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

KIMS-KINGSWAY HOSPITALS

Name : Mr. Bandu Pawnikar Date : 05/07/23

Age : 59Y Sex : M/F Weight : 75.9 kg Height : 159.8 inc BMI : 29.7

BP : 130/88 mmHg Pulse : 69 bpm RBS : mg/dl

SPo2 - 98%.

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

KIMS-KINGSWAY HOSPITALS

Name : Mr. Bandu Paunikar Date : 05/07/23

Age : 59 yrs Sex : M/F Weight : ____ kg Height : ____ inc BMI : ____

BP : ____ mmHg Pulse : ____ bpm RBS : ____ mg/dl

Routine Dental Checkup

PMH - NRH

PDH - H/o prosthesis c $\frac{76543|34567}{}$

O/E -

- Food lodgement c $\frac{\overset{\downarrow}{76}|\overset{\downarrow}{67}}{\underset{\uparrow}{87}|\underset{\uparrow}{78}}$ region.
- Abrasion c $\frac{654}{}|\frac{}{6}$
- Gen. attrition
- Midline diastema c $\frac{}{\overset{\downarrow}{1}|1}$

Advise - OPG
505 - FMR.

℞

① ~~Toothbrush~~ & Interdental Proxa brush (N5) — ①

Dr. Tidnyasa

KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name	: Mr. BANDU POUNIKAR	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: BIL2324021434/UMR2324010869	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 05-Jul-23 08:50 am	**Report Date**	: 05-Jul-23 10:56 am

HAEMOGRAM

Parameter	Specimen	Results	Biological Reference	Method
Haemoglobin	Blood	15.6	13.0 - 17.0 gm%	Photometric
Haematocrit(PCV)		45.7	40.0 - 50.0 %	Calculated
RBC Count		**6.31**	4.5 - 5.5 Millions/cumm	Photometric
Mean Cell Volume (MCV)		**72**	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		**24.8**	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		34.2	31.5 - 35.0 g/l	Calculated
RDW		**17.5**	11.5 - 14.0 %	Calculated
Platelet count		202	150 - 450 10^3/cumm	Impedance
WBC Count		4800	4000 - 11000 cells/cumm	Impedance
DIFFERENTIAL COUNT				
Neutrophils		**45.2**	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		**44.0**	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		5.4	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

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CIN: U74999MH2018PTC303510

KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name	: Mr. BANDU POUNIKAR	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: BIL2324021434/UMR2324010869	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 05-Jul-23 08:50 am	**Report Date**	: 05-Jul-23 10:56 am

Parameter	Specimen	Results	Biological Reference	Method
Absolute Neutrophil Count		2169.6	2000 - 7000 /cumm	Calculated
Absolute Lymphocyte Count		2112	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		259.2	20 - 500 /cumm	Calculated
Absolute Monocyte Count		259.2	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		
E S R		02	0 - 20 mm/hr	Automated Westergren's Method

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100131

Test results related only to the item tested.

Dr. VAIDEHEE NAIK, MBBS,MD

CONSULTANT PATHOLOGIST

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KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. BANDU POUNIKAR	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: BIL2324021434/UMR2324010869	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 05-Jul-23 08:48 am	**Report Date**	: 05-Jul-23 10:56 am

Parameter	Specimen	Results	Biological Reference	Method
Fasting Plasma Glucose	Plasma	**101**	< 100 mg/dl	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.

Dr. VAIDEHEE NAIK, MBBS,MD

CONSULTANT PATHOLOGIST

KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. BANDU POUNIKAR	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: BIL2324021434/UMR2324010869	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 05-Jul-23 08:49 am	**Report Date**	: 05-Jul-23 01:46 pm

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

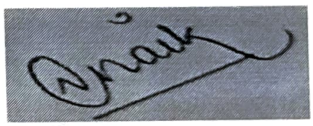
Parameter	Specimen	Results	Biological Reference	Method
HbA1c	Blood	**6.4**	Non-Diabetic : <= 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %	HPLC

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100245

Test results related only to the item tested.



Dr. VAIDEHEE NAIK, MBBS,MD

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CIN: U74999MH2018PTC303510

KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. BANDU POUNIKAR	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: BIL2324021434/UMR2324010869	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 05-Jul-23 08:50 am	**Report Date**	: 05-Jul-23 10:56 am

Parameter	Specimen	Results		Method
LIPID PROFILE				
Total Cholesterol	Serum	168	< 200 mg/dl	Enzymatic(CHE/CHO/POD)
Triglycerides		137	< 150 mg/dl	Enzymatic (Lipase/GK/GPO/POD)
HDL Cholesterol Direct		**36**	> 40 mg/dl	Phosphotungstic acid/mgcl-Enzymatic (microslide)
LDL Cholesterol Direct		**110.31**	< 100 mg/dl	Enzymatic
VLDL Cholesterol		27	< 30 mg/dl	Calculated
Tot Chol/HDL Ratio		5	3 - 5	Calculation
LIVER FUNCTION TEST(LFT)				
Total Bilirubin		0.42	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Direct Bilirubin		0.30	0.1 - 0.3 mg/dl	Calculated
Indirect Bilirubin		0.12	0.1 - 1.1 mg/dl	Duel wavelength spectrophotometric
Alkaline Phosphatase		59	38 - 126 U/L	pNPP/AMP buffer
SGPT/ALT		35	10 - 40 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		32	15 - 40 U/L	Kinetic with pyridoxal 5 phosphate
Serum Total Protein		7.83	6.3 - 8.2 gm/dl	Biuret (Alkaline cupric sulphate)
Albumin Serum		4.51	3.5 - 5.0 gm/dl	Bromocresol green Dye Binding
Globulin		3.32	2.0 - 4.0 gm/	Calculated
A/G Ratio		1.4		

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

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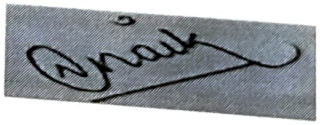

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KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. BANDU POUNIKAR	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: BIL2324021435/UMR2324010869	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 05-Jul-23 08:47 am	**Report Date**	: 05-Jul-23 11:02 am

Parameter	Specimen	Results	Biological Reference	Method
PSA (Total)	Serum	0.501	< 4 ng/ml	Enhanced chemiluminenscence

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

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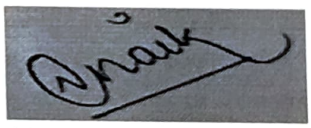

Dr. VAIDEHEE NAIK, MBBS,MD

CONSULTANT PATHOLOGIST

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KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. BANDU POUNIKAR	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: BIL2324021434/UMR2324010869	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 05-Jul-23 08:50 am	**Report Date**	: 05-Jul-23 10:56 am

Parameter	Specimen	Result Values	Biological Reference	Method
RFT				
Blood Urea	Serum	28	19.0 - 43.0 mg/dl	Urease with indicator dye
Creatinine		**1.3**	0.66 - 1.25 mg/dl	Enzymatic (creatinine amidohydrolase)
GFR		63.3		Calculation by CKD-EPI 2021
Sodium		141	136 - 145 mmol/L	Direct ion selective electrode
Potassium		**5.31**	3.5 - 5.1 mmol/L	Direct ion selective electrode
THYROID PROFILE				
T3		1.33	0.55 - 1.70 ng/ml	Enhanced chemiluminescence
Free T4		1.29	0.80 - 1.70 ng/dl	Enhanced Chemiluminescence
TSH		2.30	0.50 - 4.80 uIU/ml	Enhanced chemiluminescence

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100026

Test results related only to the item tested.

Dr. VAIDEHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST

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CIN: U74999MH2018PTC303510

KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name	: Mr. BANDU POUNIKAR	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: BIL2324021434/UMR2324010869	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 05-Jul-23 11:34 am	**Report Date**	: 05-Jul-23 01:25 pm

Parameter	Specimen	Results		Method
URINE MICROSCOPY				
PHYSICAL EXAMINATION				
Volume	Urine	30 ml		
Colour.		Pale yellow		
Appearance		Clear		
CHEMICAL EXAMINATION				
Reaction (pH)	Urine	5	4.6 - 8.0	Indicators
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	0-1	0 - 4 /hpf	Manual
R.B.C.		Absent	0 - 4 /hpf	Manual
Pus Cells		0-1	0 - 4 /hpf	Manual
Casts		Absent		Manual
Crystals		Absent		Manual
USF(URINE SUGAR FASTING)				
Urine Glucose	Urine	Negative		GOD/POD

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100354

Test results related only to the item tested.

Dr. VAIDEHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST

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CIN: U74999MH2018PTC303510

KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name	: Mr. BANDU POUNIKAR	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: BIL2324021434/UMR2324010869	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 05-Jul-23 10:31 am	**Report Date**	: 05-Jul-23 12:37 pm

STOOL ROUTINE EXAMINATION

Parameter	Specimen	Results	Normal Ranges	Method
PHYSICAL EXAMINATION				
Colour.	Stool	Brownish		
Consistency		Semi solid	Formed	Manual
Mucus		Absent	Absent	Manual
Blood (Gross)		Absent		Manual
CHEMICAL EXAMINATION				
Reaction. (pH)		Alkaline	Variable	Manual
Parasite/ part		Absent	Absent	Manual
MICROSCOPIC EXAMINATION				
Leucocytes (Pus cells)		Absent		Microscopy
Erythrocytes (RBC)		Absent	0 - 3 /hpf	Manual
Epithelial Cells		Absent	0 - 4 /hpf	Manual
Fat globules		Absent	Absent	Light microscopy
Vegatable fiber		Present	Absent	Light microscopy
Cysts		Absent	Absent	Microscopy
Ova		Absent	Absent	Microscopy
Others		Nil		

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KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

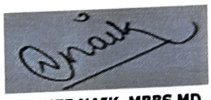
Patient Name	: Mr. BANDU POUNIKAR	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: BIL2324021434/UMR2324010869	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 05-Jul-23 10:31 am	**Report Date**	: 05-Jul-23 12:37 pm

Parameter	Specimen	Results	Normal Ranges	Method
NOTE		Interpretation : The presence of intestinal protozoa (trophozoites 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. *** End Of Report ***		

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100415

Test results related only to the item tested.



Dr. VAIDEHEE NAIK, MBBS,MD

CONSULTANT PATHOLOGIST

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Phone: +91 0712 6789100
CIN: U74999MH2018PTC303510

KIMS-KINGSWAY HOSPITALS

CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name	: Mr. BANDU POUNIKAR	**Age /Gender**	: 59 Y(s)/Male
Bill No/ UMR No	: BIL2324021434/UMR2324010869	**Referred By**	: Dr. Vimmi Goel MBBS,MD
Received Dt	: 05-Jul-23 08:50 am	**Report Date**	: 05-Jul-23 12:47 pm

BLOOD GROUPING AND RH

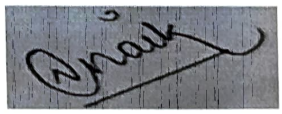
Parameter	Specimen	Results	
BLOOD GROUP.	EDTA Whole Blood & Plasma/ Serum	" A "	Gel Card Method
Rh (D) Typing.		" Negative "(-Ve)	
Note		Advise: Du Test to rule out 'weak Rh D positive' status of Blood Group.	

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100245

Test results related only to the item tested.



Dr. VAIDEHEE NAIK, MBBS,MD

CONSULTANT PATHOLOGIST

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CIN: U74999MH2018PTC303510

KIMS-KINGSWAY HOSPITALS

NAME OF PATIENT	MR. BANDU POUNIKAR	AGE & SEX	59 YRS/M
UMR NO	2324010869	BILL NO	2324021434
REF BY	DR. VIMMI GOEL	DATE	05/07/2023

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. POOJA CHANDAK
MBBS, DMRD, FMF (UK)
Consultant Radiologist &
Fetal Medicine Specialist
MMC 2016030471

KIMS-KINGSWAY HOSPITALS

NAME OF PATIENT	MR. BANDU POUNIKAR	AGE & SEX	59 YRS/M
UMR NO	2324010869	BILL NO	2324021434
REF BY	DR. VIMMI GOEL	DATE	05/07/2023

USG ABDOMEN AND PELVIS

LIVER is normal in size (12.7 cm) and **show raised echogenicity**. 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 shows fatty echogenicity.

SPLEEN is normal in size (9.7 cm), shape and echotexture. No focal lesion seen.

Right kidney measures 9.3 x 3.7 cm. Left kidney measures 9.8 x 3.8 cm.
Both KIDNEYS are normal in shape, size and echotexture.
Simple cortical cyst measuring 2.2 x 1.6 cm is seen in lower pole of left kidney.
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, shape and echotexture (volume – 22.7 cc).

There is no free fluid or abdominal lymphadenopathy seen.

IMPRESSION: USG reveals,

- **Grade I fatty liver.**
- **Left renal simple cortical cyst.**

Dr. Pooja Chandak
MBBS, DMRD, FMF (UK)
Consultant Radiologist &
Fetal Medicine Specialist

Kingsway Hospitals
44 Kingsway, Mohan Nagar,
Near Kasturchand Park, Nagpur

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Mr. Bandu , Paunikar
Patient ID: 010869
Height:
Weight:
Study Date: 05.07.2023
Test Type: Treadmill Stress Test
Protocol: BRUCE

DOB: 23.09.1963
Age: 59yrs
Gender: Male
Race: Indian
Referring Physician: Mediwheel HCU
Attending Physician: Dr. Vimmi Goel
Technician: --

Medications:
--

Medical History:
NIL

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:05	0.00	0.00	82	120/80	
	HYPERV.	00:01	0.00	0.00	82		
	WARM-UP	00:05	0.00	0.00	83		
EXERCISE	STAGE 1	03:00	1.70	10.00	134	120/80	
	STAGE 2	03:00	2.50	12.00	150	140/80	
	STAGE 3	02:57	3.40	14.00	173	160/80	
RECOVERY		01:00	0.00	0.00	151	170/80	
		02:00	0.00	0.00	126	150/80	
		02:00	0.00	0.00	120	140/80	
		00:35	0.00	0.00			

The patient exercised according to the BRUCE for 8:56 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 81 bpm rose to a maximal heart rate of 173 bpm. This value represents 107 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg , rose to a maximum blood pressure of 170/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

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: none.
Overall impression: Normal stress test.

Conclusions:
TMT is negative for inducible ischemia.

Dr. VIMMI GOEL
MBBS, MD
Sr. Consultant-Non Invasive Cardiology
Reg.No.: 2014/01/0133

004

MR BANDU POUNIKAR
Male
59 Years

05-Jul-23 8:49:25 AM
KIMS~KINGSWAY HOSPITALS
PHC DEPT.

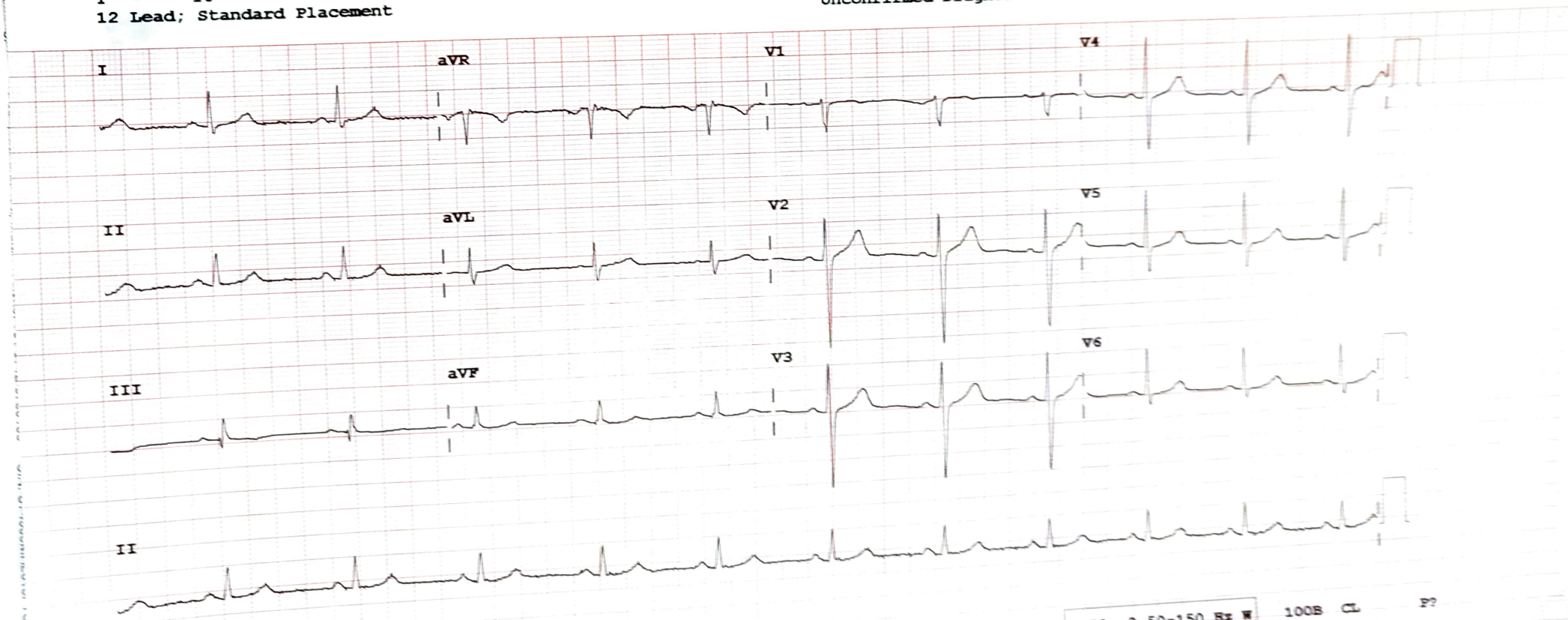
Rate 68 . Sinus rhythm.....normal P axis, V-rate 50- 99

PR 149
QRSD 91
QT 396
QTc 422

--AXIS--
P 50
QRS 50
T 16
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?