

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

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

**KIMS-KINGSWAY
HOSPITALS**

Name: Mr. Ravish Bhadikar Date: 27/1/24

Age: 39y Sex: M F Weight: 85.6 kg Height: 176-3 inc BMI: 27.5

BP: 118/84 mmHg Pulse: 81/m bpm RBS: _____ mg/dl

SpO2: 98%



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. RAVISH BHADIKAR	Age /Gender : 39 Y(s)/Male
Bill No/ UMR No : BIL2324072425/UMR2324035090	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 10:15 am	Report Date : 27-Jan-24 11:29 am

HAEMOGRAM

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Haemoglobin	Blood	14.3	13.0 - 17.0 gm%	Photometric
Haematocrit(PCV)		44.6	40.0 - 50.0 %	Calculated
RBC Count		5.66	4.5 - 5.5 Millions/cumm	Photometric
Mean Cell Volume (MCV)		79	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		25.3	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		32.1	31.5 - 35.0 g/l	Calculated
RDW		17.3	11.5 - 14.0 %	Calculated
Platelet count		317	150 - 450 10^3 /cumm	Impedance
WBC Count		5400	4000 - 11000 cells/cumm	Impedance

DIFFERENTIAL COUNT

Neutrophils	55.3	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes	33.8	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils	3.6	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes	7.3	2 - 10 %	Flow Cytometry/Light microscopy
Basophils	0.0	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count	2986.2	2000 - 7000 /cumm	Calculated



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<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Absolute Lymphocyte Count		1825.2	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		194.4	20 - 500 /cumm	Calculated
Absolute Monocyte Count		394.2	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		03	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. RAVISH BHADIKAR	Age /Gender : 39 Y(s)/Male
Bill No/ UMR No : BIL2324072425/UMR2324035090	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 10:14 am	Report Date : 27-Jan-24 11:21 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	135	< 100 mg/dl	GOD/POD,Colorimetric
Post Prandial Plasma Glucose		180	< 140 mg/dl	GOD/POD, Colorimetric
GLYCOSYLATED HAEMOGLOBIN (HBA1C)				
HbA1c		7.2	Non-Diabetic : <= 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %	HPLC

*** End Of Report ***

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Phone: +91 0712 6789100

CIN: U74999MH2018PTC303510



**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY**

Patient Name : Mr. RAVISH BHADIKAR	Age /Gender : 39 Y(s)/Male
Bill No/ UMR No : BIL2324072425/UMR2324035090	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 10:15 am	Report Date : 27-Jan-24 11:39 am

LIPID PROFILE

Parameter	Specimen	Results	Method
Total Cholesterol	Serum	181 < 200 mg/dl	Enzymatic(CHE/CHO/POD)
Triglycerides		131 < 150 mg/dl	Enzymatic (Lipase/GK/GPO/POD)
HDL Cholesterol Direct		34 > 40 mg/dl	Phosphotungstic acid/mgcl-Enzymatic (microslide)
LDL Cholesterol Direct		120.35 < 100 mg/dl	Enzymatic
VLDL Cholesterol		26 < 30 mg/dl	Calculated
Tot Chol/HDL Ratio		5 3 - 5	Calculation

<u>Intiate therapeutic</u>		<u>Consider Drug therapy</u>	<u>LDC-C</u>
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
		>190, optional at 160-189	<160

*** End Of Report ***

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CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. RAVISH BHADIKAR	Age / Gender : 39 Y(s)/Male
Bill No/ UMR No : BIL2324072425/UMR2324035090	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 01:19 pm	Report Date : 27-Jan-24 02:46 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	
URINE SUGAR			
Urine Glucose		Negative	
NOTE:		Post Meal Urine Sugar	
THYROID PROFILE			
T3		1.24	0.55 - 1.70 ng/ml Enhanced chemiluminescence
Free T4		1.11	0.80 - 1.70 ng/dl Enhanced Chemiluminescence
TSH		1.70	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. RAVISH BHADIKAR

