

Medi-Check - KLo - Ketrw

Dr. Vimmi Goel
Head - Non Invasive Cardiology
Incharge - Preventive Health Care
MBBS, MD (Internal Medicine)
Reg. No: MMC- 2014/01/0113

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

**KIMS-KINGSWAY
HOSPITALS**

Name: Mr. Haripad pathak Date: 22/8/24

Age: 35y Sex: M/F Weight: 70 kg Height: 173.9 inc BMI: 23.1

BP: 133/90 mmHg Pulse: 86/min bpm RBS: _____ mg/dl

SpO2: 100%

3s/M

RHD

Mild-mod MS

Mild MR

Mild AR

NO AS

NO DM

On Penicids 400 1BD

Bisonext 5 OD

No addictions

No ↑ in dyspnoea.

P-86/min, R

B/P-133/90

Ch - clear

Cvs - MDM+

PIA - soft

Adv.

1) Cap & Rise (60u) 1 cap
weekly x 8 wks

2) Cap Key-13-12 1 ———→
ABF (60)

3) T. Penicids 400 1 ———→

4) T. Bisonext 5 1 ———→
ABF

To see Dr. Rishi Dohiya

Dr. VIMMI GOEL
MD
Head - Non Invasive Cardiology,
KIMS Kingsway Hospitals, Nagpur

SPANV Medisearch Lifesciences Private Limited

44, Parwana Bhawan, Kingsway, Nagpur - 440 001, Maharashtra, India.

Phone: +91 0712 6789100

CIN: U74999MH2018PTC303510

Name: Mr. Haripad Pathak Date: 22/08/24

Age: 35 yrs. Sex: M / F Weight: _____ kg Height: _____ inc BMI: _____

BP: _____ mmHg Pulse: _____ bpm RBS: _____ mg/dl

Routine dental checkup.

MH: - Hypertension

CE: - Stains +
Calculus +

Advice: - Complete oral prophylaxis.

↓
Dr. Megha N.

DEPARTMENT OF OPHTHALMOLOGY
OUT PATIENT ASSESSMENT RECORD

HARIPAD RANJAN PATHAK 34Y(S) 5M(S) 15D(S)/M MRNP2425017687 8770711405	CONSULT DATE : 22-08-2024 CONSULT ID : OPC2425057622 CONSULT TYPE : VISIT TYPE : NORMAL TRANSACTION TYPE :	DEPT
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VITALS

Temp : **Pulse** : **BP (mmHg)** : **spO2** : **Pain Score** : **Height** :
 - °F - /min - %RA - /10 - cms
Weight : **BMI** :
 - kgs -

NOTES

GLASS PRESCRIPTION :-
DISTANCE VISION

EYE	SPH	CYL	AXIS	VISION
RIGHT EYE	00	00	00	6/6
LEFT EYE	00	00	00	6/6

NEAR ADDITION

RIGHT EYE		00	N6
LEFT EYE		00	N6

REMARK-

CHIEF COMPLAINTS

ROUTINE EYE CHECK UP



Dr. Ashish Prakashchandra Kamble
MBBS, MS, FVRS, FICO
Consultant

Printed On : 22-08-2024 12:27:02



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. HARIPAD RANJAN PATHAK	Age /Gender : 35 Y(s)/Male
Bill No/ UMR No : BIL2425040665/MRNP2425017687	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 22-Aug-24 09:23 am	Report Date : 22-Aug-24 12:53 pm

HAEMOGRAM

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Haemoglobin	Blood	14.2	13.0 - 17.0 gm%	Photometric
Haematocrit(PCV)		43.8	40.0 - 50.0 %	Calculated
RBC Count		5.04	4.5 - 5.5 Millions/cumm	Photometric
Mean Cell Volume (MCV)		87	83 - 101 fl	Calculated
Mean Cell Haemoglobin (MCH)		28.1	27 - 32 pg	Calculated
Mean Cell Haemoglobin Concentration (MCHC)		32.4	31.5 - 35.0 g/l	Calculated
RDW		15.4	11.5 - 14.0 %	Calculated
Platelet count		133	150 - 450 10 ³ /cumm	Impedance
WBC Count		4800	4000 - 11000 cells/cumm	Impedance
<u>DIFFERENTIAL COUNT</u>				
Neutrophils		37.9	50 - 70 %	Flow Cytometry/Light microscopy
Lymphocytes		49.0	20 - 40 %	Flow Cytometry/Light microscopy
Eosinophils		3.5	1 - 6 %	Flow Cytometry/Light microscopy
Monocytes		9.5	2 - 10 %	Flow Cytometry/Light microscopy
Basophils		0.1	0 - 1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count		1819.2	2000 - 7000 /cumm	Calculated



