

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

Contact No-7499913052
Name: Mr. Chetan Diwate Date: 16/08/23
Age: 33y Sex M F Weight: 77.8 kg Height: 181.5 inc BMI: 23.6
BP: 110/60 mmHg Pulse: 77 bpm RBS: _____ mg/dl
SpO₂: 97%

Name : Mr. Chetan Divale Date : 16.08.23.
Age : 23yrs. Sex : M/F Weight : _____ kg Height : _____ Inc BMI : _____
BP : _____ mmHg Pulse : _____ bpm RBS : _____ mg/dl

PMH :- Nil

O/E Mild stains

Mild Proclination.

Adv. ses ortho

Scaling.

Vishu

CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. CHETAN DIWATE	Age / Gender : 33 Y(s)/Male
Bill No/ UMR No : BIL2324032140/UMR2324016164	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 16-Aug-23 08:48 am	Report Date : 16-Aug-23 11:39 am

HAEMOGRAM

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Haemoglobin	Blood	13.8	13.0 - 17.0 gm%	Photometric
Haematocrit(PCV)		42.6	40.0 - 50.0 %	Calculated
RBC Count		5.12	4.5 - 5.5 Millions/cumm	Photometric
Mean Cell Volume (MCV)		83	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		26.9	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		32.3	31.5 - 35.0 g/l	Calculated
RDW		15.7	11.5 - 14.0 %	Calculated
Platelet count		160	150 - 450 10 ³ /cumm	Impedance
WBC Count		4800	4000 - 11000 cells/cumm	Impedance

DIFFERENTIAL COUNT

Neutrophils		51.4	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		43.5	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		1.6	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes		3.4	2 - 10 %	Flow Cytometry/Light microscopy
Basophils		0.1	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count		2467.2	2000 - 7000 /cumm	Calculated



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Parameter	Specimen	Results	Biological Reference	Method
Absolute Lymphocyte Count		2088	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		76.8	20 - 500 /cumm	Calculated
Absolute Monocyte Count		163.2	200 - 1000 /cumm	Calculated
Absolute Basophil Count		4.8	0 - 100 /cumm	Calculated
PERIPHERAL SMEAR				
RBC		Normochromic		
Anisocytosis		Normocytic		
WBC		Anisocytosis		
Platelets		+(Few)		
ESR		As Above		
		Adequate		
		02	0 - 15 mm/hr	Automated
				Westergren's Method

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100245

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

Patient Name : Mr. CHETAN DIWATE	Age / Gender : 33 Y(s)/Male
Bill No/ UMR No : BIL2324032140/UMR2324016164	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 16-Aug-23 08:47 am	Report Date : 16-Aug-23 11:13 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	86	< 100 mg/dl	GOD/POD, Colorimetric
Post Prandial Plasma Glucose		85	< 140 mg/dl	GOD/POD, Colorimetric
GLYCOSYLATED HAEMOGLOBIN (HBA1C)				
HbA1c		5.0	Non-Diabetic : <= 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %	HPLC

*** End Of Report ***

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 CIN: U74999MH2018PTC303510



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DEPARTMENT OF BIOCHEMISTRY

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LIPID PROFILE

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Total Cholesterol	Serum	134 < 200 mg/dl	Enzymatic(CHE/CHO/PO D)
Triglycerides		64 < 150 mg/dl	Enzymatic (Lipase/GK/GPO/POD)
HDL Cholesterol Direct		38 > 40 mg/dl	Phosphotungstic acid/mgcl-Enzymatic (microslide)
LDL Cholesterol Direct		90.35 < 100 mg/dl	Enzymatic
VLDL Cholesterol		13 < 30 mg/dl	Calculated
Tot Chol/HDL Ratio		4 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	<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 >190, optional at 160-189	<160

