

09/12/2023

Ram Surve
55 yrs / Male

Height - 167cm
Weight - 88kg
BMI - 31.6 kg/m²
Obese class 1

Ch - Pain in abd on & off.

No any co-morbidity

PH - No any.

SIH - No any.

ECG.
↓
left ant fascicular
block

BP - 130/80 mmHg

P - 60/min

SPO₂ - 98%

Pt is fit and can resume
his normal duties

Adv
2D Echo.



Female
Years 55
BP - 130/80
SpO2 - 98
PR - 55

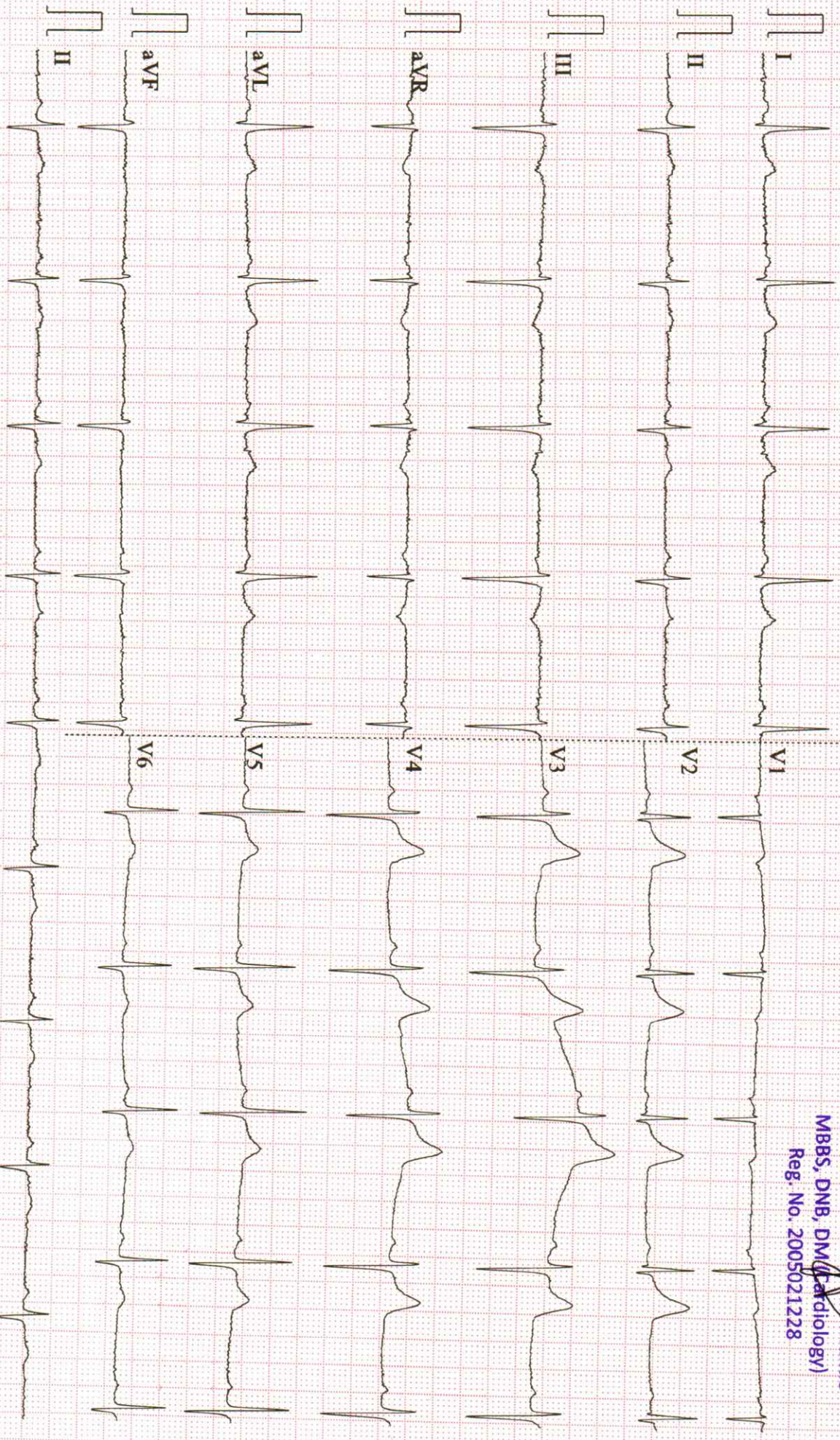
HR : 55 bpm
P : 102 ms
PR : 170 ms
QRS : 86 ms
QT/QTcBz : 422/404 ms
P/QRS/T : -2/-30/1 °
RV5/SV1 : 1.083/0.720 mV

Diagnosis Information:
Sinus Bradycardia
Suspect Left Anterior Fascicular Block

Report Confirmed by:

Dr. Anant Ramkishan Rao Munde
MBBS, DNB, DM (Cardiology)
Reg. No. 2005021228

WNL
Ram Sate Age - 55 yr
Dt: - 9/12/2023



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



Name - Mr. Ram Surve	Age - 55 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 09/12/2023

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 (10.0 cm) and morphology.

Both **kidneys** demonstrate normal morphology.

Both kidneys show normal cortical echogenicity.

The right kidney measures 10.3 x 5.4 cm.

The left kidney measures 10.5 x 5.3 cm.

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

Prostate is mildly enlarged in size and morphology Size:37.2 gms

Seminal vesicles appear normal.

No **free fluid** is seen.

Excessive bowel gases seen

IMPRESSION:-

- Fatty liver (Grade I)
- Mild Prostatomegaly

DR. AMOL BENDRE
MBBS; DMRE
CONSULTANT RADIOLOGIST





Name - Mr. Ram Surve	Age - 55 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 09 /12/2023

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. MOHAMMAD SOHAIB
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.



OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE

MR.RAM SURVE

AGE

55

DATE -

09.12.2023

Specs : With Glasses

	RT Eye	Lt Eye
NEAR	N/12	N/10
DISTANT	6/9	6/9
Color Blind Test	NORMAL	



SIDDHIVINAYAK HOSPITALS



ECHOCARDIOGRAM

NAME	MR. RAM SURVE
AGE/SEX	55 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	09/12/2023

2D/M-MODE ECHOCARDIOGRAPHY

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

MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	21 mm	Left atrium	41 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	39.8 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	25.6 mm	RVEF	%
Ascending aorta	mm	IVSd	15.7 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	13.3 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	66 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	15 mm



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***LIPID PROFILE**

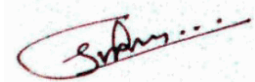
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)	208.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)	44.3	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	52.5	mg/dL	Desirable level : <161 mg/dl. High : >= 161 - 199 mg/dl. Borderline High : 200 - 499 mg/dl. Very high : >499mg/dl.
VLDL CHOLESTEROL (CALCULATED VALUE)	11	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	153	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.
LDL CHOL/HDL RATIO (CALCULATED VALUE)	3.45		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	4.70		<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

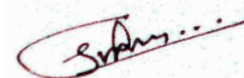
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	14.9	gm/dl	13 - 18
HEMATOCRIT (PCV)	44.7	%	42 - 52
RBC COUNT	5.08	x10 ⁶ /uL	4.70 - 6.50
MCV	88	fl	80 - 96
MCH	29.3	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	13.4	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	4000	/cumm	4000 - 11000
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS	56	%	40 - 80
LYMPHOCYTES	32	%	20 - 40
EOSINOPHILS	03	%	0 - 6
MONOCYTES	09	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	230000	/cumm	150000 - 450000
MPV	10.8	fl	6.5 - 11.5
PDW	16.1	%	9.0 - 17.0
PCT	0.247	%	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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HEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	10	mm/1hr.	0 - 20

METHOD - WESTERGREN

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

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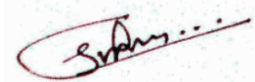
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URINE ROUTINE EXAMINATION

