

Medi-wound

R/O → NAGPUR
Dr. Vimmi Goel
Head - Non Invasive Cardiology
Incharge - Preventive Health Care
MBBS, MD (Internal Medicine)
Reg. No: MMC-2014/01/0113
Date: 27/10/22

Name: Mr. Rakosh Mundle
Age: 35 Sex: M/F Weight: 77.3 kg Height: 176.6 in BMI: 24.9
BP: 130/70 mmHg Pulse: 60 bpm RBS: _____ mg/dl
SpO₂ = 98%

35/M
No addictions.
Non HT
Non DM
H/O dyslipidemia, LMC varicose veins.
(no HT now)

C/E

Jup^o


Char
In
PIA / N

Varicose veins + R > L

Adv.

To see Dr. Sushil Laliga
for varicose veins

LMW → wired


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



UHID	KH52000	Order Date & time	27-10-2022
Patient Name	Mr Rakesh Vijay Mundle	Sample Collection Date	27-10-2022 10:30 AM
Age/Gender	35 Y, 1 M, 2 D/Male	Acknowledge Date	27-10-2022 11:03 AM
Patient Type	OP	Visit No	OP-108317
Ordering Doctor		Refer By	Dr Vimmi Goel
Order Id	ODRID-265378	Accession Number	0143660

Haematology

Service Name	Result	Unit	Reference Range	Method
Haemogram (CBC with ESR), Whole Blood				
Erythrocytes				
* Haemoglobin	14.8	gm/dl	13-17	Photometric Measurement
* RBC count	5.22	millions/cumm	4.5-5.5	Photometric Measurement
* Packed Cell Volume (PCV/HCT)	43.8	%	40-50	Calculated
* MCV	84	fl	83-101	Calculated
* MCH	28.3	pg	27-32	Calculated
* MCHC	33.8	gm/dl	31.5-34.5	Calculated
* RDW	15.1 H	%	11.5-14.0	Calculated
Leucocytes				
* TLC (Total Leukocyte Count)	4600	/cumm	4000-10000	Flow cytometry
* Neutrophils	45.8 L	%	50-70	
* Lymphocytes	48.0 H	%	25-30	
* Eosinophils	3.7	%	1-5	
* Monocytes	2.4 L	%	5-10	
* Basophils	0.1 L	%	1-2	
* Absolute Neutrophil Count	2106.80	/cumm	2000-7000	Calculated
* Absolute Lymphocyte Count	2208.00	/cumm	1000-4800	Calculated
* Absolute Eosinophil Count	170.20	/Cumm	20-500	Calculated
* Absolute Monocyte Count	110.40 L	/cumm	200-1000	Calculated
* Absolute Basophil Count	4.60 L	/cumm	20-100	Calculated
Platelets				
* Platelet Count	315	10 ³ /cumm	150-450	Impedance
* MPV	9.1	fl	6.0-9.5	Calculated
* PCT (Platelet Hematocrit)	0.29	%	0.2-0.5	
* PDW (Platelet Distribution Width)	14.80	%	9-17	
Peripheral Smear Examination				
RBC Morphology				
* Normochromic Normocytic	+			
* WBCs	As Above			
* Platelets	Adequate			
* ESR (Westergren)	02	mm/hr	<15	Westergren
* Blood Grouping & RH Factor, Whole Blood & Serum	"B" Rh POSITIVE			Column agglutination test
* HbA1c (Glycosylated Haemoglobin), Blood	5.4	%	Non-Diabetic: <=5.6 % Pre-Diabetic: 5.7-6.4 % Diabetic >=6.5 %	HPLC

Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
Fasting Blood Sugar, Plasma	93.0	mg/dL	<100	GOD/POD, Colorimetric
* Post Prandial Blood Sugar, Plasma	94.0	mg%	<140	GOD/POD, Colorimetric

