

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



Name: Mr Anil Mandlaokar Date: 12/11/22  
Age: 42y Sex:  M /  F Weight: 67.9 kg Height: 163.7 inc BMI: 25.3  
BP: 110/70 mmHg Pulse: 60 bpm RBS: \_\_\_\_\_ mg/dl  
SpO2: 100%

# InBody

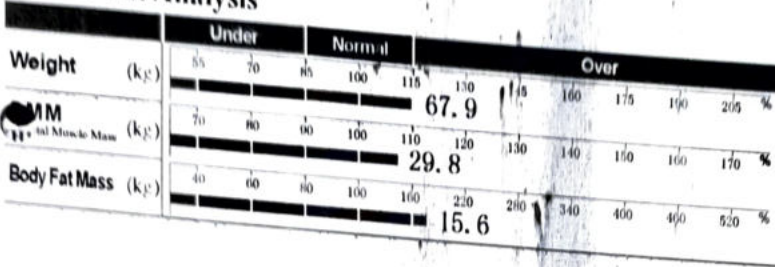
Kingsway Hospital

ID 124130	Height 163.7cm	Age 42	Gender Male	Test Date / Time 12.11.2022 11:16
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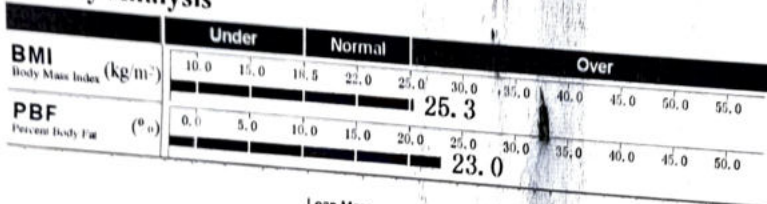
## Body Composition Analysis

Total amount of water in my body	<b>Total Body Water</b> (L)	38.5 (33.1~40.6)
What I need to build muscles	<b>Protein</b> (kg)	10.6 (8.9~10.9)
What I need for strong bones	<b>Mineral</b> (kg)	3.23 (3.07~3.76)
Where my excess energy is stored	<b>Body Fat Mass</b> (kg)	15.6 (7.1~14.2)
Sum of the above	<b>Weight</b> (kg)	67.9 (50.2~67.8)

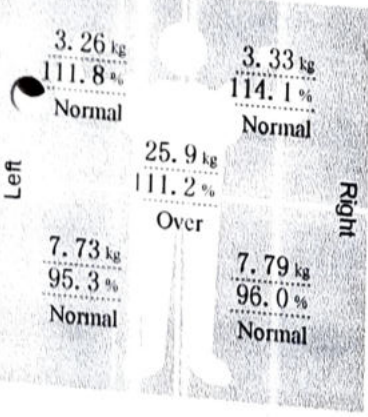
## Muscle-Fat Analysis



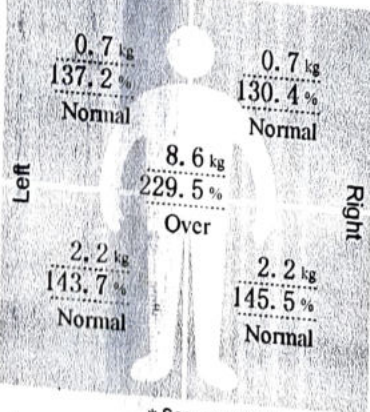
## Obesity Analysis



## Segmental Lean Analysis



## Segmental Fat Analysis



\* Segmental fat is estimated.

## Body Composition History

	12.11.22 11:16				
<b>Weight</b> (kg)	67.9				
<b>SMM</b> (kg)	29.8				
<b>PBF</b> (%)	23.0				
Recent <input checked="" type="checkbox"/> Total <input type="checkbox"/>					

## InBody Score

76/100 Points

\* Total score that reflects the evaluation of body composition. A muscular person may score over 100 points.

## Weight Control

Target Weight	61.5 kg
Weight Control	-6.4 kg
Fat Control	-6.4 kg
Muscle Control	0.0 kg

## Obesity Evaluation

BMI	<input type="checkbox"/> Normal	<input type="checkbox"/> Under	<input checked="" type="checkbox"/> Slightly Over	<input type="checkbox"/> Over
PBF	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Slightly Over	<input type="checkbox"/> Over	

## Waist-Hip Ratio

0.94 | 0.80 0.90

## Visceral Fat Level

Level 6 | Low 10 High

## Research Parameters

Fat Free Mass	52.3 kg
Basal Metabolic Rate	1500 kcal (1492~1741)
Obesity Degree	115% (90~110)
SMI	8.3 kg/m <sup>2</sup>
Recommended calorie intake	1941 kcal

## Calorie Expenditure of Exercise

Golf	120	Gateball	129
Walking	136	Yoga	136
Badminton	153	Table Tennis	153
Tennis	204	Bicycling	204
Boxing	204	Basketball	204
Mountain Climbing	221	Jumping Rope	238
Aerobics	238	Jogging	238
Soccer	238	Swimming	238
Japanese Fencing	340	Racketball	340
Squash	340	Taekwondo	340

\* Based on your current weight  
\* Based on 30 minute duration

## Impedance

	RA	LA	TR	RL	LL
Z <sub>(a)</sub> 20 kHz	272.0	277.8	27.7	277.1	279.1
100 kHz	234.2	240.4	23.5	238.3	242.0

Patient Name: Mr Anil Vitthalrao Mandaokar

U KH124136	Age Patient Type 42 Y / -	Gender Male	Admission No OPRI-69662
Speciality -	Registration No. -	Created By Ashish Kamble	

**RIGHT EYE**

<b>Sph</b> 00	<b>Cyl</b> 00	<b>Axis</b> 00	<b>Visual Acuity</b> 6/6
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**LEFT EYE**

<b>Sph</b> 00	<b>Cyl</b> 00	<b>Axis</b> 00	<b>Visual Acuity</b> 6/6
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**Near: Addition**

**RIGHT**

+1.00D, N6

Printed By

**LEFT**

+1.00D, N6

12-11-2022 02:13 PM

Print Date & Time



UHID	KH124136	Order Date & time	12-11-2022
Patient Name	Mr Anil Vitthalrao Mandaokar	Sample Collection Date	12-11-2022 09:53 AM
Age/Gender	42 Y/Male	Acknowledge Date	12-11-2022 10:19 AM
Patient Type	OP	Visit No	OP-113878
Ordering Doctor		Refer By	Dr Vimmi Goel
Order Id	ODRID-287459	Accession Number	0147559

### Haematology

Service Name	Result	Unit	Reference Range	Method
<b>Haemogram (CBC with ESR), Whole Blood</b>				
<b>Erythrocytes</b>				
* Haemoglobin	15.4	gm/dl		
* RBC count	5.63 H	millions/cumm	4.5-5.5	Photometric Measurement
* Packed Cell Volume (PCV/HCT)	47.6	%	40-50	Photometric Measurement
* MCV	85	fl	83-101	Calculated
* MCH	27.4	pg	27-32	Calculated
* MCHC	32.3	gm/dl	31.5-34.5	Calculated
* RDW	15.2 H	%	11.5-14.0	Calculated
<b>Leucocytes</b>				
* TLC (Total Leukocyte Count)	4500	/cumm	4000-10000	Flow cytometry
* Neutrophils	48.9 L	%	50-70	
* Lymphocytes	47.2 H	%	25-30	
* Eosinophils	1.8	%	1-5	
* Monocytes	2.1 L	%	5-10	
* Basophils	0.0 L	%	1-2	
* Large Immature Cells	0.0	%		
* Absolute Neutrophil Count	2200.50	/cumm	2000-7000	Calculated
* Absolute Lymphocyte Count	2124.00	/cumm	1000-4800	Calculated
* Absolute Eosinophil Count	81.00	/Cumm	20-500	Calculated
* Absolute Monocyte Count	94.50 L	/cumm	200-1000	Calculated
* Absolute Basophil Count	0.00 L	/cumm	20-100	Calculated
<b>Platelets</b>				
* Platelet Count	202	10 <sup>3</sup> /cumm	150-450	Impedance
* MPV	7.9	fl	6.0-9.5	Calculated
* PCT (Platelet Hematocrit)	0.16 L	%	0.2-0.5	
* PDW (Platelet Distribution Width)	12.80	%	9-17	
<b>Peripheral Smear Examination</b>				
<b>RBC Morphology</b>				
* Normochromic Normocytic	Seen.			
* Anisocytosis	+ (Few)			
* WBCs	As Above			
* Platelets	Adequate			
* ESR (Westergren)	05	mm/hr	<15	Westergren
* Blood Grouping & RH Factor, Whole Blood & Serum	"O" Rh POSITIVE			Column agglutination test
* HbA1c (Glycosylated Haemoglobin), Blood	5.5	%	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	100.0	mg/dL	<100	
* Post Prandial Blood Sugar, Plasma	82.0	mg%	<140	GOD/POD, Colorimetric GOD/POD, Colorimetric