*** End Of Report ***

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Bill No/ UMR No : BIL2324032140/UMR2324016164	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 16-Aug-23 11:49 am	Report Date : 16-Aug-23 01:22 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	
URINE SUGAR			
Urine Glucose		Negative	
THYROID PROFILE			
T3		1.30	0.55 - 1.70 ng/ml Enhanced chemiluminescence
Free T4		1.01	0.80 - 1.70 ng/dl Enhanced Chemiluminescence
TSH		1.90	0.50 - 4.80 uIU/ml Enhanced chemiluminescence

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CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

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<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
RFT				
Blood Urea	Serum	16	19.0 - 43.0 mg/dl	Urease with indicator dye
Creatinine		0.9	0.66 - 1.25 mg/dl	Enzymatic (creatinine amidohydrolase)
GFR		115.7		Calculation by CKD-EPI 2021
Sodium		140	136 - 145 mmol/L	Direct ion selective electrode
Potassium		4.21	3.5 - 5.1 mmol/L	Direct ion selective electrode
LIVER FUNCTION TEST(LFT)				
Total Bilirubin		1.47	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Direct Bilirubin		0.33	0.1 - 0.3 mg/dl	Calculated
Indirect Bilirubin		1.14	0.1 - 1.1 mg/dl	Duel wavelength spectrophotometric
Alkaline Phosphatase		67	38 - 126 U/L	pNPP/AMP buffer
SGPT/ALT		21	10 - 40 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		25	15 - 40 U/L	Kinetic with pyridoxal 5 phosphate
Serum Total Protein		7.26	6.3 - 8.2 gm/dl	Biuret (Alkaline cupric sulphate)
Albumin Serum		4.47	3.5 - 5.0 gm/dl	Bromocresol green Dye
Globulin		2.80	2.0 - 4.0 gm/	Binding
A/G Ratio		1.6		Calculated

*** End Of Report ***

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CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name : Mr. CHETAN DIWATE	Age / Gender : 33 Y(s)/Male
Bill No/ UMR No : BIL2324032140/UMR2324016164	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 16-Aug-23 10:00 am	Report Date : 16-Aug-23 11:15 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
URINE MICROSCOPY			
<u>PHYSICAL EXAMINATION</u>			
Volume	Urine	20 ml	
Colour.		Pale yellow	
Appearance		Clear	Clear
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Urine	6.0	4.6 - 8.0
Specific gravity		1.005	1.005 - 1.025
Urine Protein		Negative	Negative
Sugar		Negative	Negative
Bilirubin		Negative	Negative
Ketone Bodies		Negative	Negative
Nitrate		Negative	Negative
Urobilinogen		Normal	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	Absent
Crystals		Absent	Absent
<u>USF(URINE SUGAR FASTING)</u>			
Urine Glucose	Urine	Negative	GOD/POD

*** End Of Report ***

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**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF IMMUNO HAEMATOLOGY**

Patient Name : Mr. CHETAN DIWATE	Age / Gender : 33 Y(s)/Male
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BLOOD GROUPING AND RH

Parameter
BLOOD GROUP.

Specimen **Results**
EDTA Whole " B "
Blood &
Plasma/
Serum

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	CHE TAN DIWATE	STUDY DATE	16-08-2023 10:16:55
AGE/ SEX	33Y10M1D / M	HOSPITAL NO.	UMR2324016164
ACCESSION NO.	BIL2324032140-9	MODALITY	DX
REPORTED ON	16-08-2023 11:42	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]

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Phone: +91 0712 6789100

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 :	CHETAN DIWATE	DATE: 16/08/2023
AGE/SEX:	33YRS/M	REG NO : UMR6164
REFERRED BY:	DR. VIMMI GOEL	

USG WHOLE ABDOMEN

LIVER is normal in size shape and 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 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.

There is no free fluid or abdominal lymphadenopathy seen.

IMPRESSION:

No significant visceral abnormality seen

Suggest clinical correlation / further evaluation



Dr.R.R. KHANDELWAL
SENIOR CONSULTANT
MD RADIO DIAGNOSIS [MMC-55870]

33 Years

MR CHETAN DIWATE
Male

16-Aug-23 11:44:06 AM
KIMS-KINGSWAY HOSPITALS
PHC DEPT.

