

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. Ishwar chand Date: 13/4/24

Age: 40y Sex: M F Weight: 72.5 kg Height: 183.3 inc BMI: 21.6

BP: 120/67 mmHg Pulse: 78/m bpm RBS: _____ mg/dl

SPO2 97%

Dr. Rahul Atara
BDS, MDS (Endodontics)
Sr. Consultant Dental Surgeon
Reg. No: A-16347

9356721135



Name: Mr. Iswar Chand Date: 13/4/24
Age: 40 yrs Sex: M/F ✓ Weight: _____ kg Height: _____ inc BMI: _____
BP: _____ mmHg Pulse: _____ bpm RBS: _____ mg/dl

Routine Dental Check Up

0/6 - Impacted 8/1

- Buccally erupted 8/8

IOPA shows

- Horizontally placed 8/1

Adv. - Surgical extraction of 8/1

- RCT 7/1 - SOS

Dr. Trupti N.



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. ISHWAR CHAND
Age / Gender : 40 Y(s)/Male
Bill No/ UMR No : BIL2425003533/MRNP2425001431
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 13-Apr-24 11:25 am
Report Date : 13-Apr-24 12:58 pm

HAEMOGRAM

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Haemoglobin	Blood	14.9	13.0 - 17.0 gm%	Photometric
Haematocrit(PCV)		43.6	40.0 - 50.0 %	Calculated
RBC Count		5.25	4.5 - 5.5 Millions/cumm	Photometric
Mean Cell Volume (MCV)		83	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		28.4	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		34.2	31.5 - 35.0 g/l	Calculated
RDW		16.7		
Platelet count		231	11.5 - 14.0 %	Calculated
WBC Count		6000	150 - 450 10 ³ /cumm	Impedance
			4000 - 11000 cells/cumm	Impedance
<u>DIFFERENTIAL COUNT</u>				
Neutrophils		38.7	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		48.9	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		7.5	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes		4.9	2 - 10 %	Flow Cytometry/Light microscopy
Basophils		0.0	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count		2322	2000 - 7000 /cumm	Calculated



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Parameter	Specimen	Results	Biological Reference Method
Absolute Lymphocyte Count		2934	1000 - 4800 /cumm Calculated
Absolute Eosinophil Count		450	20 - 500 /cumm Calculated
Absolute Monocyte Count		294	200 - 1000 /cumm Calculated
Absolute Basophil Count		0	0 - 100 /cumm Calculated
PERIPHERAL SMEAR			
RBC		Normochromic	
WBC		Normocytic	
Platelets		As Above	
ESR		Adequate	
		04	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. GAURI HARDAS, MBBS,MD
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

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<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	83	< 100 mg/dl	GOD/POD,Colorimetric

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

HbA1c	5.3	Non-Diabetic : <= 5.6 % Pre-Diabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %	HPLC
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CONSULTANT PATHOLOGIST

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Phone: +91 0712 6789100

CIN: U74999MH2018PTC303510



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LIPID PROFILE

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Total Cholesterol	Serum	169 < 200 mg/dl	Enzymatic(CHE/CHO/PO D)
Triglycerides		86 < 150 mg/dl	Enzymatic
HDL Cholesterol Direct		52 > 40 mg/dl	(Lipase/GK/GPO/POD)
LDL Cholesterol Direct		108.47 < 100 mg/dl	Phosphotungstic acid/mgcl-Enzymatic (microslide)
VLDL Cholesterol		17 < 30 mg/dl	Enzymatic
Tot Chol/HDL Ratio		3 3 - 5	Calculated
			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
Multiple major risk factors conferring 10 yrs CHD risk >20%		<100
Two or more additional major risk factors, 10 yrs CHD risk <20%	>130	10 yrs risk 10-20 % >130
No additional major risk or one additional major risk factor	>160	10 yrs risk <10% >160
		>190, optional at 160-189
		<130
		<160

*** End Of Report ***

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<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
THYROID PROFILE				
T3	Serum	1.51	0.55 - 1.70 ng/ml	Enhanced chemiluminescence
Free T4		1.12	0.80 - 1.70 ng/dl	Enhanced Chemiluminescence
TSH		2.07	0.50 - 4.80 uIU/ml	Enhanced chemiluminescence
PSA (Total)		1.46	< 4 ng/ml	Enhanced chemiluminenscence

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LIVER FUNCTION TEST(LFT)

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Total Bilirubin	Serum	1.18	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Direct Bilirubin		0.16	0.1 - 0.3 mg/dl	Calculated
Indirect Bilirubin		1.02	0.1 - 1.1 mg/dl	Dual wavelength spectrophotometric pNPP/AMP buffer
Alkaline Phosphatase		78	38 - 126 U/L	Kinetic with pyridoxal 5 phosphate
SGPT/ALT		17	10 - 40 U/L	Kinetic with pyridoxal 5 phosphate
SGOT/AST		20	15 - 40 U/L	Biuret (Alkaline cupric sulphate)
Serum Total Protein		7.75	6.3 - 8.2 gm/dl	Bromocresol green Dye Binding
Albumin Serum		4.67	3.5 - 5.0 gm/dl	Calculated
Globulin		3.08	2.0 - 4.0 gm/dl	
A/G Ratio		1.51		
		*** End Of Report ***		

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RFT

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
Blood Urea	Serum	21	19.0 - 43.0 mg/dl	Urease with indicator dye
Creatinine		0.78	0.66 - 1.25 mg/dl	Enzymatic (creatinine amidohydrolase)
GFR		115.6	>90 mL/min/1.73m square.	Calculation by CKD-EPI 2021
Sodium		144	136 - 145 mmol/L	Direct ion selective electrode
Potassium		4.23	3.5 - 5.1 mmol/L	Direct ion selective electrode

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Dr. GAURI HARDAS, MBBS,MD
CONSULTANT PATHOLOGIST

PATIENT NAME:	MR. ISHWAR CHAND	AGE /SEX:	40 YRS/M
UMR NO:	MRNP2425001431	BILL NO:	2425003533
REF BY	DR. VIMMI GOEL	DATE:	13/04/2024

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.

Angalia

DR NAVEEN PUGALIA
MBBS, MD [076125]
SENIOR CONSULTANT RADIOLOGIST

PATIENT NAME:	MR. ISHWAR CHAND	AGE /SEX:	40YRS/M
UMR NO:	2425001431	BILL NO:	2425003533
REF BY	DR. VIMMI GOEL	DATE:	13/04/2024

USG ABDOMEN AND PELVIS

LIVER is normal in size 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 and shows a tiny echogenic focus attached to gallbladder wall with comet tail artifact - suggestive of focal adenomyomatosis.

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

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

Both KIDNEYS are normal in shape, size and echotexture.

A cortical cyst measuring 1.0 x 1.0 cm with peripheral wall calcific foci noted in lower pole of right kidney.

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, echotexture and shows parenchymal calcification.

There is no free fluid or abdominal lymphadenopathy seen.


IMPRESSION:

Focal gall bladder adenomyomatosis.

Right renal cortical cyst.

No other significant visceral abnormality seen.

Suggest clinical correlation.



DR POONAM CHIDDARWAR
MBBD, MD
CONSULTANT RADIOLOGIST

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

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: Mr. Ishwar, Chand
Patient ID: 001431
Height:
Weight:
Study Date: 13.04.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

DOB: 18.08.1983
Age: 40yrs
Gender: Male
Race: Indian
Referring Physician: Mediwheel 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	01:29	0.00	0.00	93	120/80	
	WARM-UP	00:05	0.00	0.00	95		
EXERCISE	STAGE 1	03:00	1.70	10.00	122	120/80	
	STAGE 2	03:00	2.50	12.00	137	130/80	
	STAGE 3	01:30	3.40	14.00	157		
RECOVERY		01:00	0.00	0.00	136	130/80	
		02:00	0.00	0.00	96	130/80	
		00:14	0.00	0.00	112		

The patient exercised according to the BRUCE for 7:30 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 91 bpm rose to a maximal heart rate of 157 bpm. This value represents 87 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 130/80 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.: 2014/01/0113

13-Apr-24 1:54:24 PM

MR ISHWAR CHAND
Male

PHC DEPT.

Rate 78 . Sinus rhythm.....normal P axis, V-rate 50- 99

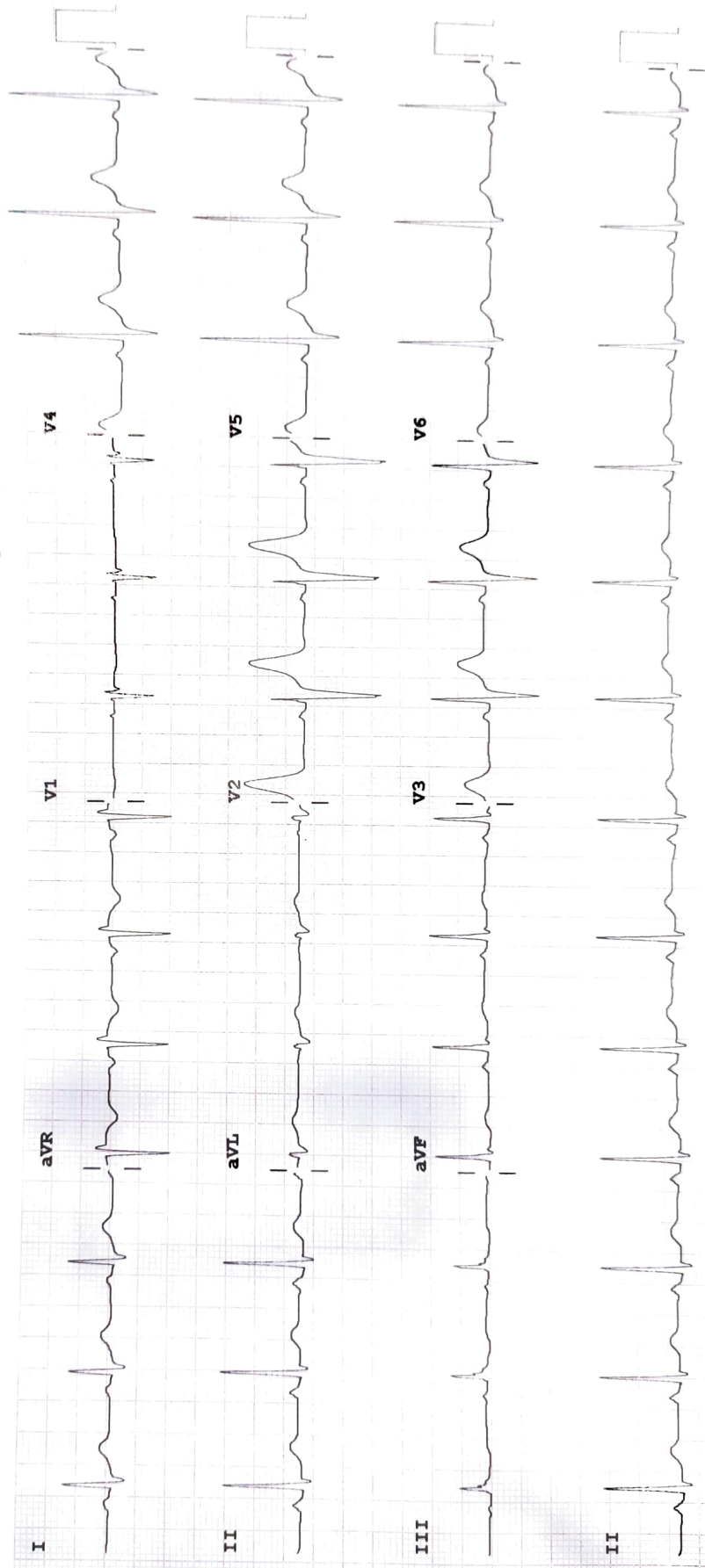
PR 135
QRSD 103
QT 377
QTc 430

--AXIS--
P 43
QRS 65
T 21

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



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

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

Device: