

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

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



Name: Mr. Yuvraj Modak Date: 07/1/24
Age: 35y Sex: M Weight: 90.1 kg Height: 173.5 Inc BMI: 29.9
BP: 130/90 mmHg Pulse: 93/m bpm RBS: _____ mg/dl
SpO2: 99 %



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. YUVRAJ MODAK	Age / Gender : 35 Y(s)/Male
Bill No/ UMR No : BIL2324072404/UMR2324035078	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 08:55 am	Report Date : 27-Jan-24 11:03 am

HAEMOGRAM

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Haemoglobin	Blood	16.3	13.0 - 17.0 gm%	Photometric
Haematocrit(PCV)		49.1	40.0 - 50.0 %	Calculated
RBC Count		5.84	4.5 - 5.5 Millions/cumm	Photometric
Mean Cell Volume (MCV)		84	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		28.0	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		33.3	31.5 - 35.0 g/l	Calculated
RDW		15.1		
Platelet count		331	11.5 - 14.0 %	Calculated
WBC Count		8400	150 - 450 10^3 /cumm	Impedance
<u>DIFFERENTIAL COUNT</u>				Impedance
Neutrophils		63.7	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		29.9	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		2.2	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes		4.2	2 - 10 %	Flow Cytometry/Light microscopy
Basophils		0.0	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count		5350.8	2000 - 7000 /cumm	Flow Cytometry/Light microscopy Calculated



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<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Absolute Lymphocyte Count		2511.6	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		184.8	20 - 500 /cumm	Calculated
Absolute Monocyte Count		352.8	200 - 1000 /cumm	Calculated
Absolute Basophil Count		0	0 - 100 /cumm	Calculated
<u>PERIPHERAL SMEAR</u>				
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. VAIDEHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. YUVRAJ MODAK	Age / Gender : 35 Y(s)/Male
Bill No/ UMR No : BIL2324072404/UMR232403507B	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 08:54 am	Report Date : 27-Jan-24 10:16 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	112	< 100 mg/dl	GOD/POD, Colorimetric
Post Prandial Plasma Glucose		134	< 140 mg/dl	GOD/POD, Colorimetric
GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
HbA1c		6.2	Non-Diabetic : <= 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %	HPLC

*** End Of Report ***

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CR: U/74999AM/2018PTC303510



**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY**

Patient Name : Mr. YUVRAJ MODAK	Age / Gender : 35 Y(s)/Male
Bill No/ UMR No : BIL2324072404/UMR2324035078	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 08:55 am	Report Date : 27-Jan-24 10:39 am

LIPID PROFILE

Parameter	Specimen	Results	Method
Total Cholesterol	Serum	182	Enzymatic(CHE/CHO/POD)
Triglycerides		142	Enzymatic (Lipase/GK/GPO/POD)
HDL Cholesterol Direct		37	Phosphotungstic acid/mgcl-Enzymatic (microslide)
LDL Cholesterol Direct		123.03	Enzymatic
VLDL Cholesterol		28	Calculated
Tot Chol/HDL Ratio		5	Calculation

Initiate therapeutic	Consider Drug therapy	LDC-C
CHD OR CHD risk equivalent	>130, optional at 100-129	<100
Multiple major risk factors conferring 10 yrs CHD risk >20%	10 yrs risk 10-20 % >130	<130
Two or more additional major risk factors, 10 yrs CHD risk <20%	10 yrs risk <10% >160	<160
No additional major risk or one additional major risk factor	>190, optional at 160-189	<160

*** End Of Report ***

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CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. YUVRAJ MODAK	Age / Gender : 35 Y(s)/Male
Bill No/ UMR No : BIL2324072404/UMR2324035078	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 08:55 am	Report Date : 27-Jan-24 10:39 am

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
RFT				
Blood Urea	Serum	20	19.0 - 43.0 mg/dl	Urease with indicator dye
Creatinine		0.64	0.66 - 1.25 mg/dl	Enzymatic (creatinine amidohydrolase)
GFR		126.6	>90 mL/min/1.73m square.	Calculation by CKD-EPI 2021
Sodium		141	136 - 145 mmol/L	Direct ion selective electrode
Potassium		4.42	3.5 - 5.1 mmol/L	Direct ion selective electrode
THYROID PROFILE				
T3		1.70	0.55 - 1.70 ng/ml	Enhanced chemiluminescence
Free T4		0.99	0.80 - 1.70 ng/dl	Enhanced Chemiluminescence
TSH		1.81	0.50 - 4.80 uIU/ml	Enhanced chemiluminescence