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

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Received Dt : 22-Aug-24 09:23 am **Report Date** : 22-Aug-24 12:53 pm

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Absolute Lymphocyte Count		2352	1000 - 4800 /cumm	Calculated
Absolute Eosinophil Count		168	20 - 500 /cumm	Calculated
Absolute Monocyte Count		456	200 - 1000 /cumm	Calculated
Absolute Basophil Count		4.8	0 - 100 /cumm	Calculated
<u>PERIPHERAL SMEAR</u>				
RBC		Normochromic Normocytic, Anisocytosis +(Few)		Light microscopy
WBC		As above		
Platelets		12 -14 platelets/oil immersion field. Manual platelet count: 1.2 lakh to 1.4 lakh/cumm. Giant platelets are seen.		Light microscopy
ESR		16	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. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. HARIPAD RANJAN PATHAK	Age / Gender : 35 Y(s)/Male
Bill No/ UMR No : BIL2425040665/MRNP2425017687	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 22-Aug-24 09:22 am	Report Date : 22-Aug-24 11:19 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Fasting Plasma Glucose	Plasma	92	< 100 mg/dl	GOD/POD, Colorimetric
Post Prandial Plasma Glucose		89	< 140 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

*** End Of Report ***

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Jaiswal

Dr. PURVA JAISWAL, MBBS,MD,DNB

CONSULTANT PATHOLOGIST
SPANV Medisearch Lifesciences Private Limited

44, Parwana Bhawan, Kingoway, Nagpur - 440 001, Maharashtra, India.

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CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. HARIPAD RANJAN PATHAK **Age /Gender** : 35 Y(s)/Male
Bill No/ UMR No : BIL2425040665/MRNP2425017687 **Referred By** : Dr. Vimmi Goel MBBS,MD
Received Dt : 22-Aug-24 09:23 am **Report Date** : 22-Aug-24 11:19 am

LIPID PROFILE

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>		<u>Method</u>
Total Cholesterol	Serum	138	< 200 mg/dl	Enzymatic(CHE/CHO/PO D)
Triglycerides		73	< 150 mg/dl	
HDL Cholesterol Direct		42	> 40 mg/dl	
LDL Cholesterol Direct		81.57	< 100 mg/dl	
VLDL Cholesterol		15	< 30 mg/dl	
Tot Chol/HDL Ratio		3	3 - 5	

<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 10 yrs risk <10% >160	<130
No additional major risk or one additional major risk factor	>160	>190,optional at 160-189	<160

*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

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Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. HARIPAD RANJAN PATHAK **Age / Gender** : 35 Y(s)/Male
Bill No/ UMR No : BIL2425040665/MRNP2425017687 **Referred By** : Dr. Vimmi Goel MBBS,MD
Received Dt : 22-Aug-24 09:23 am **Report Date** : 22-Aug-24 11:19 am

LIVER FUNCTION TEST(LFT)

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
Total Bilirubin	Serum	0.83	0.2 - 1.3 mg/dl	
Direct Bilirubin		0.39	0.1 - 0.3 mg/dl	
Indirect Bilirubin		0.44	0.1 - 1.1 mg/dl	
Alkaline Phosphatase		77	38 - 126 U/L	
SGPT/ALT		69	10 - 40 U/L	
SGOT/AST		61	15 - 40 U/L	
Serum Total Protein		7.99	6.3 - 8.2 gm/dl	
Albumin Serum		4.68	3.5 - 5.0 gm/dl	
Globulin		3.31	2.0 - 4.0 gm/dl	Bromocresol green Dye Binding
A/G Ratio		1.41		
*** End Of Report ***				

