

Dr. Vimmi Goel

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

Preventive Health Check up
KIMS Kingsway Hospitals
Nagpur
Phone No.: 7499913052

 **KIMS-KINGSWAY**
HOSPITALS

Name: Mr. Kapil Dhok Date: 23/9/24

Age: 38 Sex: M Weight: 84.9 kg Height: 165.0 inc BMI: 31.2

BP: 117/79 mmHg Pulse: 74/m bpm RBS: _____ mg/dl

SpO2: 97%

Name: Mr Kapur Dhok Date: 23/09/24

Age: 38 yrs Sex: M/F Weight: _____ kg Height: _____ inc BMI: _____

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

PMH - Nil

MC H/O Ret + cap i 7T

Amalgam restorations

Retainer with upper arch.

As Ss sealing.

Vishu

DEPARTMENT OF OPHTHALMOLOGY
OUT PATIENT ASSESSMENT RECORD

KAPIL DHOK 38Y(S) 11M(S) 17D(S)M UMR2324017652 9131240601	CONSULT DATE : 23-09-2024 CONSULT ID : OPC2425070547 CONSULT TYPE : WALK IN VISIT TYPE : NORMAL TRANSACTION TYPE : CASH	DR. ASHISH PRAKASHCHANDRA KAMBLE MBBS,MS, FVRS,FICO CONSULTANT DEPT OPHTHALMOLOGY
---	--	---

VITALS

Temp : Pulse : BP (mmHg) : spO2 : Pain Score : Height :
-- °F -- /min -- %RA -- /10 -- cms

Weight : BMI :
-- kgs --

CHIEF COMPLAINTS

ROUTINE CHECK UP

MEDICATION PRESCRIBED

#	Medicine	Route	Dose	Frequency	When	Duration
1	LUBIMOIST EYE DROPS 10ML	Eye	1-1-1-1	Every Day	NA	2 months
Instructions : --						
Composition : SODIUM HYALURONATE 0.1% W/V						

NOTES

GLASS PRESCRIPTION :-
DISTANCE VISION

EYE	SPH	CYL	AXIS	VISION
-----	-----	-----	------	--------

RIGHT EYE	00	-0.50	60	6/6
-----------	----	-------	----	-----

LEFT EYE	00	-0.50	150	6/6
----------	----	-------	-----	-----

NEAR ADDITION

RIGHT EYE		00		N6
-----------	--	----	--	----

LEFT EYE		00		N6
----------	--	----	--	----

REMARK-



Dr. Ashish Prakashchandra Kamble
MBBS,MS, FVRS,FICO
Consultant

Printed On :23-09-2024 16:38:09



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. KAPIL DHOK	Age / Gender : 38 Y(s)/Male
Bill No/ UMR No : BIL2425049838/UMR2324017652	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 23-Sep-24 11:24 am	Report Date : 23-Sep-24 02:31 pm

HAEMOGRAM

Parameter	Specimen	Results	Biological Reference	Method
Haemoglobin	Blood	14.5	13.0 - 17.0 gm%	Photometric
Haematocrit(PCV)		44.9	40.0 - 50.0 %	Calculated
RBC Count		6.01	4.5 - 5.5 Millions/cumm	Photometric
Mean Cell Volume (MCV)		75	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		24.1	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		32.3	31.5 - 35.0 g/l	Calculated
RDW		14.7	11.5 - 14.0 %	Calculated
Platelet count		251	150 - 450 10 ³ /cumm	Impedance
WBC Count		4500	4000 - 11000 cells/cumm	Impedance

DIFFERENTIAL COUNT

Neutrophils	42.2	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes	46.2	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils	4.8	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes	6.8	2 - 10 %	Flow Cytometry/Light microscopy
Basophils	0.0	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count	1899	2000 - 7000 /cumm	Calculated



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. KAPIL DHOK
Age / Gender : 38 Y(s)/Male
Bill No/ UMR No : BIL2425049838/UMR2324017652
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 23-Sep-24 11:24 am
Report Date : 23-Sep-24 02:31 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Absolute Lymphocyte Count		2079	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		216	20 - 500 /cumm	Calculated
Absolute Monocyte Count		306	200 - 1000 /cumm	Calculated
Absolute Basophil Count		0	0 - 100 /cumm	Calculated
PERIPHERAL SMEAR				
RBC		Microcytosis +(Few), Hypochromia +(Few), Anisocytosis +(Few)		Light microscopy
WBC		As above		
Platelets		Adequate		
ESR		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.

No part of the report can be reproduced without written permission of the laboratory.

Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY**

Patient Name : Mr. KAPIL DHOK	Age / Gender : 38 Y(s)/Male
Bill No/ UMR No : BIL2425049838/UMR2324017652	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 23-Sep-24 11:23 am	Report Date : 23-Sep-24 01:29 pm

Parameter	Specimen	Results	Biological Reference	Method
Fasting Plasma Glucose	Plasma	112	< 100 mg/dl	GOD/POD,Colorimetric.
GLYCOSYLATED HAEMOGLOBIN (HBA1C)				
HbA1c		6.7	Non-Diabetic : <= 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %	HPLC

COMMENT

In view of S -window of 34.8% in HbA1c graph.Advised HPLC to rule out hemoglobinopathy.
*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100245

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.

Jaiswal

Dr. PURVA JAISWAL, MBBS,MD,DNB

CONSULTANT PATHOLOGIST

SPANV Medisearch Lifesciences Private Limited

44, Parwana Bhawan, Kingsway, Nagpur - 440 001, Maharashtra, India.

Phone: +91 0712 6789100

CIN: U74999MH2018PTC303510



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. KAPIL DHOK	Age / Gender : 38 Y(s)/Male
Bill No/ UMR No : BIL2425049838/UMR2324017652	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 23-Sep-24 11:24 am	Report Date : 23-Sep-24 01:29 pm

LIPID PROFILE

Parameter	Specimen	Results	Method
Total Cholesterol	Serum	133	Enzymatic(CHE/CHO/PO D)
Triglycerides		69	
HDL Cholesterol Direct		47	
LDL Cholesterol Direct		84.67	
VLDL Cholesterol		14	
Tot Chol/HDL Ratio		3	

Intiate therapeutic		Consider Drug therapy	LDC-C
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	10 yrs risk <10% >160	<160

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100026

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.

Jaiswal

Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. KAPIL DHOK
Age / Gender : 38 Y(s)/Male
Bill No/ UMR No : BIL2425049838/UMR2324017652
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 23-Sep-24 11:24 am
Report Date : 23-Sep-24 01:29 pm

LIVER FUNCTION TEST(LFT)

Parameter	Specimen	Results	Biological Reference	Method
Total Bilirubin	Serum	0.98	0.2 - 1.3 mg/dl	
Direct Bilirubin		0.30	0.1 - 0.3 mg/dl	
Indirect Bilirubin		0.68	0.1 - 1.1 mg/dl	
Alkaline Phosphatase		70	38 - 126 U/L	
SGPT/ALT		64	10 - 40 U/L	
SGOT/AST		36	15 - 40 U/L	
Serum Total Protein		6.42	6.3 - 8.2 gm/dl	
Albumin Serum		4.03	3.5 - 5.0 gm/dl	
Globulin		2.38	2.0 - 4.0 gm/dl	Bromocresol green Dye Binding
A/G Ratio		1.7		

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100026

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.

Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. KAPIL DHOK
Age / Gender : 38 Y(s)/Male
Bill No/ UMR No : BIL2425049838/UMR2324017652
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 23-Sep-24 11:24 am
Report Date : 23-Sep-24 01:29 pm

RFT

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
Blood Urea	Serum	25	19.0 - 43.0 mg/dl	
Creatinine		0.9	0.66 - 1.25 mg/dl	
GFR		112.1	>90 mL/min/1.73m square.	
Sodium		137	136 - 145 mmol/L	
Potassium		4.23	3.5 - 5.1 mmol/L	Direct ion selective electrode

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100026

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.

Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY**

Patient Name : Mr. KAPIL DHOK	Age / Gender : 38 Y(s)/Male
Bill No/ UMR No : BIL2425049838/UMR2324017652	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 23-Sep-24 11:24 am	Report Date : 23-Sep-24 01:29 pm

RFT

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
Blood Urea	Serum	25	19.0 - 43.0 mg/dl	Direct ion selective electrode
Creatinine		0.9	0.66 - 1.25 mg/dl	
GFR		112.1	>90 mL/min/1.73m square.	
Sodium		137	136 - 145 mmol/L	
Potassium		4.23	3.5 - 5.1 mmol/L	

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100026

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.

**Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST**



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. KAPIL DHOK
Age / Gender : 38 Y(s)/Male
Bill No/ UMR No : BIL2425049838/UMR2324017652
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 23-Sep-24 11:24 am
Report Date : 23-Sep-24 01:29 pm

RFT

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
Blood Urea	Serum	25	19.0 - 43.0 mg/dl	Direct ion selective electrode
Creatinine		0.9	0.66 - 1.25 mg/dl	
GFR		112.1	>90 mL/min/1.73m square.	
Sodium		137	136 - 145 mmol/L	
Potassium		4.23	3.5 - 5.1 mmol/L	

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100026

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.

Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. KAPIL DHOK
Age / Gender : 38 Y(s)/Male
Bill No/ UMR No : BIL2425049838/UMR2324017652
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 23-Sep-24 11:24 am
Report Date : 23-Sep-24 01:29 pm

THYROID PROFILE

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
T3	Serum	1.45	0.55 - 1.70 ng/ml	Enhanced chemiluminescence
Free T4		1.16	0.80 - 1.70 ng/dl	
TSH		1.63	0.50 - 4.80 uIU/ml	

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100026

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.

Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. KAPIL DHOK	Age / Gender : 38 Y(s)/Male
Bill No/ UMR No : BIL2425049838/UMR2324017652	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 23-Sep-24 12:18 pm	Report Date : 23-Sep-24 02:53 pm

URINE MICROSCOPY

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
<u>PHYSICAL EXAMINATION</u>				
Volume	Urine	10 ml		
Colour.		Pale yellow		
Appearance		Clear	Clear	
<u>CHEMICAL EXAMINATION</u>				
Specific gravity		1.020	1.005 - 1.025	ion concentration
Reaction (pH)		5.0	4.6 - 8.0	Indicators
Nitrate		Negative	Negative	
Urine Protein		Negative	Negative	protein error of pH indicator
Sugar		Negative	Negative	GOD/POD
Ketone Bodies		Negative	Negative	Legal's est Principle
Urobilinogen		Normal	Normal	Ehrlich's Reaction
Bilirubin		Negative	Negative	Diazonium
<u>MICROSCOPIC EXAMINATION</u>				
Pus Cells		0-1	0 - 4 /hpf	
R.B.C.		Absent	0 - 4 /hpf	
Epithelial Cells		0-1	0 - 4 /hpf	
Casts		Absent	Absent	



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. KAPIL DHOK	Age / Gender : 38 Y(s)/Male
Bill No/ UMR No : BIL2425049838/UMR2324017652	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 23-Sep-24 12:18 pm	Report Date : 23-Sep-24 02:53 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference Method</u>
Crystals		Absent	
*** End Of Report ***			

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11101075

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.

Page 2 of 2

Dr. Anuradha Deshmukh, MBBS,MD

CONSULTANT MICROBIOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name : Mr. KAPIL DHOK	Age /Gender : 38 Y(s)/Male
Bill No/ UMR No : BIL2425049838/UMR2324017652	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 23-Sep-24 11:24 am	Report Date : 23-Sep-24 03:15 pm

BLOOD GROUPING AND RH

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

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100245

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.

Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST

DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

NAME	KAPIL DHOK	STUDY DATE	23-09-2024 12:36:47
AGE/SEX	38Y 11M 19D / M	HOSPITAL NO.	UMR2324017652
ACCESSION NO.	BH2425049838-9	MODALITY	DX
REPORTED ON	23-09-2024 13:56	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. Poonam Chiddarwar
BBS, MD

PATIENT NAME:	MR. KAPIL DHOK	AGE /SEX:	38 YRS/MALE
UMR NO:	2324017652	BILL NO:	2425049838
REF BY	DR. VIMMI GOEL	DATE:	/09/2024

USG WHOLE ABDOMEN

LIVER is mildly enlarged in size (15.2 cm) and shows raised parenchymal echogenicity.
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 minimally distended. No sludge or calculus seen.

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

SPLEEN is normal in size, shape and echoexture. No focal lesion seen.

Both KIDNEYS are normal in shape, size and shows normal parenchymal echogenicity.
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.

There is no free fluid or abdominal lymphadenopathy seen.

IMPRESSION:

- Mild hepatomegaly with grade II fatty infiltration.
- No other significant visceral abnormality seen.

Suggest clinical correlation.



DR. POONAM CHIDDARWAR
MBBS, MD
CONSULTANT RADIOLOGIST

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

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Mr. Kapil, Dhok
Patient ID: 017652
Height:
Weight:
Study Date: 23.09.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

DOB: 06.10.1985
Age: 38yrs
Gender: Male
Race: Indian
Referring Physician: Medi wheel 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	00:16	0.00	0.00	83	120/70	
	HYPERV.	00:02	0.00	0.00	83		
	WARM-UP	00:18	1.00	0.00	88		
EXERCISE	STAGE 1	03:00	1.70	10.00	111	120/70	
	STAGE 2	03:00	2.50	12.00	137	120/70	
	STAGE 3	01:34	3.40	14.00	162		
RECOVERY		01:00	0.00	0.00	142	130/70	
		02:00	0.00	0.00	100	130/70	
		00:24	0.00	0.00	104		

The patient exercised according to the BRUCE for 7:33 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 85 bpm rose to a maximal heart rate of 162 bpm. This value represents 89 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/70 mmHg, rose to a maximum blood pressure of 130/70 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: Insignificant ST-T changes seen..

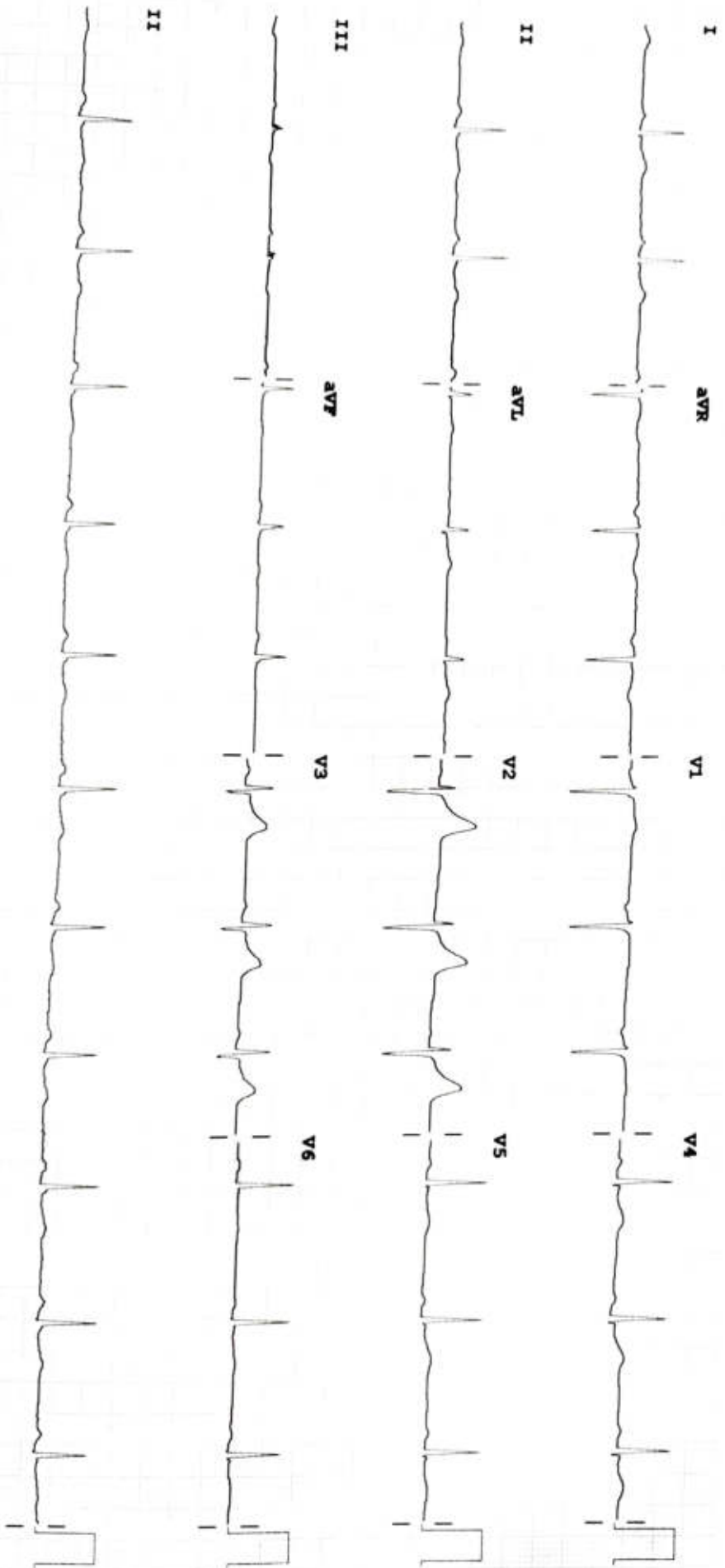
Overall impression: Normal stress test.

Conclusions:

TMT is negative for inducible ischemia.

Insignificant ST-T changes seen.


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



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

PHILIPS

F 50 ~ 0.50-150 Hz W

100B CL

P?



**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY**

Patient Name : Mr. KAPIL DHOK	Age /Gender : 38 Y(s)/Male
Bill No/ UMR No : BIL2425049838/UMR2324017652	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 23-Sep-24 03:24 pm	Report Date : 23-Sep-24 04:42 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Post Prandial Plasma Glucose	Plasma	132	< 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 : : 11100184

Test results related only to the item tested.

No part of the report can be reproduced without written permission of the laboratory.

**Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST**