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	MS-KINGSWAY HOSPITALS
Name: Mr. Duue	sh Halvi	Date : 27 1 23
Age : Sex (M)F	Weight: 52.4 kg Height: 153.4 inc	вмі: <u>22.3</u>
BP : <u>213 108</u> m	mHg Pulse: <u>75/M</u> bpm SP02: 991	RBS :mg/dl

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DEPARTMENT OF PATHOLOGY

Patient Name	: Mr. DURGESH HALVI	Age /Gender	:55 Y(s)/Male
Bill No/ UMR No	DTI 222 (072 (07)		Dr. Vimmi Goel MBBS,MD
Received Dt			:27-Jan-24 11:03 am

HAEMOGRAM

6

•	Parameter Haemoglobin Haematocrit(PCV) RBC Count Mean Cell Volume (MCV) Mean Cell Haemoglobin (MCH) Mean Cell Haemoglobin Concentration (MCHC) RDW Platelet count WBC Count DIFFERENTIAL COUNT Neutrophils	Specimen Blood	Results 15.0 44.1 5.56 79 27.0 34.1 14.5 202 6400	Biological Reference 13.0 - 17.0 gm% 40.0 - 50.0 % 4.5 - 5.5 Millions/cumm 83 - 101 fl 27 - 32 pg 31.5 - 35.0 g/l 11.5 - 14.0 % 150 - 450 10^3/cumm 4000 - 11000 cells/cumm	Method Photometric Calculated Photometric Calculated Calculated Calculated Calculated Impedance Impedance
	Lymphocytes Eosinophils Monocytes Basophils Absolute Neutrophil Count		59.6 31.1 1.6 7.7 0.0 3814.4	50 - 70 % 20 - 40 % 1 - 6 % 2 - 10 % 0 - 1 % 2000 - 7000 /cumm	Flow Cytometry/Light microscopy Flow Cytometry/Light microscopy Flow Cytometry/Light microscopy Flow Cytometry/Light microscopy Flow Cytometry/Light microscopy Calculated

Page 1 of 2



DEPARTMENT OF PATHOLOGY

Patient Name : Mr. DURGES	HALVI	Age /Gender : 55 Y(s)	/Male
Bill No/ UMR No : BIL23240724	102/UMR2324035075	Referred By : Dr. Vin	nmi Goel MBBS,MD
Received Dt : 27-Jan-24 0	8:49 am	Report Date : 27-Jan	-24 11:03 am
Parameter Spe	ecimen <u>Results</u>	Biological Referen	nce Method
Absolute Lymphocyte Count	1990.4	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count	102.4	20 - 500 /cumm	Calculated
Absolute Monocyte Count	492.8	200 - 1000 /cumm	Calculated
Absolute Basophil Count	0	0 - 100 /cumm	Calculated
PERIPHERAL SMEAR			
Microcytosis	Microcytosis		
Anisocytosis	+(Few) Anisocytosis		
WBC	+(Few) As Above		
Platelets	Adequate		
ESR	12	0 - 20 mm/hr	Automated
Comment			Westergren's Method
	*** End Of R	eport ***	

Page 2 of 2

Suggested Clinical Correlation * If neccessary, Please

Verified By : : 11100245

Test results related only to the item tested.

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DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. DUF	RGESH HALVI		Age /Gender : 55 Y(s)/Male
Bill No/ UMR No	:BIL2324	4072402/UMR	23240350	75 Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt	: 27-Jan-24 08:48 am			Report Date :27-Jan-24 10:16 am
<u>Parameter</u>		<u>Specimen</u>	Result	Biological Reference Method
Fasting Plasma Gluco Post Prandial Plasma		Plasma	100 92	< 100 mg/dl GOD/POD,Colorimetric < 140 mg/dl GOD/POD, Colorimetric
GLYCOSYLATE	D HAEMO	OGLOBIN (H	IBA1C)	
HbA1c			5.4	Non-Diabetic : <= 5.6 % HPLC Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %
			*** End	Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss Verified By : : 11100245

Test results related only to the item tested.

