Preventive Health Check up

KIMS Kingsway Hospitals

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

Preventive Health Check up

KIMS Kingsway Hospitals

Nagpur

Nagpur

HOSPITALS

Name: MT Co	mesh	chaudhani			Date: 23 01	24
Age: B6yr	Sex (M)F We	light: 69-4 kg He	ight: 165 inc	BMI:_	25.5	
BP: 159/85	mmHg	Pulso: 76/mir SP02-981.	bpm	R85 : _		mg/dl





### DEPARTMENT OF PATHOLOGY

Patient Name : Mr. LOMESH CHAUDHARI

Bill No/ UMR No : BIL2324071566/UMR2324034682

Received Dt : 23-Jan-24 08:35 am

Age /Gender : 36 Y(s)/Male

Referred By : Dr. Vimmi Goel MBBS,MD

Report Date : 23-Jan-24 10:05 am

#### **HAEMOGRAM**

Parameter Haemoglobin	Specimen Blood	Results 15.1	Biological Reference	Method
Haematocrit(PCV)		46.4	13.0 - 17.0 gm%	Photometric
RBC Count		6.49	40.0 - 50.0 %	Calculated
Mean Cell Volume (MCV)		72	4.5 - 5.5 Millions/cumm	Photometric
Mean Cell Haemoglobin (MCH)			83 - 101 ft	Calculated
Mean Cell Haemoglobin		23.3	27 - 32 pg	Calculated
Concentration (MCHC) RDW		32.5	31.5 < 35.0 g/l	Calculated
Platelet count		17.9 309	11.5 - 14.0 %	Calculated
WBC Count			150 - 450 10^3/cumm	Impedance
DIFFERENTIAL COUNT Neutrophils		5100	4000 - 11000 cells/cumm	Impedance
		48.9	50 - 70 %	-
Lymphocytes Eosinophils		44.1	20 - 40 %	Flow Cytometry/Light microscopy
the state of the s		1.7	1-6 %	Flow Cytometry/Light microscopy
Monocytes		5.3	2-10 %	Flow Cytometry/Light microscopy
Basophilis		0.0	0-1 %	Flow Cytometry/Light microscopy
Absolute Neutrophil Count		2493,9	2000 - 7000 /cumm	Flow Cytometry/Light microscopy Calculated





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		Report Date :	23-Jan-24	10:05 am
Specimen	2249.1 86.7 270.3	Biological R 1000 - 4800 /cumm 20 - 500 /cumm	Reference I	
	Microcytosis +(Few), Hypochromia +(Few), Anisocytosis +(Few) As Above			Light microscopy
	Adequate			
	03	0 - 15 mm/hr		Automated Westergren's Method
	*** End Of R	eport ***		
		2249.1 86.7 270.3 0 Microcytosis +(Few), Hypochromia +(Few), Anisocytosis +(Few) As Above Adequate 03	Specimen   Results   Biological F	Results   Biological Reference   1000 - 4800 /cumm   1000 - 4800 /cumm   270.3   200 - 1000 /cumm   270.3   200 - 1000 /cumm   270.3   200 - 1000 /cumm   270.3   4 (Few), Hypochromia + (Few), Anisocytosis + (Few)   As Above   Adequate   203   20 - 15 mm/hr   200 - 200 /cumm   200

Suggested Clinical Correlation \* If neccessary, Please

Venfied By : : 11100499

Test results related only to the item tested.

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Page 2 of 2



## DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. LOMESH CHAUDHARI

Bill No/ UMR No : BIL2324071566/UMR2324034682

Received Dt : 23-Jan-24 08:34 am

Age /Gender : 36 Y(s)/Male

Referred By : Dr. Vimmi Goel MBBS,MD

Report Date : 23-Jan-24 10:05 am

Parameter Specimen Results **Biological Reference** Fasting Plasma Glucose Method Plasma 100

Post Prandial Plasma Glucose < 100 mg/dl GOD/POD,Colorimetric 107 < 140 mg/dl GOD/POD, Colorimetric

GLYCOSYLATED HAEMOGLOBIN (HBA1C) HbA1c

5.6 Non-Diabetic : <= 5.6 % HPLC Pre-Diabetic: 5.7 - 6.4

Diabetic : >= 6.5 %

\*\*\* End Of Report \*\*\*

Suggested Clinical Correlation \* If neccessary, Please

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SPANVSMENDERAL RATHOLOGISTVate Limited 44. Parwana Bhawan, Kingsway, Naggur - 440 001, Maharashtra, India.
Phone: +91 0712 6789100

CIN: U74999MH2018PTC303510



## DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. LOMESH CHAUDHARI

Bill No/ UMR No : BIL2324071566/UMR2324034682

Received Dt : 23-Jan-24 08:35 am

Age /Gender : 36 Y(s)/Male

Referred By : Dr. Vimmi Goel MBBS,MD

Report Date : 23-Jan-24 10:37 am

#### LIPID PROFILE

÷	Parameter	Specimen	Results				
	Total Cholesterol	Serum	163	< 200 mg/dl	Method		
	Triglycerides		119	< 150 mg/di	Enzymatic(CHE/CHO/Po D)		
	HDL Cholesterol Direct  LDL Cholesterol Direct  VLDL Cholesterol		36	> 40 mg/dl	Enzymatic (Lipase/GK/GPO/POD) Phosphotungstic acid/mgcl-Enzymatic (microslide) Enzymatic		
			105.06 24	< 100 mg/dl			
	Tot Chol/HDL Ratio		4	< 30 mg/dl 3 - 5	Calculated		
	Intiate therapeutic				Calculation		
	CHD OR CHD risk equivalent		>100	Consider Drug therapy	LDC-C		
	Multiple major risk factors conferring 10 yrs CHD risk>20% Two or more additional major risk factors,10 yrs CHD risk <20%		>100	>130, optional at 100-129	<100		
			Two or more additional major risk		>130	10 yrs risk 10-20 % >130	
EN	No additional major risk or or	e ne	>160	10 yrs risk <10% >160	<130		
	additional major risk factor		7,00	>190,optional at 160-189	<160		

\*\*\* End Of Report \*\*\*

Suggested Clinical Correlation \* If neccessary, Please discuss

Verified By::11100026

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CONSULTANT PATHOLOGIST





# DEPARTMENT OF BIOCHEMISTRY

Patient Name

: Mr. LOMESH CHAUDHARI

Bill No/ UMR No : BIL2324071566/UMR2324034682

Received Dt

: 23-Jan-24 08:35 am

Age /Gender : 36 Y(s)/Male

Referred By : Dr. Vimmi Goel MBBS,MD

	n-24 08:35 am		D	24 10:37 am	
<u>Parameter</u>	Specimen	Result Values			
RFT			21010gical Reference	Method	
Blood Urea	Serum	13	19.0 - 43.0 mg/dl	225070707070	
Creatinine		0.70	0.66 - 1.25 mg/dl	Urease with indicator dye	
GFR		122.5	>90 mL/min/1.73m square	Enzymatic ( creatinine amidohydrolase)	
Sodium		146	136 - 145 mmol/L	Calculation by CKD-EI 2021 Direct ion selective	
THYROID PROFILE		4.98	3.5 - 5.1 mmol/L	Direct ion selective	
T3				electrode	
Free T4		1.49	0.55 - 1.70 ng/ml	Enhanced	
TSH		1.07	0.80 - 1.70 ng/dl	chemiluminescence Enhanced	
			0.50 - 4.80 uIU/ml	Chemiluminescence Enhanced	
		*** End Of Repo	rt ***	chemiluminescence	

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Phone; +91 0712 6789100 CIN: U74999MH2018PTC303510