UHID	KH124136	Order Date & time	12-11-2022
Patient Name	Mr Anil Vitthalrao Mandaokar	Sample Collection Date	12-11-2022 09:53 AM
Age/Gender	42 Y/Male	Acknowledge Date	12-11-2022 10:19 AM
Patient Type	OP	Visit No	OP-113878
Ordering Doctor		Refer By	Dr Vimmi Goel
Order Id	ODRID-287459	Accession Number	0147559

Service Name	Result	Unit	Reference Range	Method
<b>Lipid Profile, Serum</b>				
* Cholesterol	151.00	mg/dL	<200	Enzymatic Method
* Triglyceride	123.0	mg/dL	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(Lipase/GK/GPO/POD)
* HDL Cholesterol Direct	33.0 L	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	Phosphotungstic acid/mgcl-Enzymatic (microslide)
* LDL Cholesterol (Direct)	100.7 H	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	Enzymatic
* VLDL	25.00	mg/dL		
* Cholesterol/HDL Ratio	5.00		<30	Calculated
* Non HDL	118.00	mg/dL	3-5	Calculated
<b>Kidney Function Test (KFT), Serum</b>				
* Blood Urea	22.00	mg/dL		Calculated
* Creatinine	1.04	mg/dL	19-43	Urease with indicator dye
* eGFR	88.14	mg/dL	0.66-1.25	Enzymatic (creatinine amidohydrolase)
* Sodium	139	mL/min/1.73m <sup>2</sup>		Calculated
* Potassium	4.51	mmol/L	136-145	Calculated
BUN (Blood Urea Nitrogen), Serum	10.2	mmol/L	3.5-5.1	Direct ion selective electrode
<b>Liver Function test, Serum</b>				
* Total Bilirubin	0.59	mg/dL	9-20	Direct ion selective electrode
* Bilirubin Direct	0.20	mg/dL		Urease with indicator dye
* Bilirubin Indirect	0.39	mg/dL	0.1-1.1	Azobilirubin/Dyphylline
* SGOT (AST)	28	U/L	0.1-0.3	Calculated
* SGPT (ALT)	36	U/L	0.1-1.1	Dual wavelength Spectrophotometric
* Alkaline Phosphatase	70.00	U/L	15-40	Kinetic with pyridoxal 5 phosphate
* Total Protein	6.84	U/L	10-40	Kinetic with pyridoxal 5 phosphate
* Albumin	3.88	gm/dl	38-126	Pnpp/AMP buffer
* Globulin	2.96	gm/dl	6.3-8.2	Biuret(Alkaline cupric Sulfate)
* Albumin/Globulin Ratio	1.31	gm/dl	3.5-5.0	Bromocresol green dye binding
* Gamma GT (GGT), Serum	18.0	U/L	2-4	Calculated
			15-73	Calculated
				Kinetic Method

UHID	KH124136	Order Date & time	12-11-2022
Patient Name	Mr Anil Vitthalrao Mandaokar	Sample Collection Date	12-11-2022 09:53 AM
Age/Gender	42 Y/Male	Acknowledge Date	12-11-2022 10:19 AM
Patient Type	OP	Visit No	OP-113878
Ordering Doctor		Refer By	Dr Vimmi Goel
Order Id	ODRID-287459	Accession Number	0147559

Service Name	Result	Unit	Reference Range	Method
<b>Interpretation:</b>				
*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	5.49	mg/dL	3.5-7.2	Uricase/Peroxidase (Colorimetric)
<b>Thyroid Function Test (T3,FT4,TSH), Serum</b>				
* T3	1.52	ng/mL	0.55-1.7	Enhanced chemiluminescence
* Free T4	1.11	ng/dL	0.8-1.7	Enhanced chemiluminescence
* Thyroid Stimulating Hormone (TSH)	1.48	uIU/mL	0.5-4.8	Enhanced chemiluminescence
* Prostate Specific Antigen (PSA) Total, Serum	0.34	ng/mL	<4	Enhanced chemiluminescence

### Clinical Pathology

Service Name	Result	Unit	Reference Range	Method
<b>Urine Routine and Microscopy, Urine</b>				
<b>Physical Examination</b>				
* Volume	20 ml			
* Appearance	Clear			
* Colour	Yellow			
* PH	5.0	NA	4.6-8.0	
* Specific Gravity	1.015 L	NA	1.016-1.022	Iodometric method
<b>Chemical Examination</b>				
* Protein	Negative	mg/dL		
* Glucose	Negative			
* Ketone	Negative			
* Bilirubin	Negative			
* Urobilinogen	Normal			
* Nitrate	Negative			
<b>Microscopic Examination</b>				
* 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

Disclaimer: Only Starred Parameters are under the Scope of NABL



UHID	KH124136	Patient Name	Mr Anil Vitthalrao Mandaokar
Age	42 Y	Gender	Male
Payer Name	Self	Payer Type	cash
Order Date & time	12-11-2022 12:00 AM	Acknowledge Date	12-11-2022 11:49 AM
Refer By	Dr Vimmi Goel	Treating Doctor Speciality	Non Invasive Cardiology
Accession Number	OPRDAC-22302	DOB	
Patient Type	OP	Order Id	ODRID-287459

**X-Ray Chest PA**

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 Naveen Pugalia  
Consultant Radiologist  
MBBS,MD  
76125

UHID	KH124136	Patient Name	Mr Anil Vitthalrao Mandaokar
Age	42 Y	Gender	Male
Payer Name	Self	Payer Type	cash
Order Date & time	12-11-2022 12:00 AM	Acknowledge Date	12-11-2022 12:13 PM
Refer By	Dr Vimmi Goel	Treating Doctor Speciality	Non Invasive Cardiology
Accession Number	OPRDAC-22316	DOB	
Patient Type	OP	Order Id	ODRID-287459

### USG Whole Abdomen

LIVER is normal in size but shows increase in 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 shape, size and echotexture. No focal lesion seen.

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. Wt- 14.6 gms.

There is no free fluid or abdominal lymphadenopathy seen.

#### IMPRESSION:

Mild fatty infiltration in liver.

No other significant abnormality seen.

Suggest clinical correlation / further evaluation.



Dr Naveen Pugalia  
Consultant Radiologist  
MBBS,MD  
76125

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## 2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

Patient Name : Mr. Anil Vitthalrao Mandaokar  
 Age : 42 years / Male  
 UHID : KH124136  
 Date : 12/11/2022  
 Done by : Dr. Vimmi Goel  
 ECG : NSR, ST-T changes inferior leads

### **Impression:**

#### **Normal 2D Echocardiography Study**

Normal chambers dimensions  
 No RWMA of LV at rest  
 Good LV systolic function, LVEF 59%  
 Normal LV diastolic function  
 E/A is 1.7  
 Valves are normal  
 Trivial MR  
 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 59%. Normal LV diastolic function. E Velocity is 94 cm/s, A Velocity is 55 cm/s. E/A is 1.7. Valves are normal. Trivial MR. 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:

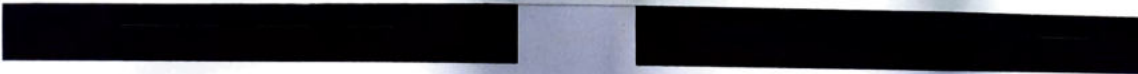
	Normal range (mm)		Observed (mm)
	(adults)	(children)	
Left atrium	19-40	7-37	29
Aortic root	20-37	7-28	22
LVIDd	35-55	8-47	42
LVIDs	23-39	6-28	29
IVS (d)	6-11	4-8	09
LVPW (d)	6-11	4-8	09
LVEF %	~ 60%	~60%	59%
Fractional Shortening			31%

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

P.T.O



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KH124136  
42 Years

MR. ANIL MANDAOKAR  
Male

12-Nov-22 10:58:37 AM  
KIMS-KINGSWAY HOSPITALS  
PHC DEPT.

- Rate 57 : Sinus rhythm.....normal P axis, V-rate 50- 99
- PR 155 : Abnormal R-wave progression, early transition.....QRS area>0 in V2
- QRS 99 : Probable left ventricular hypertrophy.....multiple LVH criteria
- QT 378 : Nonspecific T abnormalities, inferior leads.....T <-0.10mV, II III aVF
- QTc 368 : ST elevation, consider anterior injury.....ST >0.15mV, V1-V5
- : Artifact in lead(s) I,II,aVR,V2 and baseline wander in lead(s) V1,V2

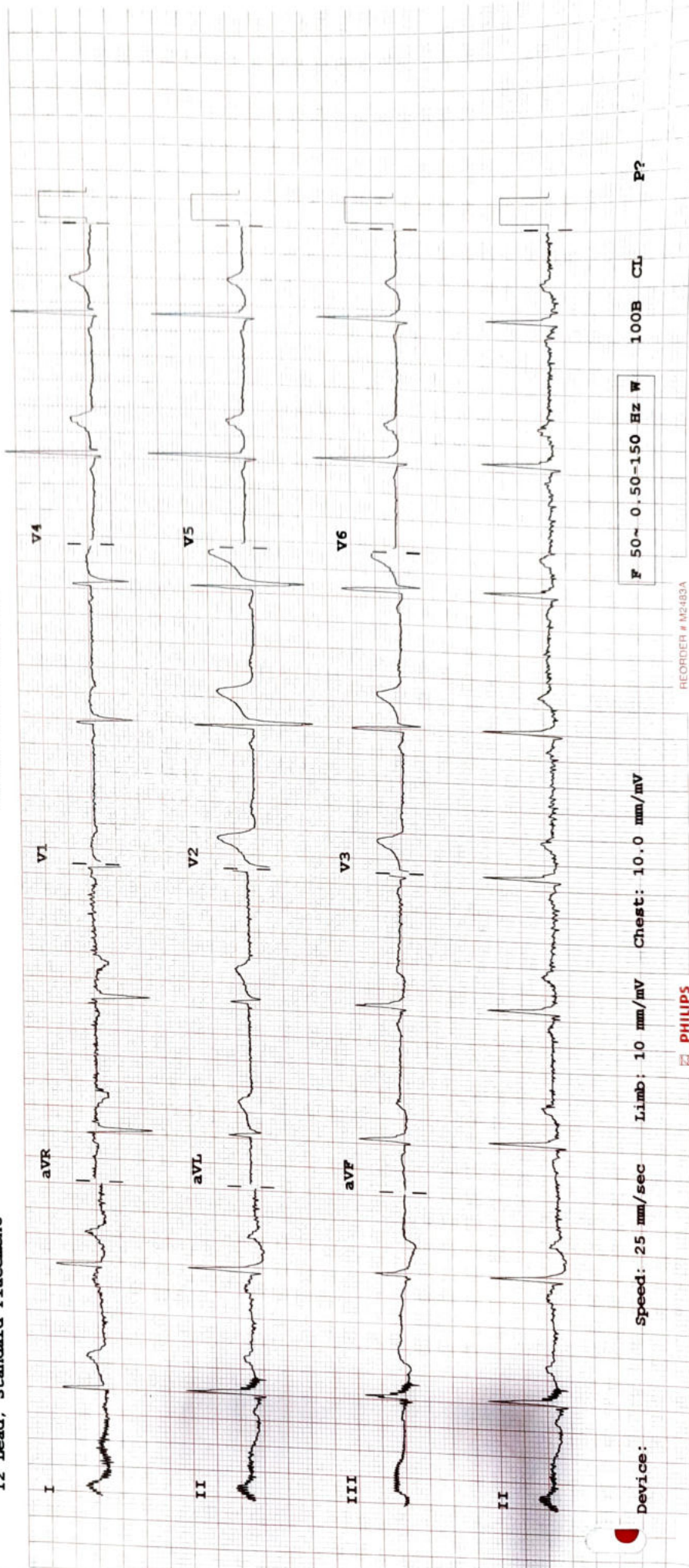
--AXIS--

P 51  
QRS 52  
T -4

12 Lead; Standard Placement

- ABNORMAL 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?