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Phone: +91 0/12 6789100 CIN: U74999MH2018PTC303510



DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. DURGESH HALVI		Age /Gender :55 Y(s)/M	lale
Bill No/ UMR No	:BIL2324072402/UMF	2324035075	Referred By : Dr. Vimm	i Goel MBBS,MD
Received Dt	:27-Jan-24 08:49 am	ı	Report Date : 27-Jan-24	4 10:40 am
LIPID PROFI	LE			
<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>		Method
Total Cholesterol	Serum	239	< 200 mg/dl	
Triglycerides		679	< 150 mg/dl	Enzymatic
HDL Cholesterol Dir	HDL Cholesterol Direct		> 40 mg/dl	(Lipase/GK/GPO/POD)
LDL Cholesterol Dire	ect	81.11	< 100 mg/dl	
VLDL Cholesterol		136	< 30 mg/dl	Calculated
Tot Chol/HDL Ratio		11	3 - 5	
Intiate therapeut	tic		Consider Drug therapy	LDC-C
CHD OR CHD risk e		>100	>130, optional at 100-129	<100
Multiple major risk				100
10 yrs CHD risk>2				
Two or more additional major risk		>130	10 yrs risk 10-20 % >130	<130
factors,10 yrs CHD			10 yrs risk <10% >160	
No additional major	r risk or one	>160	>190,optional at 160-189	<160

*** End Of Report ***

>190,optional at 160-189

Suggested Clinical Correlation * If neccessary, Please discuss Verified By : : 11100511

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additional major risk factor

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<160

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DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. DURGESH HALVI		Age /Gender :55 Y(s)/	Male
Bill No/ UMR No	: BIL2324072402/UMR	2324035075	Referred By : Dr. Vimr	ni Goel MBBS,MD
Received Dt	:27-Jan-24 08:49 am		Report Date : 27-Jan-2	24 10:40 am
Parameter	<u>Specimen</u>	<u>Results</u>	Biological Reference	Method
THYROID PROF	ILE			
тз	Serum	1.52	0.55 - 1.70 ng/ml	Enhanced
Free T4		0.91	0.80 - 1.70 ng/dl	chemiluminescence Enhanced
TSH		5.01	0.50 - 4.80 uIU/ml	Chemiluminescence Enhanced
PSA (Total)		1.80	< 4 ng/ml	chemiluminescence Enhanced
		*** End Of Re	eport ***	chemiluminenscence

Suggested Clinical Correlation * If neccessary, Please Verified By : : 11100511

C

Test results related only to the item tested.

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DEPARTMENT OF BIOCHEMISTRY

Patient Name	: Mr. DURGESH HALVI		Age /Gender	:55 Y(s)/M	ale
Bill No/ UMR No	BIL2324072402/UMR2324035075				
Received Dt			-		i Goel MBBS,MD
			Report Date	:27-Jan-24	10:40 am
<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	Biological Re	ference	Method
RFT					
Blood Urea	Serum	22	19.0 - 43.0 mg,	/dl	Urease with indicator
Creatinine		0.83	0.66 - 1.25 mg	/dl	dye Enzymatic (creatinine
GFR		103.4	_		amidohydrolase)
Sodium			>90 mL/min/1.	/3m square.	Calculation by CKD-EPI 2021
Potassium		146	136 - 145 mma	-	Direct ion selective electrode
		4.41	3.5 - 5.1 mmol,	′L	Direct ion selective electrode
	ION TEST(LFT)				
Total Bilirubin		1.43	0.2 - 1.3 mg/dl		Azobilirubin/Dyphylline
Direct Bilirubin		0.23	0.1 - 0.3 mg/dl		Calculated
Indirect Bilirubin		1.20	0.1 - 1.1 mg/dl		Duel wavelength spectrophotometric
Alkaline Phosphata	ise	142	38 - 126 U/L		pNPP/AMP buffer
SGPT/ALT		22	10 - 40 U/L		Kinetic with pyridoxal 5 phosphate
SGOT/AST		30	15 - 40 U/L		Kinetic with pyridoxal 5
Serum Total Protei	n	9.00	6.3 - 8.2 gm/d	l	phosphate Biuret (Alkaline cupric
Albumin Serum		4.86			sulphate)
Globulin		7.00	3.5 - 5.0 gm/d	-	Bromocresol green Dye Binding
A/G Ratio		4.14	2.0 - 4.0 gm/d	I	Calculated
		1.17			

URINE SUGAR

Urine Glucose

C

Negative *** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss Verified By : : 11100909

Test results related only to the item tested.