Suggested Clinical Correlation * If necessary, Please discuss

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Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. HARIPAD RANJAN PATHAK **Age /Gender** : 35 Y(s)/Male
Bill No/ UMR No : BIL2425040665/MRNP2425017687 **Referred By** : Dr. Vimmi Goel MBBS,MD
Received Dt : 22-Aug-24 09:23 am **Report Date** : 22-Aug-24 11:19 am

RFT

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
Blood Urea	Serum	13	19.0 - 43.0 mg/dl	
Creatinine		0.91	0.66 - 1.25 mg/dl	
GFR		112.7	>90 mL/min/1.73m square.	
Sodium		139	136 - 145 mmol/L	Direct ion selective electrode
Potassium		5.13	3.5 - 5.1 mmol/L	

*** End Of Report ***

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Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. HARIPAD RANJAN PATHAK **Age / Gender** : 35 Y(s)/Male
Bill No/ UMR No : BIL2425040665/MRNP2425017687 **Referred By** : Dr. Vimmi Goel MBBS,MD
Received Dt : 22-Aug-24 09:23 am **Report Date** : 22-Aug-24 12:09 pm

THYROID PROFILE

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
T3	Serum	1.34	0.55 - 1.70 ng/ml	
Free T4		1.22	0.80 - 1.70 ng/dl	Enhanced
TSH		1.53	0.50 - 4.80 uIU/ml	Chemiluminescence
*** End Of Report ***				

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11500056

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Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. HARIPAD RANJAN PATHAK
Age /Gender : 35 Y(s)/Male
Bill No/ UMR No : BIL2425040665/MRNP2425017687
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 22-Aug-24 10:02 am
Report Date : 22-Aug-24 01:25 pm

USF(URINE SUGAR FASTING)

<u>Parameter</u>	<u>Specimen</u>	<u>Result Values</u>	<u>Biological Reference</u>	<u>Method</u>
Urine Glucose	Urine	Negative		STRIP
*** End Of Report ***				

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11101027

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Dr. VAIDEHEE NAIK, MBBS,MD
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. HARIPAD RANJAN PATHAK
Age /Gender : 35 Y(s)/Male
Bill No/ UMR No : BIL2425040665/MRNP2425017687
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 22-Aug-24 12:33 pm
Report Date : 22-Aug-24 02:05 pm

URINE SUGAR

Parameter

Urine Glucose

Result Values

Negative

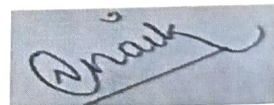
*** End Of Report ***

Suggested Clinical Correlation * If necessary, Please discuss

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Dr. VAIDEHEE NAIK, MBBS,MD

CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. HARIPAD RANJAN PATHAK	Age / Gender : 35 Y(s)/Male
Bill No/ UMR No : BIL2425040665/MRNP2425017687	Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 22-Aug-24 10:02 am	Report Date : 22-Aug-24 11:19 am

URINE MICROSCOPY

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference</u>	<u>Method</u>
<u>PHYSICAL EXAMINATION</u>				
Volume	Urine	20 ml		
Colour.		Pale yellow		
Appearance		Clear	Clear	
<u>CHEMICAL EXAMINATION</u>				
Specific gravity		1.015	1.005 - 1.025	ion concentration
Reaction (pH)		6.5	4.6 - 8.0	Indicators
Nitrate		Negative	Negative	
Urine Protein		Negative	Negative	protein error of pH indicator
Sugar		Negative	Negative	GOD/POD
Ketone Bodies		Negative	Negative	Legal's est Principle
Urobilinogen		Normal	Normal	Ehrlich's Reaction
Bilirubin		Negative	Negative	Diazonium
<u>MICROSCOPIC EXAMINATION</u>				
Pus Cells		0-1		
R.B.C.		Absent	0 - 4 /hpf	
Epithelial Cells		0-1	0 - 4 /hpf	
Casts		Absent	0 - 4 /hpf	



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF PATHOLOGY

Patient Name : Mr. HARIPAD RANJAN PATHAK **Age / Gender** : 35 Y(s)/Male
Bill No/ UMR No : BIL2425040665/MRNP2425017687 **Referred By** : Dr. Vimmi Goel MBBS,MD
Received Dt : 22-Aug-24 10:02 am **Report Date** : 22-Aug-24 11:19 am

<u>Parameter</u>	<u>Specimen</u>	<u>Results</u>	<u>Biological Reference Method</u>
Crystals		Absent *** End Of Report ***	

Suggested Clinical Correlation * If necessary, Please discuss

Verified By : : 11101027

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Dr. PURVA JAISWAL, MBBS,MD,DNB
CONSULTANT PATHOLOGIST



CLINICAL DIAGNOSTIC LABORATORY
DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name : Mr. HARIPAD RANJAN PATHAK
Age / Gender : 35 Y(s)/Male
Bill No/ UMR No : BIL2425040665/MRNP2425017687
Referred By : Dr. Vimmi Goel MBBS,MD
Received Dt : 22-Aug-24 09:23 am
Report Date : 22-Aug-24 12:52 pm

BLOOD GROUPING AND RH

Parameter
BLOOD GROUP.

Specimen **Results**

EDTA Whole " B "
Blood &
Plasma/
Serum

Gel Card Method

Rh (D) Typing.

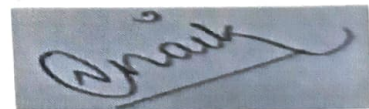
" Positive "(+Ve)
*** End Of Report ***

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	HARIPAD RANJAN PATHAK	STUDY DATE	22-08-2024 10:28:33
AGE/ SEX	35Y 1D / M	HOSPITAL NO.	MRNP2425017687
ACCESSION NO.	BIL2425040665-9	MODALITY	DX
REPORTED ON	22-08-2024 11:13	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. Reema
MBBS, DMRD, DNB
Consultant Radiologist

Pervez
(Radiodiagnosis)

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. HARIPAD PATHAK	AGE /SEX:	35 YRS/MALE
UMR NO:	MRNP2425017687	BILL NO:	2425040665
REF BY	DR. VIMMI GOEL	DATE:	22/08/2024

USG WHOLE ABDOMEN

LIVER is normal in size, shape and show normal 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.

Visualized head and body of 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.

URINARY 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 visceral abnormality seen.**
Suggest clinical correlation / further evaluation.



DR. REEMA PERVEZ
MBBS, DMRD, DNB
CONSULTANT RADIOLOGIST.

2D ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

Patient Name : Mr. Haripad Ranjan Pathak
 Age : 35 years / Male
 UMR : MRNP2425017687
 Date : 22/08/2024
 Done by : Dr. Vimmi Goel
 ECG : NSR, LVH
 Blood pressure: 133/90 mm Hg (Right arm, Supine position)
 BSA : 1.84 m²

Impression: Rheumatic Heart Disease

Mitral and aortic valves show rheumatic affection
Mild to moderate mitral stenosis, Mild MR
Mitral valve gradients are 24/12 mmHg (Peak/ Mean)
Mitral valve area by planimetry is 1.47 cm² and by PHT is 1.3 cm²
Mild AR, No AS
Peak systolic gradient across aortic valve is 15 mmHg
Normal LV dimensions
LA is enlarged
Good biventricular function, LVEF 69%
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. There is no RWMA of LV seen at rest. Good LV systolic function. LVEF 69%. Good biventricular function. Mild to moderate mitral stenosis, Mild MR. Mitral valve gradients are 24/12 mmHg (Peak/ Mean). Mitral valve area by planimetry is 1.47 cm² and by PHT is 1.3 cm². Mild AR. No AS. Peak systolic gradient across aortic valve is 15 mmHg. 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
Aortic root	20-37	7-28
LVIDd	35-55	8-47
LVIDs	23-39	6-28
IVS (d)	6-11	4-8
LVPW (d)	6-11	4-8
LVEF %	~ 60%	~60%
Fractional Shortening		39%


Dr. Vimmi Goel
MD, Sr. Consultant
Non-invasive Cardiology
Fellow Indian Academy of Echocardiography (FIAE)

35 Years

MR HARIPAD PATHAK
Male

22-Aug-24 11:20:07 AM

KIMS-KINGSWAY HOSPITALS

PBC DEPT.