Bill No/ UMR No : BIL2324072425/UMR2324035090

Received Dt : 27-Jan-24 10:15 am

Age / Gender : 39 Y(s)/Male

Referred By : Dr. Vimmi Goel MBBS,MD

Report Date : 27-Jan-24 11:39 am

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
RFT				
Blood Urea	Serum	14	19.0 - 43.0 mg/dl	Urease with indicator dye
Creatinine		0.82	0.66 - 1.25 mg/dl	Enzymatic (creatinine amidohydrolase)
GFR		114.6	>90 mL/min/1.73m square.	Calculation by CKD-EPI 2021
Sodium		143	136 - 145 mmol/L	Direct ion selective electrode
Potassium		4.72	3.5 - 5.1 mmol/L	Direct ion selective electrode
LIVER FUNCTION TEST(LFT)				
Total Bilirubin		0.73	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Direct Bilirubin		0.27	0.1 - 0.3 mg/dl	Calculated
Indirect Bilirubin		0.46	0.1 - 1.1 mg/dl	Duel wavelength spectrophotometric
Alkaline Phosphatase		92	38 - 126 U/L	pNPP/AMP buffer
SGPT/ALT		44	10 - 40 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		31	15 - 40 U/L	Kinetic with pyridoxal 5 phosphate
Serum Total Protein		8.32	6.3 - 8.2 gm/dl	Biuret (Alkaline cupric sulphate)
Albumin Serum		4.81	3.5 - 5.0 gm/dl	Bromocresol green Dye
Globulin		3.51	2.0 - 4.0 gm/dl	Binding
A/G Ratio		1.37		Calculated

*** End Of Report ***

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CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF PATHOLOGY

Patient Name : Mr. RAVISH BHADIKAR	Age / Gender : 39 Y(s)/Male
Bill No/ UMR No : BIL2324072425/UMR2324035090	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 10:30 am	Report Date : 27-Jan-24 12:31 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
URINE MICROSCOPY			
PHYSICAL EXAMINATION			
Volume	Urine	30 ml	
Colour.		Yellow	
Appearance		Clear	Clear
CHEMICAL EXAMINATION			
Reaction (pH)	Urine	5.0	4.6 - 8.0
Specific gravity		1.020	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

Dr. VAIDEHEE NAIK, MBBS,MD

CONSULTANT PATHOLOGIST

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Phone: +91 0712 6789100
CIN: U74999MH2018PTC303510

Suggested Clinical Correlation * If necessary, Please discuss
Verified By : : 11100909
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**CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF IMMUNO HAEMATOLOGY**

Patient Name : Mr. RAVISH BHADIKAR	Age / Gender : 39 Y(s)/Male
Bill No/ UMR No : BIL2324072425/UMR2324035090	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 27-Jan-24 10:15 am	Report Date : 27-Jan-24 12:27 pm

BLOOD GROUPING AND RH

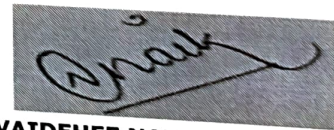
<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	
BLOOD GROUP.	EDTA Whole Blood & Plasma/ Serum	" B "	Gel Card Method
Rh (D) Typing.		" Positive "(+Ve)	
		*** End Of Report ***	

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11100245

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**Dr. VAIDEHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST**

DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

NAME	RAVISH BHADIKAR	STUDY DATE	27-01-2024 11:06:05
AGE/ SEX	39Y 8M 16D / M	HOSPITAL NO.	UMR2324035090
ACCESSION NO.	BIL2324072425-9	MODALITY	DX
REPORTED ON	27-01-2024 11:46	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.



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. RAVISH BHADIKAR	AGE /SEX:	39 YRS/F
UMR NO:	2324035090	BILL NO:	2324072425
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]

2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

Patient Name : Mr. Ravish Bhadikar
 Age : 39 years / Male
 UMR : UMR2324035090
 Date : 27/01/2024
 Done by : Dr. Vimmi Goel
 ECG : NSR, WNL
 Blood pressure: 118/84 mm Hg (Right arm, Supine position)
 BSA : 2.05 m²

Impression:

Normal LV dimensions
Aortic root is mildly dilated (No false lumen or flap seen)
Borderline left ventricular hypertrophy
No RWMA of LV at rest
Good LV systolic function, LVEF 61%
Normal LV diastolic function
E/A is 2.1
E/E' is 5.5 (Normal filling pressure)
Valves are normal
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. Borderline left ventricular hypertrophy. There is no RWMA of LV seen at rest. Good LV systolic function. LVEF 61%. Normal LV diastolic function. E Velocity is 72 cm/s, A Velocity is 34 cm/s. E/A is 2.1. Valves are normal. No Pulmonary Hypertension. IVC normal in size and collapsing well with respiration. Pericardium is normal. No clots or pericardial effusion seen. E' at medial mitral annulus is 11.6 cm/sec & at lateral mitral annulus is 14.6 cm/sec. E/E' is 5.5 (Average).

M Mode echocardiography and dimension:

	Normal range (mm)		Observed (mm)
	(adults)	(children)	
Left atrium	19-40	7-37	
Aortic root	20-37	7-28	35
LVIDd	35-55	8-47	26
LVIDs	23-39	6-28	31
IVS (d)	6-11	4-8	23
LVPW (d)	6-11	4-8	11
LVEF %	~ 60%	~60%	11
Fractional Shortening			61%
			31%

P.T.O


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

MR RAVISH BHADIKAR
 Male

39 Years

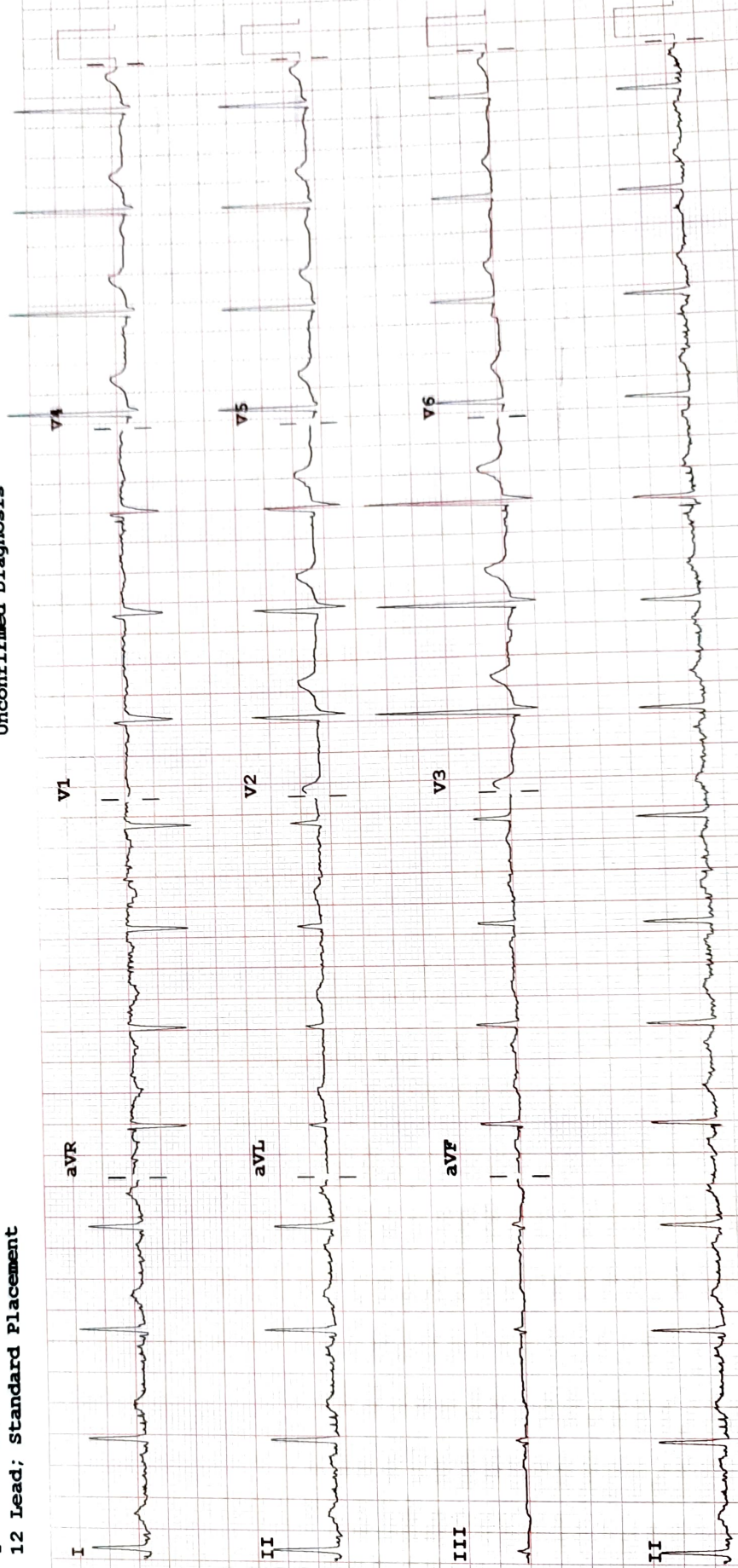
Rate 88 . Sinus rhythm.....NORMAL P axis, V-rate 50-99
 . Abnormal R-wave progression, early transition.....QRS area>0 in V2

PR 167
 QRSD 86
 QT 341
 QTc 413

--AXIS--
 P 42
 QRS 33
 T 13
 12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



P 50~ 0.50-150 Hz W 100B CL P?

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV
 Device: Philips