Rate 62 . Sinus rhythm normal P axis, V-rate 50- 99
PR 122 . ST elev, probable normal early repol pattern ST elevation, age<55
QRS 98 . Baseline wander in lead(s) V1

QT 376
QTc 382

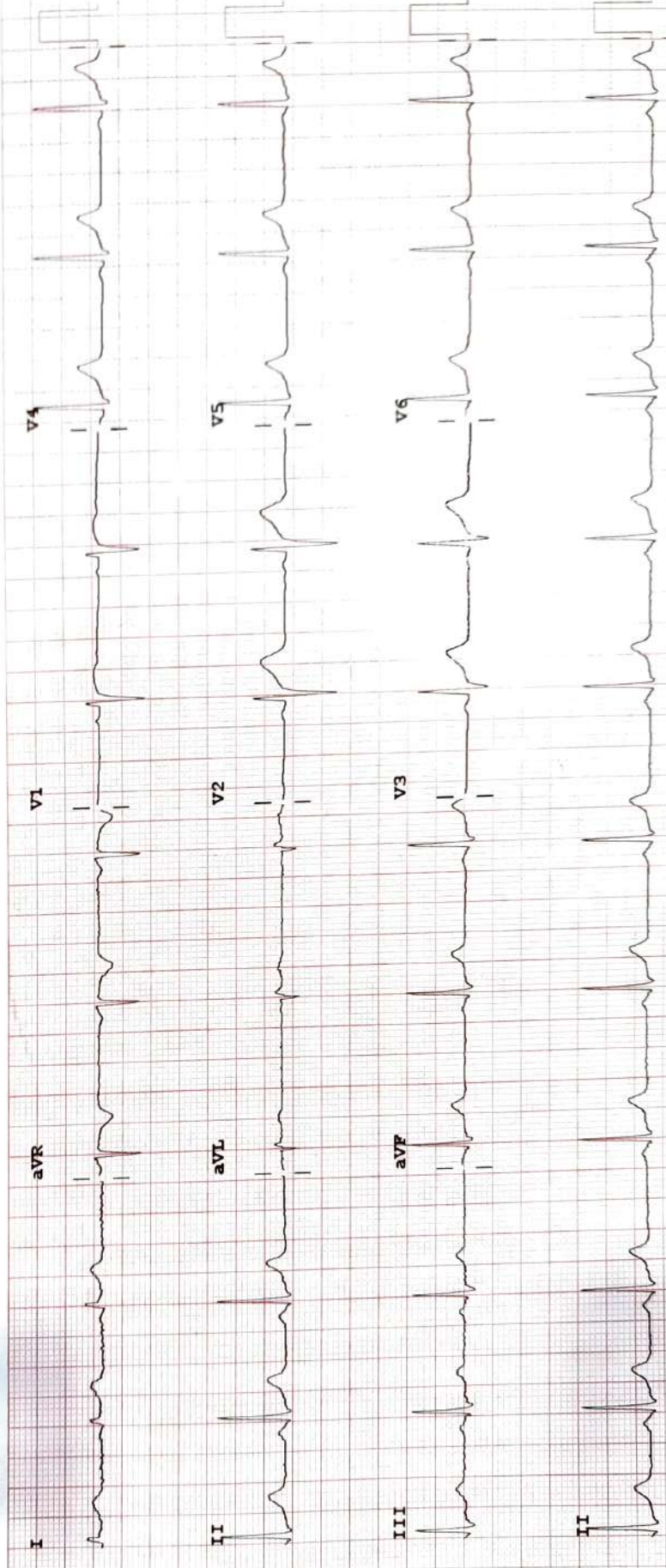
--AXIS--

P 60
QRS 59
T 48

12 Lead; Standard Placement

- 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?