## DEPARTMENT OF BIOCHEMISTRY

**Patient Name** 

: Mr. LOMESH CHAUDHARI

Bill No/ UMR No : BIL2324071566/UMR2324034682

Received Dt : 23-Jan-24 08:35 am

Age /Gender : 36 Y(s)/Male

Referred By :Dr. Vimmi Goel MBBS,MD Report Date :23-Jan-24 10:37 am

### LIVER FUNCTION TEST(LFT)

Parameter Total Bilirubin	Specimen Serum	Results 0.75	Biological Reference	Method
Direct Bilirubin	Sergeri	0.23	0.2 - 1.3 mg/dl	Azobilirubin/Dyphylline
Indirect Bilirubin		0.52	0.1 - 0.3 mg/dl	Calculated
Alkalina Di		U.52	0.1 - 1.1 mg/dl	Duel wavelength
Alkaline Phosphatase SGPT/ALT		86	38 - 126 U/L	spectrophotometric
3GP1/ALT		44	10 - 40 U/L	pNPP/AMP buffer
SGOT/AST		35	15 - 40 U/L	Kinetic with pyridoxal 5 phosphate
Serum Total Protein		8.29	6.3 - 8.2 gm/dl	Kinetic with pyridoxal 5 phosphate
Albumin Serum		4.68	3.5 - 5.0 gm/dl	Biuret (Alkaline cupric sulphate)
Globulin		3.61	5.5 - 5.0 gm/di	Bromocresol green Dye
A/G Ratio		(2)	2.0 - 4.0 gm/dl	Binding Calculated
		1.30		- Concession
		*** End Of	Report ***	

EN

Suggested Clinical Correlation \* If neccessary, Please discuss

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Dr. VAIDEHEE NAIK, MBBS,MD CONSULTANT PATHOLOGIST





## DEPARTMENT OF PATHOLOGY

patient Name

: Mr. LOMESH CHAUDHARI

BIII No/ UMR No : BIL2324071566/UMR2324034682

: 23-Jan-24 08:54 am Received Dt

Age /Gender : 36 Y(s)/Male

Referred By : Dr. Vimmi Goel MBBS,MD

Report Date : 23-Jan-24 11:08 am

				: 23-Jan-24 11:08 am
<u>Parameter</u>	Specimen	Results		
URINE MICROSCOPY				Method
PHYSICAL EXAMINATION	ii.			
Volume	Urine	30 ml		
Colour.		Pale yellow		
Appearance CHEMICAL EXAMINATION	ř.	Clear	Clear	
Reaction (pH)	Urine	5.0	44.00	
Specific gravity	2010-00-00-0	1.010	4.6 - 8.0	Indicators
Urine Protein		Negative	1.005 - 1.025	ion concentration
Sugar Bilirubin Ketone Bodies Nitrate Urobilinogen MICROSCOPIC EXAMINATI Epithelial Cells R.B.C. Pus Cells Casts Crystals USF(URINE SUGAR FAST)	Urine	Negative Negative Negative Negative Normal 0-1 Absent 0-1 Absent Absent	Negative Negative Negative Negative Negative Normal 0 - 4 /hpf 0 - 4 /hpf 0 - 4 /hpf Absent	protein error of prindicator GOD/POD Diazonium Legal's est Principle Ehrlich's Reaction Manual
Irine Glucoco		Negative		
107	107/150 1	** End Of Rep	ort ***	STRIP

Suggested Clinical Correlation \* If neccessary, Please

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Phone: +91 0712 6789100 CIN: U74999MH2018PTC303510





Gel Card Method

# CLINICAL DIAGNOSTIC LABORATORY

# DEPARTMENT OF IMMUNO HAEMATOLOGY

Patient Name : Mr. LOMESH CHAUDHARI

Age / Gender : 36 Y(s)/Male

Bill No/ UMR No : BIL2324071566/UMR2324034682 Received Dt : 23-Jan-24 08:35 am

Referred By : Dr. Vimmi Goel MBBS,MD

Report Date :23-Jan-24 10:52 am

BLOOD GROUPING AND RH

Parameter BLOOD GROUP.

Specimen Results

EDTA Whole "0" Blood &

Plasma/ Serum

Rh (D) Typing.

" Positive "(+Ve)

\*\*\* End Of Report \*\*\*

Suggested Clinical Correlation \* If neccessary, Please

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Dr. VAIDEHEE NAIK, MBBS,MD

CONSULTANT PATHOLOGIST

CIN: U74999MH2018PTC303510



### DEPARTMENT OF RADIOLOGY & IMAGING SCIENCE

NAME	LOMESH CHAUDHARI	STUDY DATE	23-01-2024 09:39:10
AGE/ SEX	36Y1D / M	HOSPITAL NO.	UMR2324034682
ACCESSION NO.	BIL2324071566-9	MODALITY	CONTROL INFORMATION
REPORTED ON	23-01-2024 10:58	200-000-000	DX
		REFERRED BY	Dr. Vimmi Goel

#### X-RAY CHEST PA VIEW

Both the lung fields are clear.

Heart and Aorta are normal.

P hilar shadows appear normal.

Diaphragm domes and CP angles are clear.

Bony cage is normal.

IMPRESSION -No picuro-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. N.B.: This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations use to the final diagnosis. Radiological investigations are subject to variations are subject to variations.



PATIENT NAME:	MR. LOMESH CHAUDHARI	AGE /SEX:	36Y/M
UMR NO:		AGE / SEA.	201/141
	2324034682	BILL NO:	2324071566
REF BY	DR. VIMMI GOEL	DATE	22/04/2024
	- GOLL	DATE:	23/01/2024

#### 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 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]

#### EXERCISE STRESS TEST REPORT

Patient Name: Mr. Lomesh , Chaudhar Patient ID: 034682 Height: Weight Study Date: 23.01.2024 Test Type: Treadmill Stress Test

DOB: 01,02,1987 Age: 36yrs Gender: Male Race: Indian Referring Physician: - Mediuneal Aco

Attending Physician: Dr. Vimmi God! Technician: --

#### Medications:

Medical History: HTN

Protocol: BRUCE

Reason for Exercise Test: Screening for CAD

Exercise Test Sum

hase Name	Stage Name	Time in Stage	Speed (mph)	Crade (%)	HIR. (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:08	0.00	0,00	87	130/10	
EXERCISE	WARM-UP STAGE I	00:05	0.70	0,00	134	130/70	
	STAGE 2 STAGE 3	03:00 02:55	2,50	12.00	157	150/70	
RECOVERY	STAGES	01:00	0,00	0,00	157		
		02:00	0:00	0,00	130	130/70	

The patient exercised according to the BRUCE for 8:54 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 90 bpm rose to a maximal heart rate of 179 bpm. This value represents 97 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/70 mmHg, rose to a maximum blood pressure of 150 70 mmHg. The exercise test was stopped due to Target heart rate achieved.

#### Interpretation:

Summary: Resting ECG: ST elevation, LVH.

Functional Capacity: normal.

R Response to Exercise: appropriate.

3P 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.

KINS-KINGSKAI BOSPITALS 23-Jan-24 8:38:23 AM PHC DEPT. Consider left ventricular hypertrophy (S V1/V2+R V5/V6) >3.50mV ST elev, probable normal early repol pattern......ST elevation, age<55 ž 2 100 Unconfirmed Diagnosis - ABNORMAL ECG -5 72 Sinus rhythm..... MR LOMESH CHAUDHARI Baseline wander in lead(s) V4 AVR AVL ave 12 Lead; Standard Placement 158 431 36 Years ---AXIS---Rate QRSD 250 H Ħ

8 100B CL F 50- 0.50-150 BE W Chest: 10.0 mm/mV Limb: 10 mm/mV Speed: 25 mm/sec Device: