

Mohd. Nazir Jamadar  
56 yrs / Male

09/03/2024

No fresh complaints.

No comorbidities.

No P/H.

No SIH.

with Glasses

RT Lt  
Near N16 N16

Distance 616 619

Color Normal

F/M - Mother - HTN, IHD, BA  
father - expired

Ht - 176 cm

wt - 66 kg

BMI - 21.3 kg/m<sup>2</sup>

BP - 130/80 mmHg

P - 78/min

SpO<sub>2</sub> - 98%

Pt is fit and can resume  
his normal duties



**HELPLINE**

022 - 2588 3531

S-1, Vedant Complex,  
Vartak Nagar, Thane (W) 400 606

[www.siddhivinayakhospitals.org](http://www.siddhivinayakhospitals.org)





ID: 1066 Mohel, Nasir, Javed HR 67 bpm 09-03-2024 09:24:39 AM

male  
Years 56  
Req. No. BP: 130/80

P	128 ms
PR	184 ms
QRS	108 ms
QT/QTcBz	375/397 ms
P/QRST	659/28
RV5/SVI	1.118/0.469 mV

HT: 176 cm  
WT: 66 kg

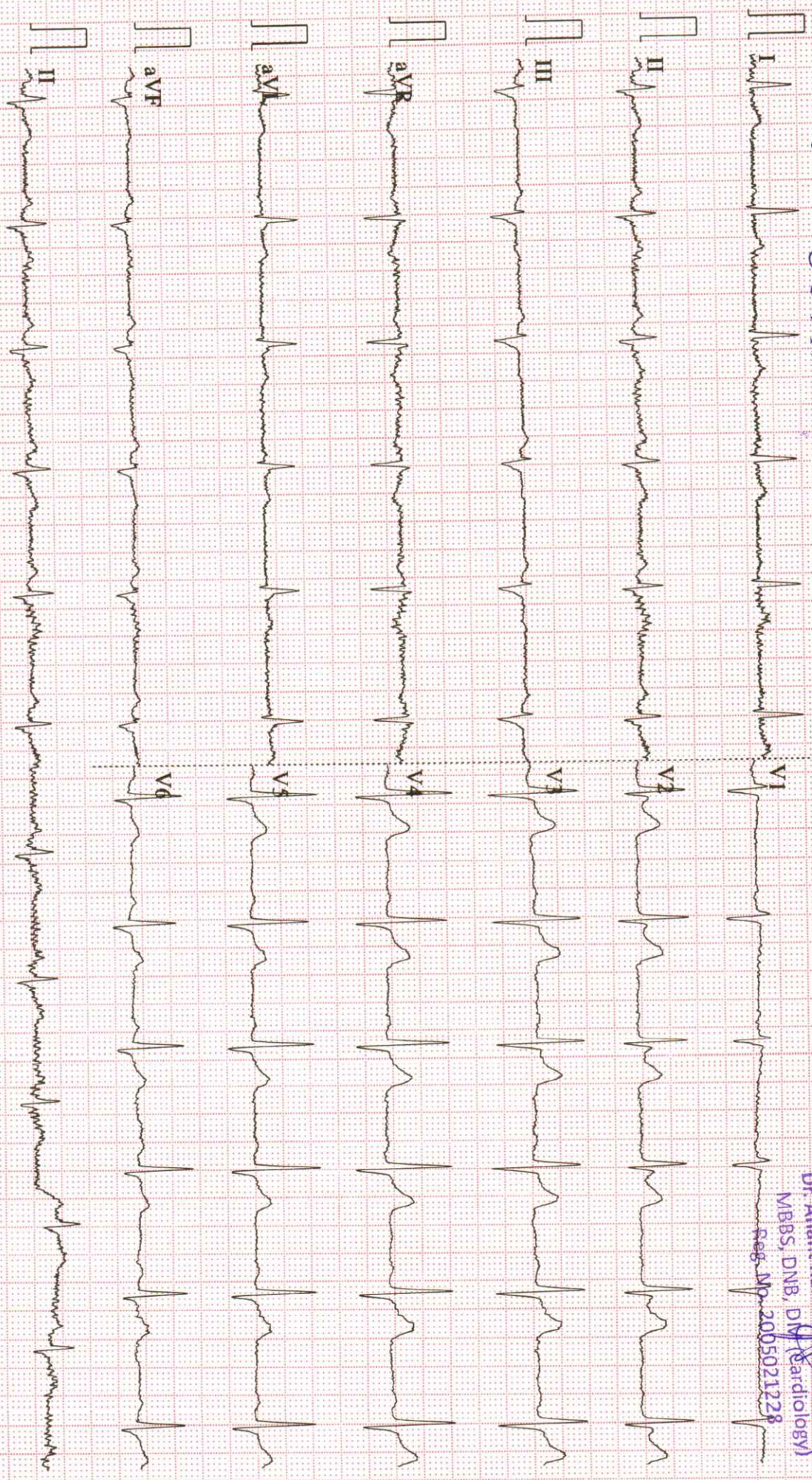
Diagnosis Information:

Sinus Rhythm  
Prolonged P-wave  
TNSR  
NO Significant ST-T changes

Report Confirmed by:

ADV-NO active intervention  
required rigid no sed

Dr. Anant Ramkis (Anirao Munde)  
MBBS, DNB, DM (Cardiology)  
Reg. No. 2005021228



0.15-45Hz AC50 25mm/s 10mm/mV 2\*5.0s+1r V2.21 SEMIP V1.92 Siddhivimayak Hospital





Name - Mr. Mohammad Jamadar Nasir	Age - 56 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 09/03/2024

### USG ABDOMEN & PELVIS

#### FINDINGS: -

The **liver** dimension is normal in size. It appears normal in morphology with **raised echogenicity**. No evidence of intrahepatic ductal dilatation.

The **GB**-gallbladder is distended normally. Wall thickness is normal.

The **CBD**- common bile duct is normal. The portal vein is normal.

The **pancreas** appears normal in morphology.

The **spleen** is normal in size and morphology.

Both **kidneys** demonstrate normal morphology.

Both kidneys show normal cortical echogenicity.

The right kidney measures 8.7 x 5.9 cm

The left kidney measures 9.5 x 4.2 cm

**Urinary bladder:** -normally distended. Wall thickness - normal.

**Prostate** is normal in size and morphology Size: 22.0 gms

No **free fluid** is seen.

#### IMPRESSION:-

- **Fatty liver (Grade I).**

**DR. AMOL BENDRE**  
**MBBS; DMRE**  
**CONSULTANT RADIOLOGIST**





Name - MR. MOHAMMAD JAMADAR NASIR	Age - 56 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date - 09 /03/2024

### X- Ray chest (PA VIEW)

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

#### IMPRESSION:

- No significant abnormality seen.

Adv.: Clinical and lab correlation.

  
DR. AMOL BENDRE

MBBS; DMRE

CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.





## ECHOCARDIOGRAM

NAME	MR. MOHAMMAD JAMADAR NASIR
AGE/SEX	56 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	09/03/2024

### 2D/M-MODE ECHOCARDIOGRAPHY

<b>VALVES:</b> <b>MITRAL VALVE:</b> <ul style="list-style-type: none"> <li>• AML: Normal</li> <li>• PML: Normal</li> <li>• Sub-valvular deformity: Absent</li> </ul> <b>AORTIC VALVE:</b> Normal <ul style="list-style-type: none"> <li>• No. of cusps: 3</li> </ul> <b>PULMONARY VALVE:</b> Normal <b>TRICUSPID VALVE:</b> Normal	<b>CHAMBERS:</b> <b>LEFT ATRIUM:</b> Normal <ul style="list-style-type: none"> <li>• Left atrial appendage: Normal</li> </ul> <b>LEFT VENTRICLE:</b> Normal <ul style="list-style-type: none"> <li>• RWMA: No</li> <li>• Contraction: Normal</li> </ul> <b>RIGHT ATRIUM:</b> Normal <b>RIGHT VENTRICLE:</b> Normal <ul style="list-style-type: none"> <li>• RWMA: No</li> <li>• Contraction: Normal</li> </ul>
<b>GREAT VESSELS:</b> <ul style="list-style-type: none"> <li>• AORTA: Normal</li> <li>• PULMONARY ARTERY: Normal</li> </ul>	<b>SEPTAE:</b> <ul style="list-style-type: none"> <li>• IAS: Intact</li> <li>• IVS: Intact</li> </ul>
<b>CORONARIES:</b> Proximal coronaries normal <b>CORONARY SINUS:</b> Normal	<b>VENACAVAE:</b> <ul style="list-style-type: none"> <li>• SVC: Normal</li> <li>• IVC: Normal and collapsing &gt;20% with respiration</li> </ul>
<b>PULMONARY VEINS:</b> Normal	<b>PERICARDIUM:</b> Normal

### MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	21 mm	Left atrium	34 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	44.3 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	28.0 mm	RVEF	%
Ascending aorta	mm	IVSd	7.4 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	7.4 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	66 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	14.0 mm



### COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MR. MOHAMMAD JAMADAR NASIR
AGE/SEX	56 YRS/M
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DATE OF EXAMINATION	09/03/2024

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.1	0.92
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm <sup>2</sup> )				
DVI (ms)				
PR END DIASTOLIC VELOCITY (m/s)				
ACCELERATION/ DECELERATION TIME (ms)				
PHT (ms)				
VENA CONTRACTA (mm)				
REGURGITATION		TRJV= m/s PASP= mmHg		
E/A	E<A			
E/E'				

#### FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF %)
- Good RV systolic function
- Grade I diastolic dysfunction
- All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Nil

#### ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

*Dr. Anant Ramkishanrao Munde*  
MBBS, DNB, DM (Cardiology)  
Reg. No. 2005021228





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Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL



**\*LIPID PROFILE**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)</b>	<b>217.0</b>	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
<b>S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)</b>	46.5	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
<b>S. TRIGLYCERIDE (ENZYMATIC, END POINT)</b>	103.8	mg/dL	Desirable level : <161 mg/dl. High : >= 161 - 199 mg/dl. Borderline High : 200 - 499 mg/dl. Very high : >499mg/dl.
<b>VLDL CHOLESTEROL (CALCULATED VALUE)</b>	21	mg/dL	UPTO 40
<b>S.LDL CHOLESTEROL (CALCULATED VALUE)</b>	150	mg/dL	Optimal: <100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High : 160 - 189mg/dl. Very high : >= 190 mg/dl.
<b>LDL CHOL/HDL RATIO (CALCULATED VALUE)</b>	3.23		UPTO 3.5
<b>CHOL/HDL CHOL RATIO (CALCULATED VALUE)</b>	4.67		<5.0

Above reference ranges are as per ADULT TREATMENT PANEL III recommendation by NCEP (May 2015).

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By  
SHAISTA Q

**DR. SMITA RANVEER.**  
M.B.B.S.M.D. Pathology(Mum)  
Consultant Histocytopathologist





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**COMPLETE BLOOD COUNT**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>HEMOGLOBIN</b>	13.1	gm/dl	13 - 18
HEMATOCRIT (PCV)	<b>39.3</b>	%	42 - 52
RBC COUNT	5.13	x10 <sup>6</sup> /uL	4.70 - 6.50
MCV	<b>77</b>	fl	80 - 96
MCH	<b>25.5</b>	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	<b>16.6</b>	%	11.5 - 14.5
<b>TOTAL LEUCOCYTE COUNT</b>	4680	/cumm	4000 - 11000
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS	52	%	40 - 80
LYMPHOCYTES	37	%	20 - 40
EOSINOPHILS	03	%	0 - 6
MONOCYTES	08	%	2 - 10
BASOPHILS	00	%	0 - 1
<b>PLATELET COUNT</b>	233000	/cumm	150000 - 450000
MPV	11.1	fl	6.5 - 11.5
PDW	16.1	%	9.0 - 17.0
PCT	0.260	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochromic		
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		

Method : EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method).Rest are calculated parameters.

**Result relates to sample tested, Kindly correlate with clinical findings.**

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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>URINE ROUTINE EXAMINATION</u></b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
VOLUME	20ml		
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Clear		Clear
<b><u>CHEMICAL EXAMINATION</u></b>			
REACTION (methyl red and Bromothymol blue indicator)	Acidic		Acidic
SP. GRAVITY (Bromothymol blue indicator)	1.010		1.005 - 1.022
PROTEIN (Protein error of PH indicator)	Absent		Absent
BLOOD (Peroxidase Method)	Absent		Absent
SUGAR (GOD/POD)	Absent		Absent
KETONES (Acetoacetic acid)	Absent		Absent
BILE SALT & PIGMENT (Diazonium Salt)	Absent		Absent
UROBILINOGEN (Red azodye)	Normal		Normal
LEUKOCYTES (pyrrole amino acid ester diazonium salt)	Absent		Absent
NITRITE (Diazonium compound With tetrahydrobenzo quinolin 3-phenol)	Absent		Negative
<b><u>MICROSCOPIC EXAMINATION</u></b>			
RED BLOOD CELLS	Absent	/ HPF	Absent
PUS CELLS	1-2	/ HPF	0 - 5
EPITHELIAL	0-2	/ HPF	0 - 5
CASTS	Absent		

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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		

REMARK Result relates to sample tested. Kindly correlate with clinical findings.

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<b>Ref By</b>	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	<b>Report Status</b>	: FINAL



**IMMUNO ASSAY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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**TFT (THYROID FUNCTION TEST )**

SPECIMEN	Serum		
T3	118.5	ng/dl	84.63 - 201.8
T4	7.55	µg/dl	5.13 - 14.06
TSH	1.97	µIU/ml	0.270 - 4.20

DONE ON FULLY AUTOMATED ANALYSER COBAS e411.

INTERPRETATION T3 (Triiodo Thyronine) T4 (Thyroxine)

AGE	RANGE	AGE	RANGES
1-30 days	100-740	1-14 Days	11.8-22.6
1-11 months	105-245	1-2 weeks	9.9-16.6
1-5 years	105-269	1-4 months	7.2-14.4
6-10 years	94-241	4-12months	7.8-16.5
11-15 years	82-213	1-5 years	7.3-15.0
15-20 years	80-210	5-10 years	6.4-13.3
		11-15 years	5.6-11.7

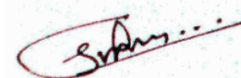
TSH(Thyroid stimulating hormone)

AGE	RANGES
0-14 Days	1.0-39
2 weeks -5 months	1.7-9.1
6 months-20 years	0.7-6.4
Pregnancy	
1st Trimester	0.1-2.5
2nd Trimester	0.20-3.0
3rd Trimester	0.30-3.0

INTERPRETATION :

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

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\* 1 8 6 1 7 2 \*

Result relates to sample tested, Kindly correlate with clinical findings.

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**HAEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>BLOOD GROUP</u></b>			
SPECIMEN	WHOLE BLOOD EDTA & SERUM		
* ABO GROUP	'A'		
RH FACTOR	POSITIVE		
Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)			
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**\*RENAL FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>BLOOD UREA</b> (Urease UV GLDH Kinetic)	25.7	mg/dL	18 - 55
<b>BLOOD UREA NITROGEN</b> (Calculated)	12.01	mg/dL	5 - 20
<b>S. CREATININE</b> (Enzymatic)	0.99	mg/dL	0.6 - 1.4
<b>S. URIC ACID</b> (Uricase)	5.5	mg/dL	3.5 - 7.2
<b>S. SODIUM</b> (ISE Direct Method)	138.0	mEq/L	137 - 145
<b>S. POTASSIUM</b> (ISE Direct Method)	4.00	mEq/L	3.5 - 5.1
<b>S. CHLORIDE</b> (ISE Direct Method)	99.0	mEq/L	98 - 110
<b>S. PHOSPHORUS</b> (Ammonium Molybdate)	3.91	mg/dL	2.5 - 4.5
<b>S. CALCIUM</b> (Arsenazo III)	9.4	mg/dL	8.6 - 10.2
<b>PROTEIN</b> (Biuret)	6.55	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (BGC)	4.09	g/dl	3.2 - 4.6
<b>S.GLOBULIN</b> (Calculated)	2.46	g/dl	1.9 - 3.5
<b>A/G RATIO</b> calculated	1.66		0 - 2

NOTE BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED ( EM 200 ) ANALYZER.

Result relates to sample tested, Kindly correlate with clinical findings.

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\* 1 8 6 1 7 2 \*

### Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA
RBC	Normocytic Normochromic
WBC	Total leucocyte count is normal on smear.  Neutrophils:54 % Lymphocytes:35 % Monocytes:08 % Eosinophils:03 % Basophils:00 %
PLATELET	Adequate on smear.
HEMOPARASITE	No parasite seen.

**Result relates to sample tested, Kindly correlate with clinical findings.**  
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**LIVER FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>TOTAL BILLIRUBIN</b> (Method-Diazo)	0.61	mg/dL	0.1 - 1.2
<b>DIRECT BILLIRUBIN</b> (Method-Diazo)	0.28	mg/dL	0.0 - 0.4
<b>INDIRECT BILLIRUBIN</b> Calculated	0.33	mg/dL	0 - 0.8
<b>SGOT(AST)</b> (UV without PSP)	20.5	U/L	0 - 37
<b>SGPT(ALT)</b> UV Kinetic Without PLP (P-L-P)	17.4	U/L	UP to 40
<b>ALKALINE PHOSPHATASE</b> (Method-ALP-AMP)	55.0	U/L	53 - 128
<b>S. PROTIEN</b> (Method-Biuret)	6.55	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (Method-BCG)	4.09	g/dl	3.5 - 5.2
<b>S. GLOBULIN</b> Calculated	2.46	g/dl	1.90 - 3.50
<b>A/G RATIO</b> Calculated	1.66		0 - 2

Result relates to sample tested, Kindly correlate with clinical findings.

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**HAEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>ESR</b>			
<b>ESR</b>	05	mm/1hr.	0 - 20

METHOD - WESTERGREN

Result relates to sample tested, Kindly correlate with clinical findings.

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**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GAMMA GT	35.0	U/L	13 - 109
<b><u>BLOOD GLUCOSE FASTING &amp; PP</u></b>			
BLOOD GLUCOSE FASTING	98.9	mg/dL	70 - 110
BLOOD GLUCOSE PP	112.4	mg/dL	70 - 140

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

1. Fasting is required (Except for water ) for 8-10 hours before collection for fasting specimen. Last dinner should consist of bland diet.
2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

**INTERPRETATION**

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : >=126 mg/dl

**POSTPRANDIAL/POST GLUCOSE (75 grams)**

- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : >=200 mg/dl

**CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS**

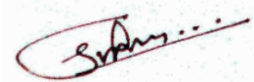
- Fasting plasma glucose >=126 mg/dl
- Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin > 6.5%

\*\*\*Any positive criteria should be tested on subsequent day with same or other criteria.

**GLYCOCELATED HEMOGLOBIN (HBA1C)**

HBA1C (GLYCOSALATED HAEMOGLOBIN)	4.0	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G. )	68.0	mg/dL	NON - DIABETIC : <=5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : >6.5
METHOD	Particle Enhanced Immunoturbidimetry		

**Checked By**  
SHAISTA Q



**DR. SMITA RANVEER.**  
**M.B.B.S.M.D. Pathology(Mum)**  
**Consultant Histocytopathologist**



Name : Mr. MOHD NASIR JAMADAR (A) Collected On : 9/3/2024 9:50 am  
Lab ID. : 186172 Received On : 9/3/2024 10:00 am  
Age/Sex : 56 Years / Male Reported On : 9/3/2024 9:13 pm  
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL



\* 1 8 6 1 7 2 \*

**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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HbA1c : Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes. Average Blood Glucose (A.B.G) is calculated value from HbA1c : Glycosylated hemoglobin concentration in whole Blood. It indicates average blood sugar level over past three months.

**Result relates to sample tested, Kindly correlate with clinical findings.**

----- END OF REPORT -----

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\* 1 8 6 1 7 2 \*

**REPORT ON IMMUNOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
PSA (PROSTATE SPECIFIC ANTIGEN)(TOTAL) (CLIA)	1.067	ng/ml	0 - 4

**INTERPRETATION:**

Increased levels are noted in prostate cancer, benign prostatic hypertrophy, prostatitis

**Result relates to sample tested, Kindly correlate with clinical findings.**

----- END OF REPORT -----

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