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

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>TFT (THYROID FUNCTION TEST)</u>			
SPACE		Space	-
SPECIMEN	Serum		
T3	129.4	ng/dl	84.63 - 201.8
T4	8.91	µg/dl	5.13 - 14.06
TSH	2.74	µIU/ml	0.270 - 4.20
T3 (Triiodo Thyronine hormone)	T4 (Thyroxine)	TSH(Thyroid stimulating hormone)	
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 yrs	105-269	1-4 months	7.2-14.4
6-10 yrs	94-241	4 -12 months	7.8-16.5
11-15 yrs	82-213	1-5 yrs	7.3-15.0
0.1-2.5			
15-20 yrs	80-210	5-10 yrs	6.4-13.3
0.20-3.0			
		11-15 yrs	5.6-11.7
0.30-3.0			
			3rd Trimester

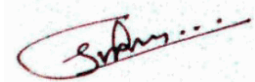
INTERPRETATION :

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.

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

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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>BLOOD GROUP</u>			
SPECIMEN	WHOLE BLOOD EDTA & SERUM		
* ABO GROUP	'B'		
RH FACTOR	NEGATIVE		
Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)			
Result relates to sample tested, Kindly correlate with clinical findings.			
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***BIOCHEMISTRY**

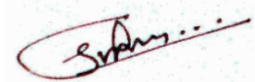
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	26.4	mg/dL	18 - 55
BLOOD UREA NITROGEN (Calculated)	12.34	mg/dL	5 - 20
S. CREATININE (Enzymatic)	1.02	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	5.5	mg/dL	3.5 - 7.2
S. SODIUM (ISE Direct Method)	145.0	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	4.31	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	108.5	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	3.2	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	9.3	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	6.86	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	4.15	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	2.71	g/dl	1.9 - 3.5
A/G RATIO calculated	1.53		0 - 2

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

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

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

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Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA
RBC	Normocytic Normochromic
WBC	Total leucocyte count is normal on smear.
	Neutrophils:58 % Lymphocytes:30 % Monocytes:09 % 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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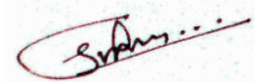
LIVER FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN (Method-Diazo)	0.76	mg/dL	0.0 - 2.0
DIRECT BILLIRUBIN (Method-Diazo)	0.39	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.37	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	28.0	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	24.6	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	53.6	U/L	53 - 128
S. PROTIEN (Method-Biuret)	6.86	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	4.15	g/dl	3.5 - 5.2
S. GLOBULIN Calculated	2.71	g/dl	1.90 - 3.50
A/G RATIO Calculated	1.53		0 - 2

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

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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BLOOD GLUCOSE FASTING & PP

BLOOD GLUCOSE FASTING	103.6	mg/dL	70 - 110
BLOOD GLUCOSE PP	106.2	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.

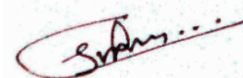
GAMMA GT	21.2	U/L	13 - 109
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GLYCOCELATED HEMOGLOBIN (HBA1C)

HBA1C (GLYCOSALATED HAEMOGLOBIN)	5.6	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level NON - DIABETIC : ≤ 5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : > 6.5
AVERAGE BLOOD GLUCOSE (A. B. G.)	114.0	mg/dL	

METHOD Particle Enhanced Immunoturbidimetry

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
-----------	---------	------	-----------------

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.

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REPORT ON IMMUNOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
PSA (PROSTATE SPECIFIC ANTIGEN)(TOTAL) (CLIA)	0.89	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 -----

Checked By
SHAISTA Q

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



COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MR. RAM SURVE
AGE/SEX	55 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	09/12/2023

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.28	1.15
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm ²)				
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: MODERATE HYPERTENSIVE HEART DISEASE

- No RWMA
- Normal LV systolic function (LVEF 66 %)
- Moderate concentric LV hypertrophy
- Good RV systolic function
- Grade I diastolic dysfunction
- All cardiac valves are normal
- Dilated left atrium. All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Control HTN

ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

Dr. Anant Ramkishanrao Munde

MBBS, DNB, DM (Cardiology)

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