Rate 62 Sinus rhythm.....normal P axis, V-rate 50-99
 Ventricular premature complex..... V complex w/ short R-R interval
 PR 146 Consider left ventricular hypertrophy..... (S V1/V2+R V5/V6) >3.50mV
 QRSD 91 ST elev, probable normal early repol pattern..... ST elevation, age<55
 QTc 381
 QTc 387

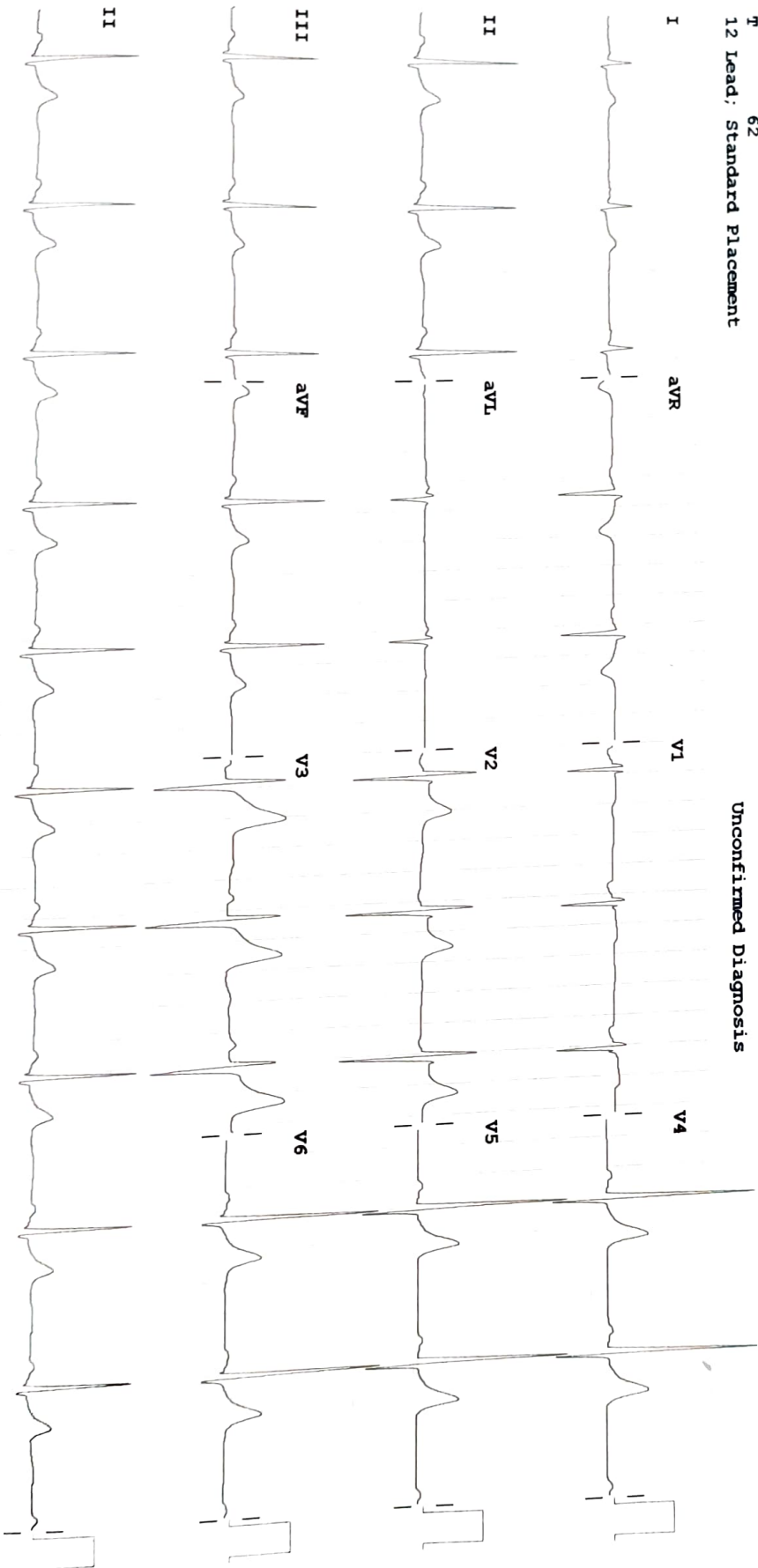
--AXIS--

- ABNORMAL ECG -

P 44
 QRS 76
 T 62

12 Lead: Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limbs: 10 mm/mV

Chest: 10.0 mm/mV

F 50 ~ 0.50-150 Hz W

100B CL

P?

PHILIPS