*** End Of Report ***

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CIN: U74999MH2018PTC303510



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. YUVRAJ MODAK
Age / Gender : 35 Y(s)/Male
Bill No/ UMR No : BIL2324072404/UMR2324035078
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 08:55 am
Report Date : 27-Jan-24 10:39 am

LIVER FUNCTION TEST(LFT)

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Total Bilirubin	Serum	0.47	0.2 - 1.3 mg/dl	
Direct Bilirubin		0.24	0.1 - 0.3 mg/dl	
Indirect Bilirubin		0.23	0.1 - 1.1 mg/dl	
Alkaline Phosphatase		95	38 - 126 U/L	pNPP/AMP buffer
SGPT/ALT		27	10 - 40 U/L	
SGOT/AST		21	15 - 40 U/L	
Serum Total Protein		7.85	6.3 - 8.2 gm/dl	
Albumin Serum		4.77	3.5 - 5.0 gm/dl	
Globulin		3.08	2.0 - 4.0 gm/dl	
A/G Ratio		1.55		

*** End Of Report ***

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CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name : Mr. YUVRAJ MODAK	Age / Gender : 35 Y(s)/Male
Bill No/ UMR No : BIL2324072404/UMR2324035078	Referred By : Dr. Vimmi Goel MBB5,MD
Received Dt : 27-Jan-24 09:20 am	Report Date : 27-Jan-24 11:24 am

Parameter	Specimen	Results	Method
URINE MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	Urine	20 ml	
Colour.		Pale yellow	
Appearance		Clear	Clear
CHEMICAL EXAMINATION			
Reaction (pH)	Urine	6.0	4.6 - 8.0
Specific gravity		1.010	1.005 - 1.025
Urine Protein		Negative	Negative
Sugar		Negative	Negative
Bilirubin		Negative	Negative
Ketone Bodies		Negative	Negative
Nitrate		Negative	Negative
Urobilinogen		Negative	Negative
MICROSCOPIC EXAMINATION			
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
USF(URINE SUGAR FASTING)			
Urine Glucose	Urine	Negative	

*** End Of Report ***

STRIP

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100909

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CIN: U74999MH2018PTC303510



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name : Mr. YUVRAJ MODAK	Age / Gender : 35 Y(s)/Male
Bill No/ UMR No : BIL2324072404/UMR2324035078	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 08:55 am	Report Date : 27-Jan-24 11:14 am

BLOOD GROUPING AND RH

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>
BLOOD GROUP.	EDTA Whole Blood & Plasma/ Serum	" O "

Gel Card Method

Rh (D) Typing.

* Positive *(+Ve)
*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

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Dr. VAIDEHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST

DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

NAME	YUVRAJ MODAK	STUDY DATE	27-01-2024 09:54:19
AGE/ SEX	35Y / M	HOSPITAL NO.	UMR2324035078
ACCESSION NO.	BH.2324072404-9	MODALITY	DX
REPORTED ON	27-01-2024 11:08	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]**

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:	MR. YUVRAJ MODAK	AGE /SEX:	35 YRS/MALE
UMR NO:	2324035078	BILL NO:	2324072404
REF BY	DR. VIMMI GOEL	DATE:	27/01/2024

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 sludge or calculus seen.
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.

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 abnormality seen.
Suggest clinical correlation / further evaluation.


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

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

Station
 Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Mr. Yuvraj, Modak
 Patient ID: 035078
 Height:
 Weight:
 Study Date: 27.01.2024
 Test Type: Treadmill Stress Test
 Protocol: BRUCE

DOB: 05.03.1988
 Age: 35yrs
 Gender: Male
 Race: Indian
 Referring Physician: Mediwheel HCU
 Attending Physician: Dr. Vimmi Goel
 Technician: --

Medications:

Medical History:

HTN

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	113	130/80	
	WARM-UP	00:05	0.60	0.00	114		
EXERCISE	STAGE 1	03:00	1.70	10.00	133	130/80	
	STAGE 2	03:00	2.50	12.00	151	140/90	
	STAGE 3	02:53	3.40	14.00	166	140/90	
RECOVERY		01:00	0.00	0.00	146		
		02:00	0.00	0.00	126	130/80	
		00:39	0.00	0.00	126	130/80	

The patient exercised according to the BRUCE for 8:53 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 115 bpm rose to a maximal heart rate of 166 bpm. This value represents 89% of the maximal, age-predicted heart rate. The resting blood pressure of 130/80 mmHg, rose to a maximum blood pressure of 140/90 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.: 2014/019113

35 Years

MR YUVRAJ MODAK
Male

27-Jan-24 9:08:17 AM
KIMS-KINGSWAY HOSPITALS
PBC DEPT.

Rate 90 Sinus rhythm.....normal P axis, V-rate 50-99
Baseline wander in lead(s) V1

PR 155
QRS 87
QT 349
QTc 427

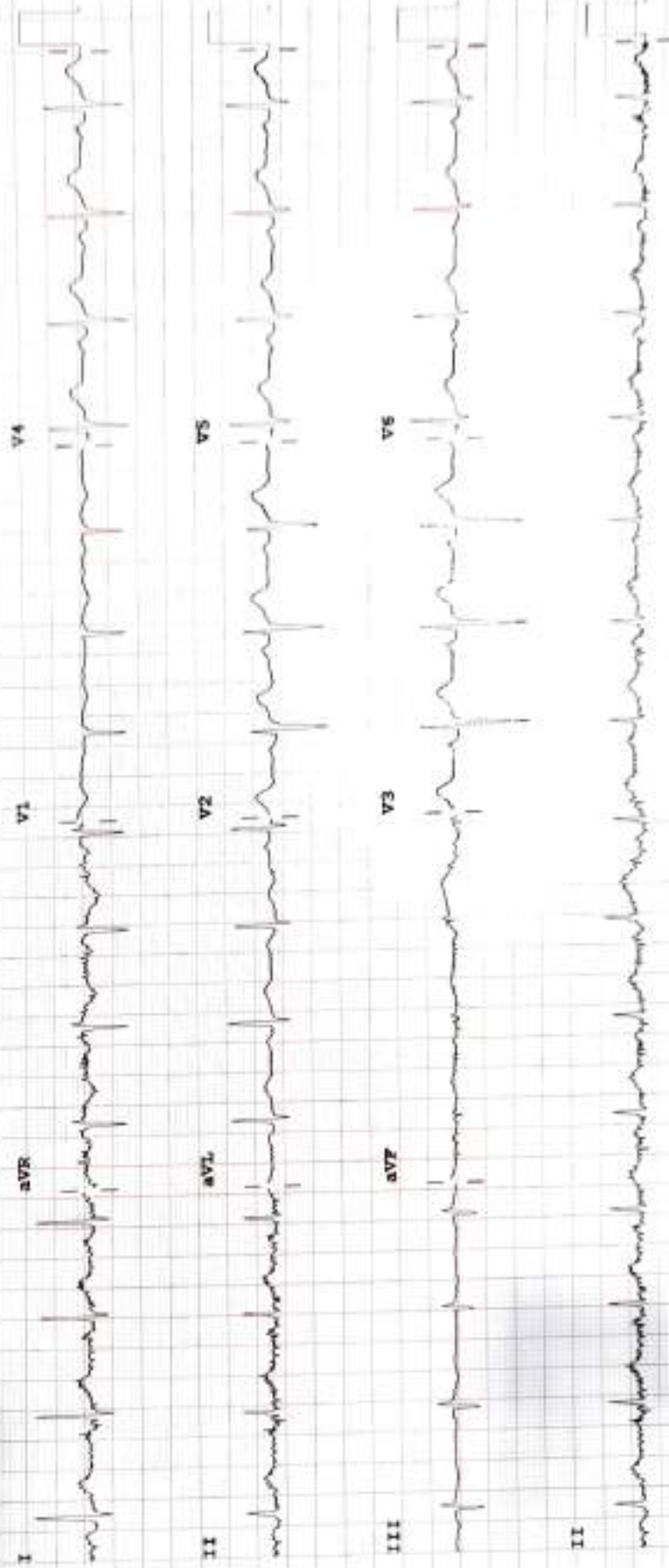
---AXIS---

P 13
QRS 9
T 20

12 Lead: Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

P 50- 0.50-150 Hz W

100B CL

F7