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DEPARTMENT OF PATHOLOGY

atient Name	: Mr. DURGESH HALVI	Age /Gender	:55 Y(s)/Male
II No/ UMR No	DTI 2224072402 UNIDADA		Dr. Vimmi Goel MBBS,MD
eceived Dt			:27-Jan-24 11:00 am

URINE MICROSCOPY

Para	ameter	<u>Specimen</u>	<u>Results</u>		Method
PH	SICAL EXAMINATION				notiou
Vol	ume	Urine	30 ml		
Col	our.		Pale yellow		
Ap	pearance		Clear	Clear	
<u>C</u> H	IEMICAL EXAMINATIO	<u>N</u>			
Re	eaction (pH)		7.0	4.6 - 8.0	Indicators
S	pecific gravity		1.015	1.005 - 1.025	ion concentration
U	rine Protein		1+ (Approx 25mg/dl)	Negative	protein error of pH indicator
S	Sugar		Negative	Negative	GOD/POD
	Bilirubin		Negative	Negative	Diazonium
	Ketone Bodies		Negative	Negative	Legal's est Principle
	Nitrate		Negative	Negative	
	Urobilinogen		Normal	Normal	Ehrlich's Reaction
	MICROSCOPIC EXAMIN	NATION			
	Epithelial Cells		0-1	0-4 /hpf	Manual
	R.B.C.		2-4	0-4 /hpf	
	Pus Cells		0-1	0-4 /hpf	
	Casts		Absent	Absent	

Page 1 of 2





DEPARTMENT OF PATHOLOGY

<u>Parameter</u> Crystals	<u>Specimen</u> <u>Results</u> Absent		Method
Received Dt	: 27-Jan-24 09:18 am	Report Date	:27-Jan-24 11:00 am
Bill No/ UMR No	:BIL2324072402/UMR2324035075	Referred By	: Dr. Vimmi Goel MBBS,MD
Patient Name	: Mr. DURGESH HALVI	Age /Gender	:55 Y(s)/Male

*** End Of Report ***

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100909

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CONSULTANT PATHOLOGIST





DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name : Mr. DURGESH HALVI

 Bill No/ UMR No
 : BIL2324072402/UMR2324035075

 Received Dt
 : 27-Jan-24
 08:49 am

Age / Gender :55 Y(s)/Male Referred By :Dr. Vimmi Goel MBBS,MD Report Date :27-Jan-24 11:14 am

BLOOD GROUPING AND RH

Parameter BLOOD GROUP.

Specimen Results EDTA Whole " O "

Blood & Plasma/ Serum

Rh (D) Typing.

" Positive "(+Ve) *** End Of Report *** Gel Card Method

Suggested Clinical Correlation * If neccessary, Please discuss

Verified By : : 11100909

Test results related only to the item tested.

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Dr. VAIDEHEE NAIK, MBBS, MD CONSULTANT PATHOLOGIST



PATIENT NAME:	MR. DURGESH HALVI	AGE /SEX:	55 YRS/MALE
UMR NO:	2324035075	BILL NO:	2324072402
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 billiary radicals are not dilated. PORTAL VEIN and CBD are normal in course and caliber.

GALL BLADDER is partially distended. Couple of small echogenic shadows in the lumen – suggestive of calculi.

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 size and echotexture. Mild dilatation of pelvicalyceal system noted on left side. No evidence of calculus or hydronephrosis seen on right side. 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: Cholelithiasis. Mild hydronephrotic changes on left side. No other significant abnormality seen. Suggest clinical correlation / further evaluation.

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

KIMS-KINGSWAY HOSPITALS

2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

Patient Name : Mr. Durgesh HalviAge : 54 years / MaleUMR : UMR2324035075Date : 27/01/2024Done by : Dr. Vimmi GoelECG : NSR, LVHBlood pressure: 213/108 mm Hg (Right arm, Supine position)BSA : 1.49 m²

Impression: <u>Hypertensive Heart Disease</u>

Normal chambers dimensions Mild left ventricular hypertrophy No RWMA of LV at rest Good LV systolic function, LVEF 67% LV diastolic dysfunction, Grade II (E>A) E/A is 1.1 E/E' is 10.1 (Borderline filling pressure) Valves are normal Trivial TR, 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. Mild left ventricular hypertrophy. There is no RWMA of LV seen at rest. Good LV systolic function. LVEF 67%. LV diastolic dysfunction, Grade II (E>A). E Velocity is 101 cm/s, A Velocity is 86 cm/s. E/A is 1.1. Mitral valve deceleration time is 130 msec. Valves are normal. Trivial TR. No Pulmonary Hypertension. IVC normal in effusion seen.

E' at medial mitral annulus is 8.6 cm/sec & at lateral mitral annulus is 11.2 cm/sec. E/E' is 10.1 (Borderline filling pressure).

M Mode echocardiography and dimension:

Left atrium Aortic root LVIDd LVIDs IVS (d) LVPW (d) LVEF % Fractional Shortening	Normal ra (adults) (19-40 20-37 35-55 23-39 6-11 6-11 ~ 60%	ange (mm) children) 7-37 7-28 8-47 6-28 4-8 4-8 4-8 ~60%	Observed (mm) 35 31 35 29 13 13 67% 37%
			37%

P.T.O

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

