ASAWARI LAUTRE MBBS,MD(Radio-Diag), (2016083313)

CONSULTANT RADIOLOGIST



2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

Patient Name: Mr. Hemant Ghodmare

Aae UMR : 34 years / Male : UMR2324010237

Date Done by

: 29/06/2023 : Dr. Vimmi Goel

ECG

: NSR, WNL

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 1.2

E/E' is 9.2 (Normal filling pressure)

Valves are normal

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 89 cm/s, A Velocity is 73 cm/s. E/A is 1.2. Valves are normal. 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 10.3 cm/sec & at lateral mitral annulus is 9.3 cm/sec. E/E' is 9.2 (Average).

M Mode echocardiography and dimension:

	Normal ra (adults) (Observed (mm)
Left atrium	19-40	7-37	29
Aortic root	20-37	7-28	23
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%
			1 \

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

P.T.O

2 100B CL KIMS~KINGSWAY HOSPITALS F 50- 0.50-150 Hz ₩ 29-Jun-23 8:09:48 AM PRC DEPT. Sinus rhythm.....sr elev, probable normal early repol pattern......sr elevation, age<55 **V**6 74 45 Unconfirmed Diagnosis Chest: 10.0 mm/mV ۷3 - NORMAL ECG -**V**2 5 Vm/mm SAITIHA D Limb: 10 MR. HEMANT GHODMARE Speed: 25 mm/sec aVF aVL aVR 12 Lead; Standard Placement 158 92 364 390 Device: 34 Years --AXIS--Rate PR QRSD QT QTC QRS T III II