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Service Name	Result	Unit	Reference Range	Method
Lipid Profile, Serum				
Cholesterol	142.00	mg/dL	<200 Normal Less than 150 mg/dl Borderline High 150 - 199 mg/dl High 200 - 499 mg/dl Very High More than 499 mg/dl	Enzymatic Method
Triglyceride	72.0	mg/dL	Major risk factor for Heart disease <40 mg/dl (Males) Major risk factor for Heart disease <50 mg/dl (Female) Negative risk factor for Heart disease >60 mg/dl	Enzymatic(Lipase/GK /GPO/POD)
HDL Cholesterol Direct	49.0	mg/dL	Optimal <100 mg/dl Near optimal 100 - 129 mg/dl Borderline high 130 - 159 mg/dl High 60 - 189 mg/dl Very High >190 mg/dl	Phosphotungstic acid /mgcl-Enzymatic (microslide)
LDL Cholesterol (Direct)	80.1	mg/dL		Enzymatic
VLDL	14.00	mg/dL	<30	Calculated
Cholesterol/HDL Ratio	3.00		3-5	Calculated
Non HDL	93.00	mg/dL		Calculated
Kidney Function Test (KFT), Serum				
Blood Urea	9.00 L	mg/dL	19-43	Urease with indicator dye
Creatinine	0.55 L	mg/dL	0.66-1.25	Enzymatic (creatinine amidohydrolase)
eGFR	135.00	mL/min/1.73m ²		Calculated
Sodium	140	mmol/L	136-145	Direct ion selective electrode
Potassium	5.11 H	mmol/L	3.5-5.1	Direct ion selective electrode
BUN (Blood Urea Nitrogen), Serum	4.2 L	mg/dL	9-20	Urease with indicator dye
Liver Function test, Serum				
Total Bilirubin	0.62	mg/dL	0.2-1.3	Azobilirubin /Dyphylline
Bilirubin Direct	0.11	mg/dL	0.1-0.3	Calculated
Bilirubin Indirect	0.51	mg/dL	0.1-1.1	Dual wavelength Spectrophotometric
SGOT (AST)	44 H	U/L	15-40	Kinetic with pyridoxal 5 phosphate
SGPT (ALT)	67 H	U/L	10-40	Kinetic with pyridoxal 5 phosphate

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Service Name	Result	Unit	Reference Range	Method
Alkaline Phosphatase	72.00	U/L	38-126	Pnpp/AMP buffer
Total Protein	6.99	gm/dl	6.3-8.2	Biuret(Alkaline cupric Sulfate)
Albumin	4.35	gm/dl	3.5-5.0	Bromocresol green dye binding
Globulin	2.64	gm/dl	2-4	Calculated
Albumin/Globulin Ratio	1.65			Calculated
Gamma GT (GGT), Serum	28.0	U/L	15-73	Kinetic Method

Interpretation:

:A high fat meal may cause decreased bilirubin levels by interfering with the clinical reactions.

GT activity is elevated in all forms of liver disease. This test is much more sensitive than either the alkaline phosphatase test or the transaminase test (i.e., SGOT, SGPT) in detecting obstructive jaundice, cholangitis, and cholecystitis. It is also indicated in the differential diagnosis of liver disease in children and pregnant women who have elevated levels of LDH and alkaline phosphatase.

* Uric Acid, Serum	5.82	mg/dL	3.5-7.2	Uricase/Peroxidase (Colorimetric)
Thyroid Function Test (T3,FT4,TSH), Serum				
* T3	1.34	ng/mL	0.55-1.7	Enhanced chemiluminescence
* Free T4	1.38	ng/dL	0.8-1.7	Enhanced chemiluminescence
* Thyroid Stimulating Hormone (TSH)	0.93	uIU/mL	0.5-4.8	Enhanced chemiluminescence

Microbiology

Service Name	Result	Unit	Reference Range	Method
Stool Routine And Microscopy, Stool				
Physical Examination				
* Colour	Brown			
* Consistency	Semi-Solid			
* Mucus	Absent			
* Blood	Absent			
* Worm (Adult/Segment)	Absent			
Chemical Examination				
* Reaction	Alkaline			
Microscopic Examination				
* Red Blood Cell	Absent	/ hpf		
* Pus Cells	Absent	/ hpf		
* Epithelial Cell	Absent			
* Fat Globules	Absent			
* Vegetable Matter	Absent			
* Cyst	Absent			
* Ova	Absent			
* Flagellates	Absent			
* Trophozoites	Absent			
* Other				

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Service Name	Result	Unit	Reference Range	Method
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Interpretation: :The presence of intestinal protozoa (trichozoites or cysts) or helminth eggs can be observed directly with a light microscope, and it indicates parasite infection of intestinal tract. Presence of leukocytes in stool is suggestive of Infection &/or Inflammation.
 Presence of RBCs in stool is suggestive of bleeding in lower Intestinal tract.

Clinical Pathology

Service Name	Result	Unit	Reference Range	Method
Urine Routine and Microscopy, Urine				
Physical Examination				
Volume	30 ml			
Appearance	Clear			
Colour	Pale Yellow			
PH	6.5	NA	4.6-8.0	
Specific Gravity	1.010 L	NA	1.016-1.022	Iodometric method
Chemical Examination				
Protein	Negative	mg/dL		
Glucose	Negative			
Ketone	Negative			
Bilirubin	Negative			
Urobilinogen	Normal			
Nitrate	Negative			
Microscopic Examination				
Pus Cells	0-1	/ hpf		
Epithelial Cells	0-1	/ hpf		
Red Blood Cells	Absent	/ hpf		
Crystal	Absent			
Cast	Absent	/hpf		
Bacteria	Absent			
Other	.			
Urine Sugar Fasting, Urine	Negative			GOD/POD
Urine Post Prandial Sugar, Urine	Negative			GOD/POD



Dr Gauri Hardas
 Consultant Pathologist
 2011/06/1806



UHID	KH52000	Patient Name	Mr Rakesh Vijay Mundle
Age	35 Y,1 M,2 D	Gender	Male
Payer Name	Self	Payer Type	cash
Order Date & time	27-10-2022 12:00 AM	Acknowledge Date	27-10-2022 12:02 PM
Refer By	Dr Vimmi Goel	Accession Number	OPRDAC-20634
DOB	25/09/1987	Patient Type	OP
Order Id	ODRID-265378		

USG Whole Abdomen

LIVER is normal in size (14 cm), 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.

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

SPLEEN is normal in size (9.5 cm), shape and echotexture. No focal lesion seen.

Right kidney measures - 11.0 x 5.0 cm. Left kidney measures - 11.0 x 5.1 cm
Both KIDNEYS 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 (volume = 22 cc) and echotexture.

There is no free fluid or abdominal lymphadenopathy seen.

**IMPRESSION: USG reveals,
No significant visceral abnormality seen.**



Dr Asawari S Lautre
Consultant Radiologist
MBBS,MD (Radio-Diag)

UHID	KH52000	Patient Name	Mr Rakesh Vijay Mundle
Age	35 Y,1 M,2 D	Gender	Male
Payer Name	Self	Payer Type	cash
Order Date & time	27-10-2022 12:00 AM	Acknowledge Date	27-10-2022 11:10 AM
Refer By	Dr Vimmi Goel	Accession Number	OPRDAC-20619
DOB	25/09/1987	Patient Type	OP
Order Id	ODRID-265378		

X-Ray Chest AP

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 Aswari S Laute
Consultant Radiologist
MBBS,MD (Radio-Diag)

2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

Patient Name : Mr. Rakesh Vijay Mundle
Age : 35 years / Male
UHID : KH52000
Date : 27/10/2022
Done by : 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 65%
Normal LV diastolic function
E/A is 2.7
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 65%. Normal LV diastolic function. E Velocity is 105 cm/s, A Velocity is 40 cm/s. E/A is 2.7. Valves are normal. No Pulmonary Hypertension. IVC normal in size and collapsing well with respiration. Pericardium is normal. No clots or pericardial effusion seen.

M Mode echocardiography and dimension:

	Normal range (mm)		Observed (mm)
	(adults)	(children)	
Left atrium	19-40	7-37	35
Aortic root	20-37	7-28	32
LVIDd	35-55	8-47	41
LVIDs	23-39	6-28	29
IVS (d)	6-11	4-8	10
LVPW (d)	6-11	4-8	10
LVEF %	~ 60%	~60%	65%
Fractional Shortening			35%


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

P.T.O



KH 52000
35 Years

MR. RAKESH MUNDLE
Male

27-Oct-22 1:03:57 PM
KIMS-KINGSWAY HOSPITALS

PHC DEPT.

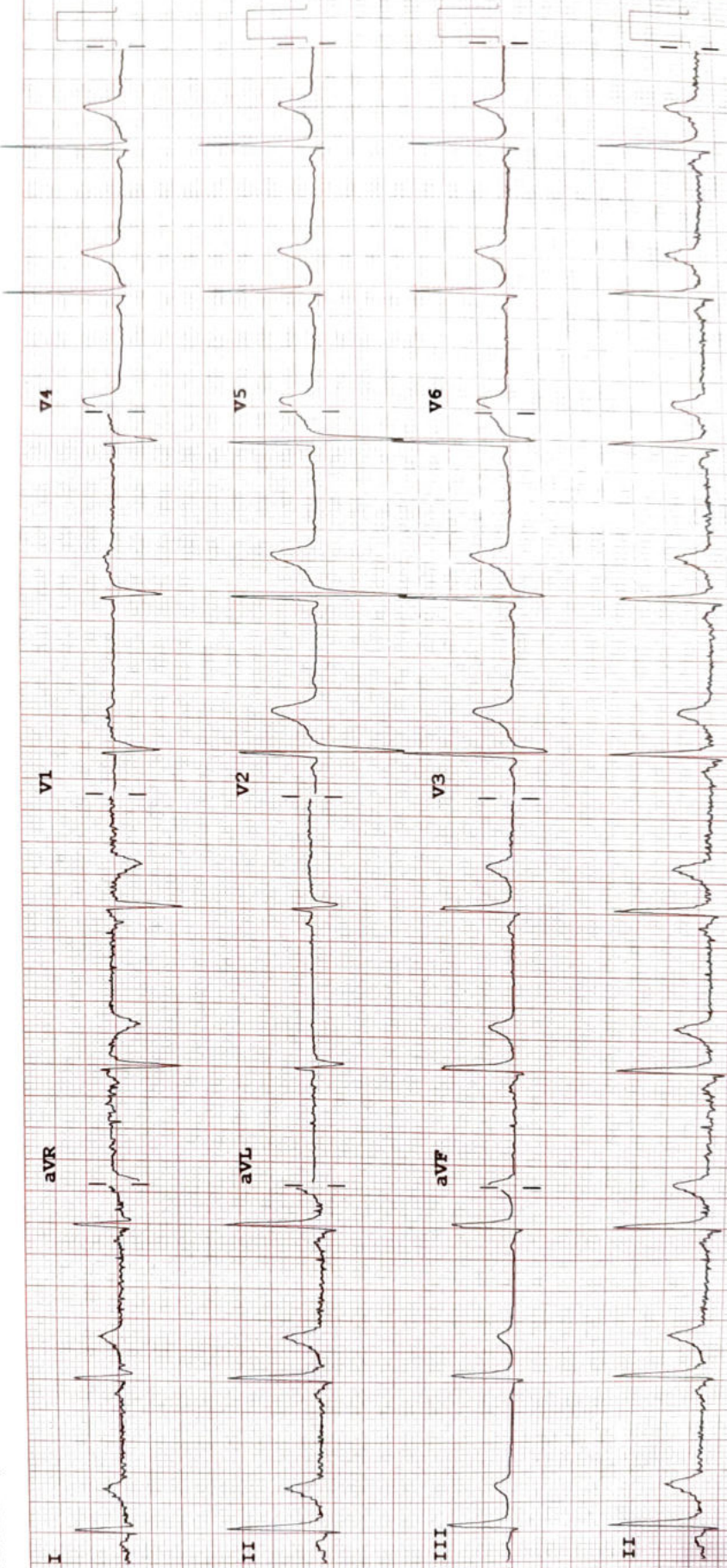
Rate 60 . Sinus rhythm. normal P axis, V-rate 50- 99
. ST elev, probable normal early repol pattern. ST elevation, age<55

PR 125
QRS 101
QT 399
QTc 399

--AXIS--
P 45
QRS 70
T 58
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?

