



NABH PRE ACCREDITATION
ENTRY LEVEL HOSPITAL
PEH-2018-0537



**SURANA SETHIA HOSPITAL
AND RESEARCH CENTRE
CHARITABLE**

Chembur | Malad | Bhiwandi | Navi Mumbai

Patient Name : MR. KODAG SHRIKUMAR EKNATH
Ordered Loc : Hospital clinic
Referred By : Dr.BOB
Class : OPD
Current Loc :
Accession No : 23005892

IP / OP No : 1128762
Gender : Male Age : 30 Y 0 M 1 D
Vch No : 1372308
Received Dt : 30-Mar-2023 15:43
Reported On : 30-Mar-2023 15:46
Sample No : 23015345

COMPLETE HEAMOGRAM (C.B.C.)

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE</u>	<u>UNITS</u>
Haemoglobin	14.00	11.50 - 16.00	gm/dL
R.B.C.	4.83	4.00 - 6.00	Mill/C.mm.
P.C.V.	41.20	37.00 - 47.00	%
M.C.V.	85.30	78.00 - 100.00	fL
M.C.H.	28.99	27.00 - 31.00	pg
M.C.H.C.	33.98	32.00 - 36.00	%
RDW	11.9	11.0 - 15.0	%
Total W.B.C. Count	10800	4000 - 11000	/C.mm
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	66	40 - 75	%
Eosinophils	2	1 - 6	%
Basophils	0	0 - 1	%
Lymphocytes	30	20 - 45	%
Monocytes	2	1 - 10	%
WBC MORPHOLOGY	Normal		
RBC MORPHOLOGY	Normal		
PLATELET COUNT	407	150 - 450	10 ³ /ul
PLATELETS	Adequate		

** END OF REPORT **

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Dr. Pragati Pote
MB, DPB,
(Path & Bact)

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Regd. No. E 15635 With Charity Commissioner Mumbai

Income Exemption No. DIT (E) / MC / 80G / 524 / 2009 - 10. 12-A Registration No. TR/31324.

Sumannagar, Sion Trombay Road, Chembur, Mumbai - 400071 **Tel. : 022-3378 3378**

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Referred By : Dr. BOB	Vch No : 1372308
Class : OPD	Received Dt : 30-Mar-2023 15:43
Current Loc :	Reported On : 30-Mar-2023 15:46
Accession No : 23005892	Sample No : 23015343

BLOOD GROUP & RH TYPE

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE/UNITS</u>
<u>BLOOD GROUP & RH TYPE</u>		
ABO Group	"AB"	
Rh Factor	POSITIVE	
	** END OF REPORT **	

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Class : OPD	Received Dt : 30-Mar-2023 15:43
Current Loc :	Reported On : 30-Mar-2023 15:46
Accession No : 23005892	Sample No : 23015342

ESR

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE</u>	<u>UNITS</u>
ESR (Erythrocyte Sedimentation Rate)	30	1 - 20	mm/hr

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RENAL FUNCTION TEST

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE</u>	<u>UNITS</u>
BUN	11.0	6.0 - 21.0	mg/dl
Uric Acid	7.3	3.5 - 7.2	mg/dl
Sodium [Na+]	140	135 - 155	mmol/L
Potassium [K+]	3.5	3.6 - 5.5	mmol/L
Chloride [Cl-]	101	96 - 108	mmol/L
Calcium	9.5	8.4 - 10.2	mg/dl
Phosphorus	3.8	2.5 - 4.5	mg/dl
Serum Alkaline Phosphates	110.0	28.0 - 111.0	IU/L
Serum Proteins Total	7.4	6.0 - 8.2	gm%
Serum Albumin	3.7	3.0 - 5.0	gm%
Serum Globulin	3.70	1.90 - 3.50	gm%
Albumin : Globulin Ratio	1.00	0.90 - 2.00	gm%
Serum Creatinine	0.9	0.5 - 1.5	mg/dl

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LIVER FUNCTION TEST

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE</u>	<u>UNITS</u>
Total Bilirubin	0.4	0.1 - 1.2	mg/dl
Conjugated (Direct) Bilirubin	0.2	0.0 - 0.3	mg/dl
Unconjugated (Indirect) Bilirubin	0.2	0.1 - 1.0	mg/dL
SGOT	20.0	15.0 - 46.0	U/L
SGPT	30.0	13.0 - 69.0	U/L
Serum Alkaline Phosphates	110.0	28.0 - 111.0	IU/L
Serum Proteins Total	7.4	6.0 - 8.2	gm%
Serum Albumin	3.7	3.0 - 5.0	gm%
Serum Globulin	3.70	1.90 - 3.50	gm%
Albumin : Globulin Ratio	1.00	0.90 - 2.00	gm%
Serum Creatinine	0.9	0.5 - 1.5	mg/dl

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LIPID PROFILE

TEST DESCRIPTION

OBSERVED VALUE

REFERENCE RANGE UNITS

TEST DESCRIPTION	OBSERVED VALUE	REFERENCE RANGE UNITS
Total Cholesterol	182	150 - 250 mg%
Triglycerides	120	35 - 160 mg%
HDL Cholesterol	38	30 - 70 mg%
VLDL Cholesterol	24.00	7.00 - 35.00 mg%
LDL Cholesterol	120.00	108.00 - 145.00 mg%
LDL/HDL Ratio	3.16	1.10 - 3.90
TC/HDL CHOL Ratio	4.79	3.50 - 5.00

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BLOOD SUGAR F/PP

TEST DESCRIPTION

OBSERVED VALUE

REFERENCE RANGE\UNITS

Blood Sugar Fasting (FBS)
Urine Sugar (Fasting)
Urine Ketone (Fasting)

88
Absent
Absent

70 - 110 mg%

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BLOOD SUGAR F/PP

TEST DESCRIPTION

OBSERVED VALUE

REFERENCE RANGE\UNITS

Blood Sugar Post Prandial (PPBS)	102	70 - 140 mg/dl
Urine Sugar (PP)	Absent	
Urine Ketone (PP)	Absent	

METHOD GLUCOSE OXIDASE PEROXIDASE (GOD /POD)

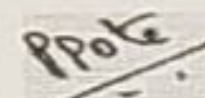
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Sample No : 23015341

URINE ANALYSIS

TEST DESCRIPTION

PHYSICAL EXAMINATION

	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE</u>	<u>UNITS</u>
Quantity	20 ml		
Colour	Pale yellow		
Appearance	Clear		
Deposit	Absent		
Reaction [PH]	Acidic		
Specific Gravity	1.020		

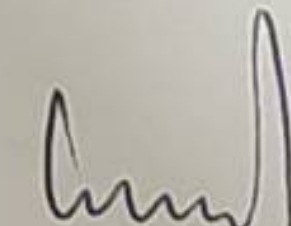
CHEMICAL EXAMINATION

Urine Albumin	Absent		
Sugar	Absent		
Ketone Bodies	Absent		
Occult Blood	Absent		
Bile Pigment	Absent		
Bile Salt	Absent		

MICROSCOPIC EXAMINATION

Red Blood Cells	Absent	00-02	
Pus Cells	2 - 3	00-02 / hpf	
Epithelial Cells	1 - 2	00-02 / hpf	
Casts	Absent		
Crystals	Absent		
Spermatozoa	Absent		
Trichomonas Vaginalis	Absent		
Yeast Cells	Absent		
Amorphous Deposits	Absent		
Bacteria	Absent		

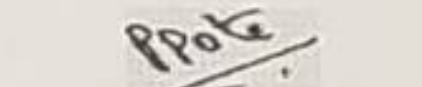
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Chembur | Malad | Bhiwandi | Navi Mumbai

NAME	: MR. KADAG SHRIKUMAR	SEX	: MALE
AGE	: 30 YRS	ID NO.	: 1128762
REF BY	: BOB	DATE	: 30/03/2023

EXAMINATION: 2D ECHOCARDIOGRAPHY

Conclusion:

1. All chambers normal sized.
2. Good LV function with LVEF = 60 %
3. All valves structurally & functionally normal.
4. No regional wall motion abnormality.
5. IAS / IVS intact.
6. No clot / vegetation / effusion.

Doppler Study:

- No diastolic dysfunction
- No TR. No PH.
- No other valvular regurgitation.
- No signs of high LVEDP.

Impression:

- Normal study.

Dr. Dinesh Rajpal
MD, Physician
Reg. No.82808.

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Doppler Study:

- Diastolic dysfunction: Normal
- RVOT = Normal mm of Hg.
- LVOT = Normal mm of Hg.
- AR: NO MR: NO PR: NO TR: NO
- Peak / Mean across MV= Normal mm of Hg.
- Peak / mean across AV = 7 mm of Hg.
- MV PHT = Normal
- MVA by PHT = Normal square cm.
- AR PHT = Normal millisecond
- CWD across TV = Normal mm of Hg.
- PASP by TR jet = Normal 33 mm of Hg.

Measurements:

	Measurement	Unit
Aorta		
LA	27	mm
26	29	mm
ACS	18	mm
Mitral Valve		
Study		
Excursion D-E		mm
EF slop		mm/s
EPSS	4	mm

	Measurement	Unit
LV study		
IVsd	8	mm
LVIDd	33	mm
LVPWD	11	mm
IVSs	16	mm
LVIDs	20	mm
LVPWa	7	mm
EF %		%
% FS		%

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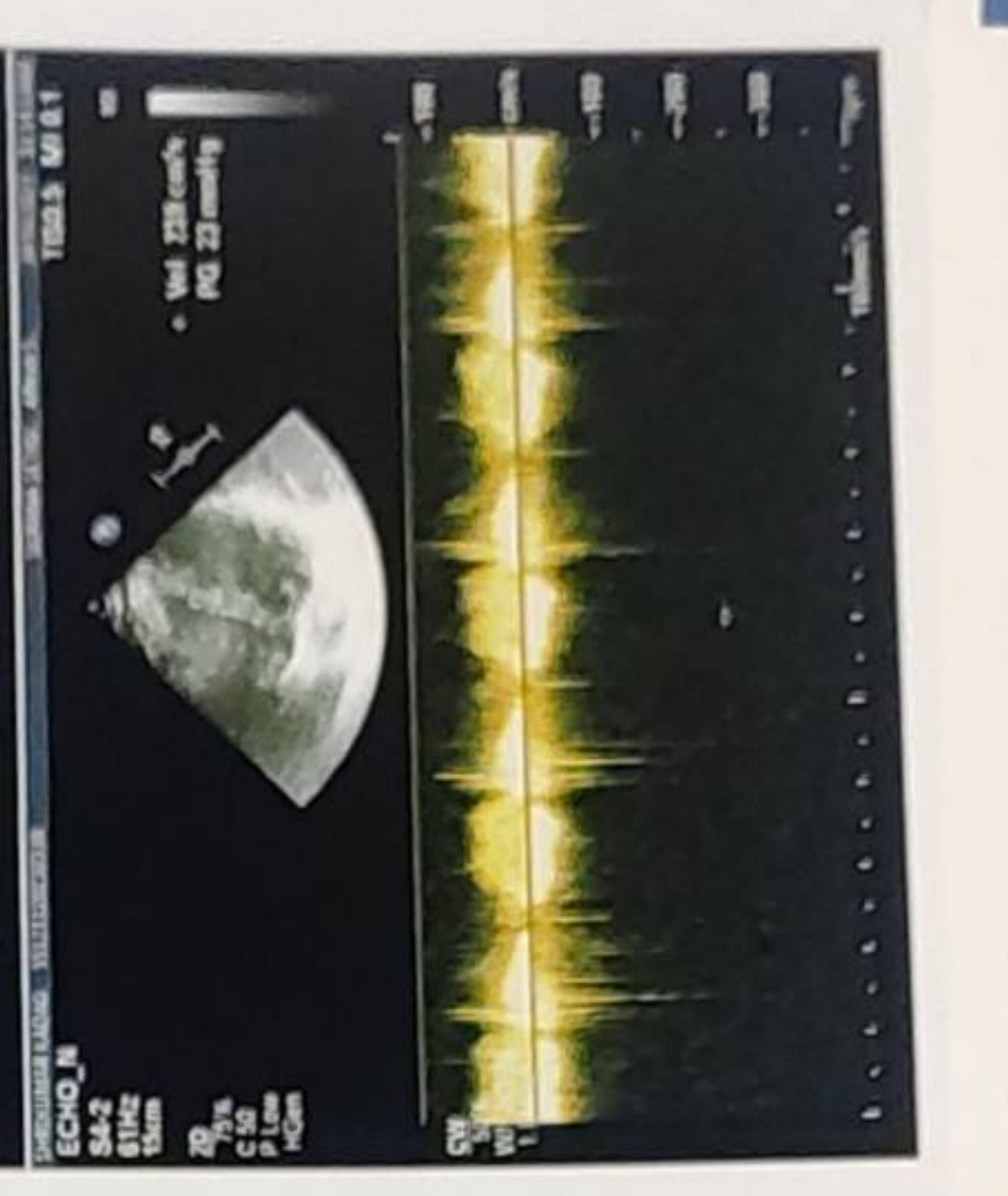
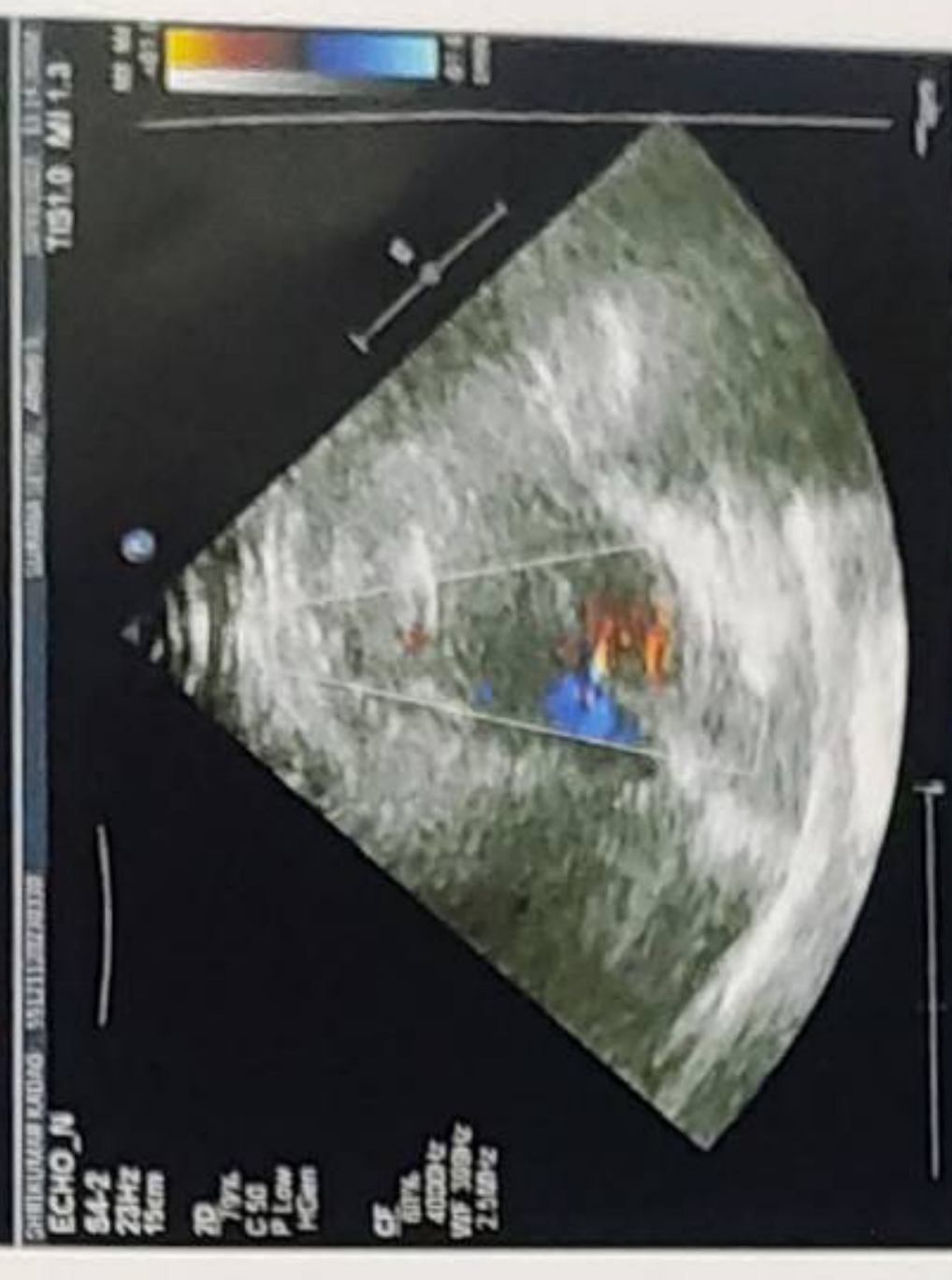
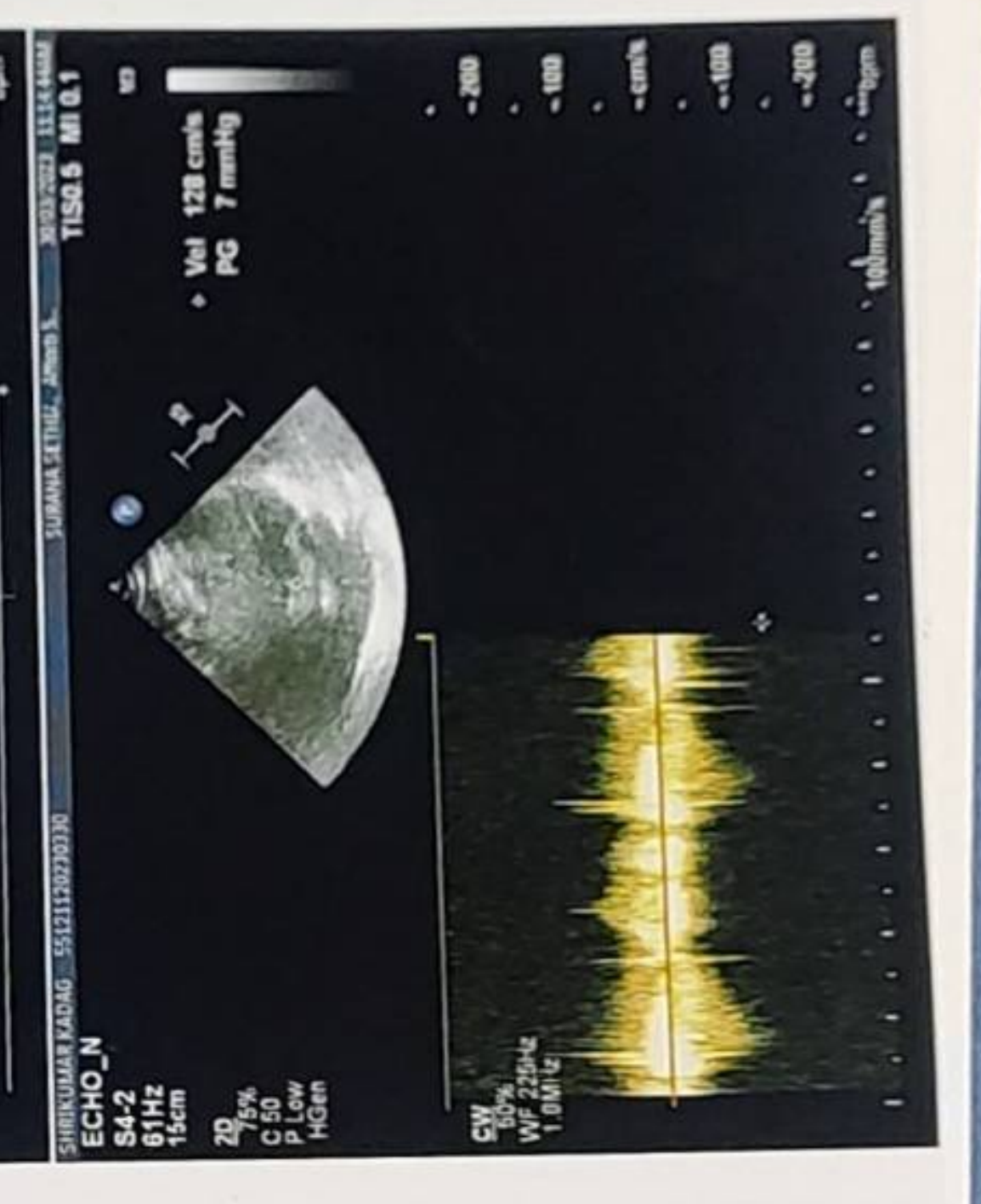
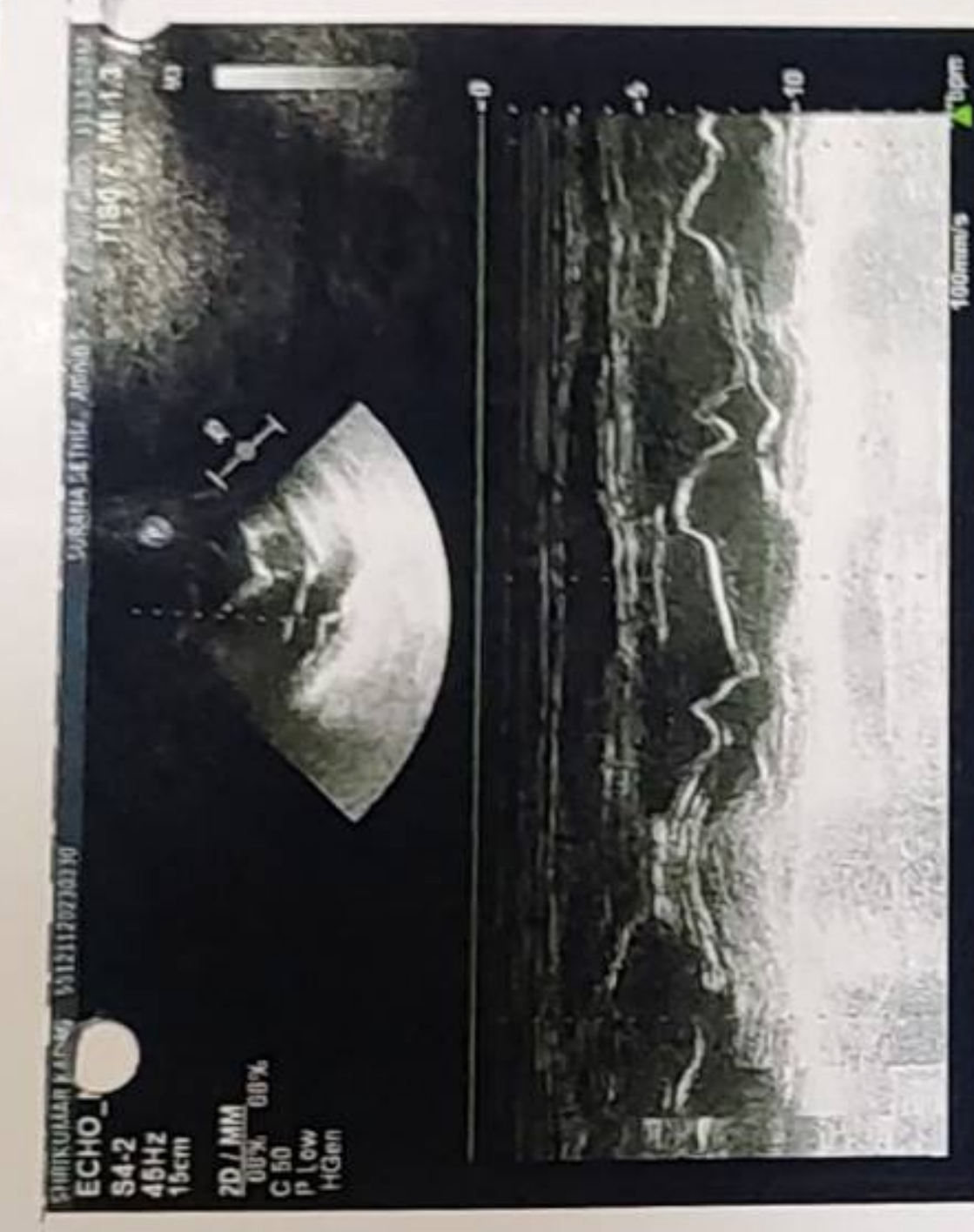
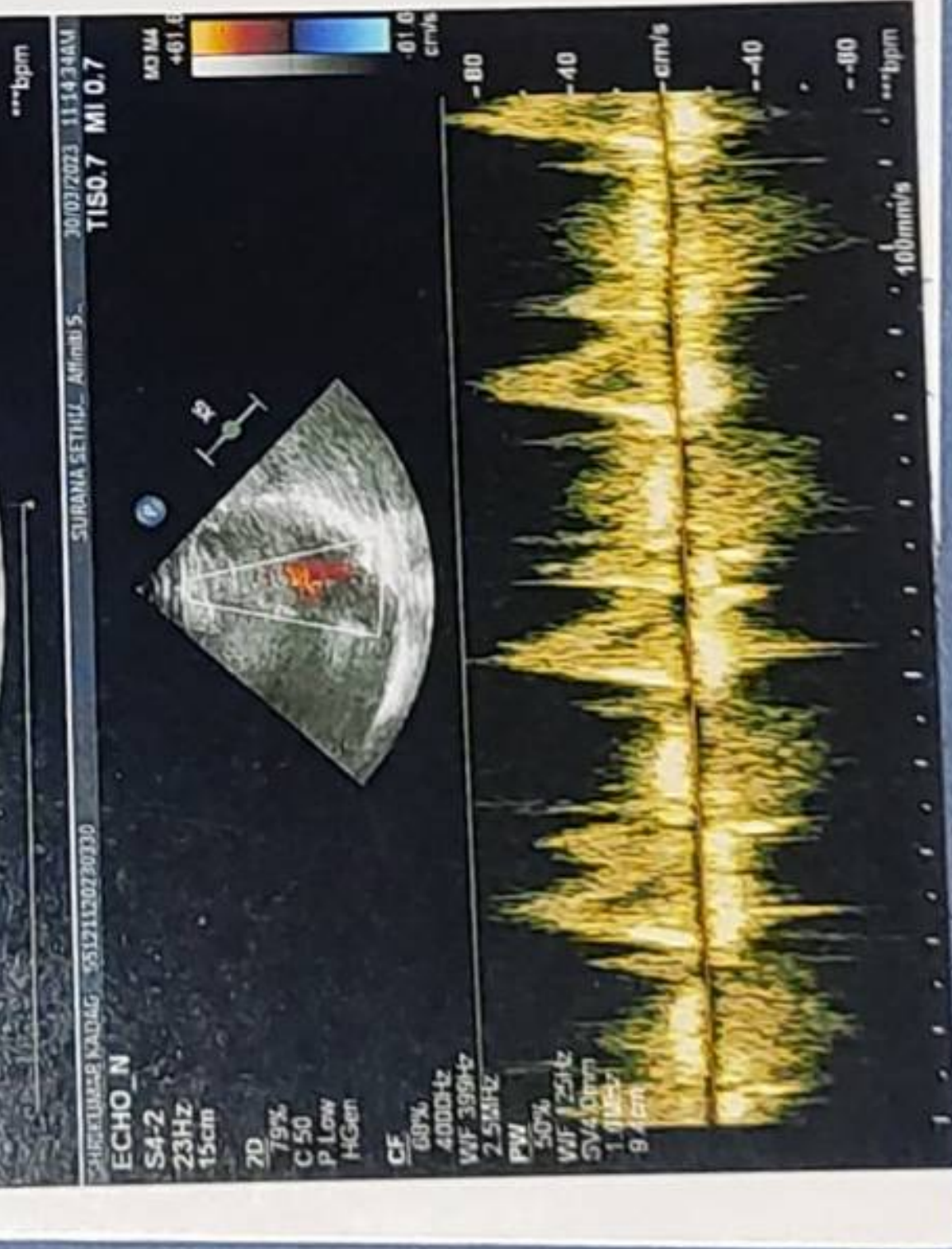
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NAME	: MR. SHRIKUMAR KODAG	SEX	: MALE
AGE	: 30YRS	ID NO.	: 1128762
REF BY	: MEDIWHEEL	DATE	: 30/03/2023

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER

Liver is normal in size, shape and contour. It shows homogeneous echotexture. No abnormal parenchymal mass lesion is seen. Intra hepatic biliary radicles and portal radicles are normal.

PORTAL VEIN AND C.B.D

Portal vein and C.B.D are normal in course and caliber.

GALL BLADDER

Gall bladder is physiologically distended. Wall thickness is normal. No evidence of calculus or sludge or pericholecystic collection.

SPLEEN

Spleen shows normal size, shape, contour and echogenicity. No abnormal parenchymal mass / lesion. Splenic vein is normal.

PANCREAS

Pancreas is normal in size, shape and position. It shows normal echogenicity. No focal mass lesion or calcification is seen. Pancreatic duct is not dilated

KIDNEYS

Both kidneys are normal in size, shape, position and contour. Parenchymal echogenicity is normal. Cortico-medullary difference is well maintained. No abnormal mass lesion is seen. No evidence of calculus and hydronephrosis in both kidneys.

Right kidney measures 10.5 x 4.7cm.

Left kidney measures 9.5 x 5.0 cm.

Contd 2/..

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:2:

NAME	: MR. SHRIKUMAR KODAG	SEX	: MALE
AGE	: 30YRS	ID NO.	: 1128762
REF BY	: MEDIWHEEL	DATE	: 30/03/2023

AORTA AND RETROPERITONEUM

Visualized aorta and retroperitoneal vessels are normal in course and caliber. No evidence of significant lymphadenopathy or free fluid.

URINARY BLADDER

Urinary bladder is well distended. It shows smooth wall and mucosal thickening is normal. No obvious mass lesion or calculus is seen.

PROSTATE

Prostate is normal in size, shape, position and echogenicity. No focal mass lesion is seen. Prostatic capsule is intact.

IMPRESSION:

- No significant abnormality is detected in abdomen and pelvis.

DR. KETAN KALASKAR
M.D.
Consultant Radiologist
KKRG

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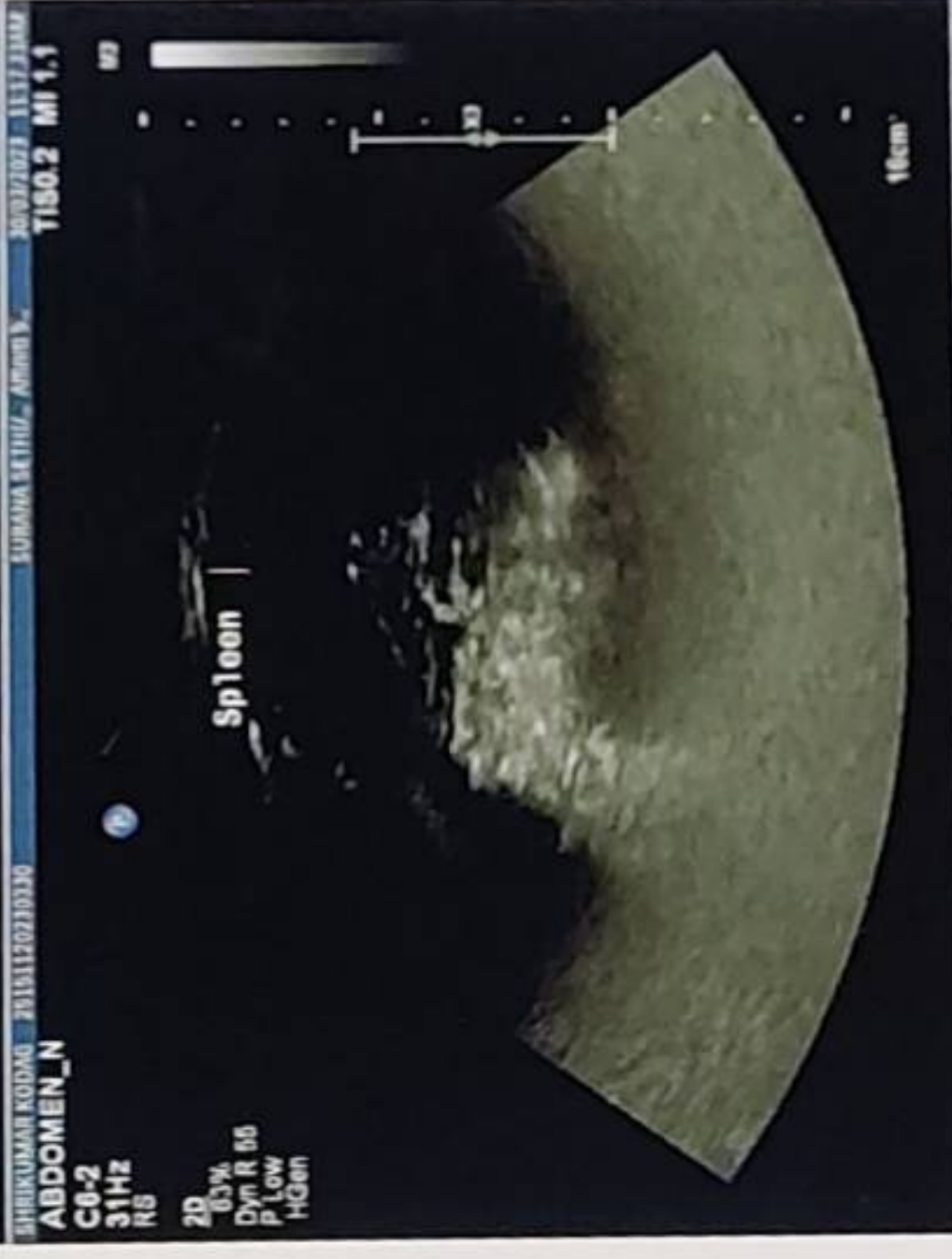
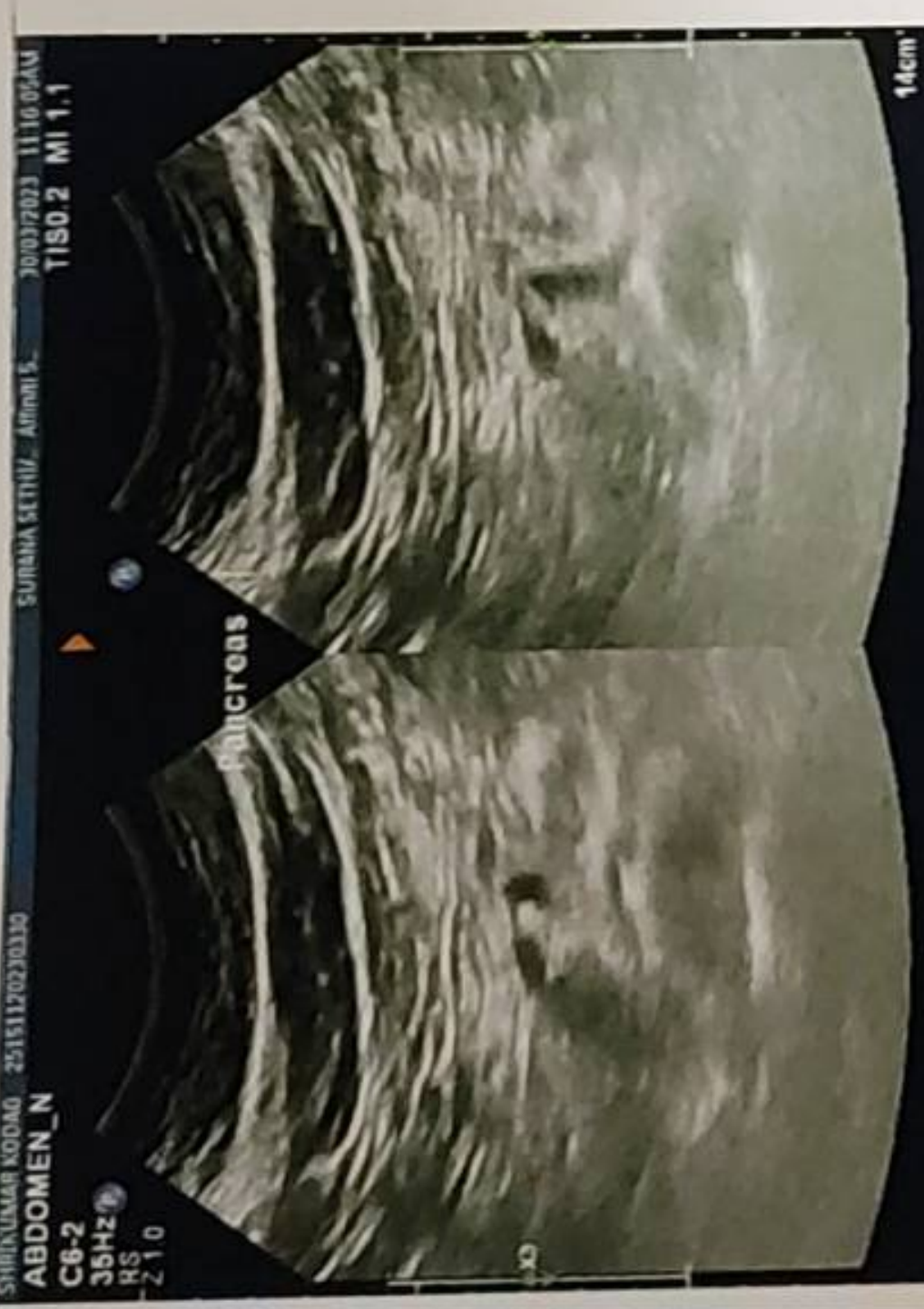
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Chembur | Malad | Bhiwandi | Navi Mumbai

NAME : SHRIKANT KADAG (30Y/M)
REF. BY : SELF
TEST ASKED : HbA1c

SAMPLE COLLECTED AT :
(4000711424),SURANA SETHIA HOSPITAL,SION -
TROMBAY ROAD, SUMAN NAGAR, CHEMBUR,
MUMBAI, MAHARASHTRA 400071,400071

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	6.1	%

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7%	: Normal
5.7% - 6.4%	: Prediabetic
>=6.5%	: Diabetic

Guidance For Known Diabetics

Below 6.5%	: Good Control
6.5% - 7%	: Fair Control
7.0% - 8%	: Unsatisfactory Control
>8%	: Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	128	mg/dl
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Reference Range :

90 - 120 mg/dl	: Good Control
121 - 150 mg/dl	: Fair Control
151 - 180 mg/dl	: Unsatisfactory Control
> 180 mg/dl	: Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

--- End of report ---

Sample Collected on (SCT) : 30 Mar 2023 12:25
Sample Received on (SRT) : 30 Mar 2023 14:34
Report Released on (RRT) : 30 Mar 2023 15:30

[Signature]

[Signature]

SURANA CHARITABLE TRUST

Regd. No. E 15635 With Charity Commissioner Mumbai
Income Exemption No. DIT (E) / MC / 80G / 524 / 2009 - 10. 12-A Registration No. TR/31324.
Sumannagar, Sion Trombay Road, Chembur, Mumbai - 400071 **Tel. : 022-3378 3378**
Email: info@suranasethiahospital.in Web. : www.suranasethiahospital.com

Dr Mecha S MD DNB (Path)

Dr Sumania Basak, DPB



Laboratory Test Report

Name of Patient : Mr. SHRIKUMAR KODAG
 Age/Gender : 30 Yrs/Male
 Collected AT : SURANASETHIA HOSPITAL AND RESE
 Referred BY : Dr. SELF
 Sample Type : Serum - A4001158
 Ref Customer :

Test Request ID : 35742303300007
 Specimen Drawn ON : 30-Mar-2023 12:50PM
 Specimen Received ON : 30-Mar-2023 02:41PM
 Report DATE : 30-Mar-2023 03:41PM

Test Description	Observed Value	Biological Reference Range	Method
THYROID PROFILE			
Triiodothyronine Total (T3)	1.02	0.70-2.04 ng/mL	Electrochemiluminescence immunoassay (ECLIA)
Thyroxine Total (T4)	4.9	4.6-10.5 ug/dL	
TSH (4th Generation)	2.955	0.40-4.20 uIU/mL	

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association.)
1st Trimester	0.10-2.50 uIU/mL
2nd Trimester	0.20-3.00 uIU/mL
3rd Trimester	0.30-3.00 uIU/mL

INTERPRETATION-

1. Primary hyperthyroidism is accompanied by elevated serum T3 & T4 values along with depressed TSH level.
2. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values & elevated serum TSH levels.
3. Normal T4 levels accompanied by high T3 levels and low TSH are seen in patients with T3 thyrotoxicosis.
4. Normal or low T3 & high T4 levels indicate T4 thyrotoxicosis (problem is conversion of T4 to T3)
5. Normal T3 & T4 along with low TSH indicate mild / subclinical HYPERTHYROIDISM .
6. Normal T3 & low T4 along with high TSH is seen in HYPOTHYROIDISM .
7. Normal T3 & T4 levels with high TSH indicate Mild / Subclinical HYPOTHYROIDISM .
8. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness , malnutrition , renal failure and during therapy with drugs like propranolol.
9. Although elevated TSH levels are nearly always indicative of primary hypothyroidism . rarely they can result from TSH secreting pituitary tumours (secondary hyperthyroidism)

* TSH IS DONE BY ULTRASENSITIVE 4th GENERATION CHEMIFLEX ASSAY*

COMMENTS:

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

Dosage:

TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age, and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly. TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and minimum between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration. Dose and time of drug intake also influence the test result. Reference ranges are from Teitz fundamental of clinical chemistry 7th ed.

Nabl Scope.

*** End Of Report ***

This report has been validated by:

Preeti



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ID: shrunnar koodag

30.03.2023 8:03:33
SURANA HOSPITAL
CHEMBUR
MUMBAI

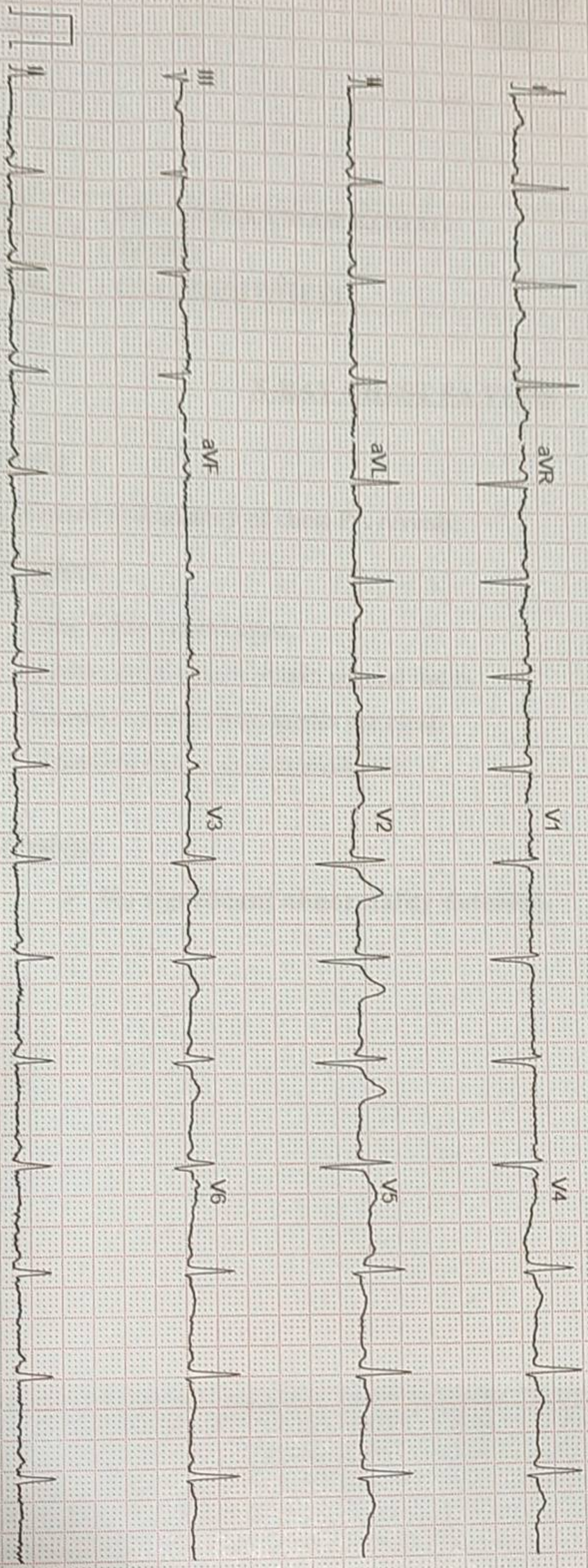
PR. Shrikumar Koliang
Age - 30 yr.

89 bpm
- / - mmHg

Normal sinus rhythm
Normal ECG

Bp. 110/80 mmHg
P 88/min.

QRS	74 ms
QT/QTcBaz	350 / 425 ms
PR	132 ms
P	96 ms
RR/PP	670 / 674 ms
P/ORS/T	53 / 8 / 4 degrees



GE MAC2000 11 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

4x2.5x3 25 R1

1/1

Unconfirmed



NABH PRE ACCREDITATION
ENTRY LEVEL HOSPITAL
PEH-2018-0537



**SURANA SETHIA HOSPITAL
AND RESEARCH CENTRE
CHARITABLE**

Chembur | Malad | Bhiwandi | Navi Mumbai

NAME	: MR. SHRIKUMAR KODAG	SEX	: MALE
AGE	: 30YRS	ID NO.	: 1128762
REF BY	: C/O. MEDIWHEEL	DATE	: 30/03/2023

X-RAY CHEST PA VIEW

Protocol :

Computerised radiography of chest PA reveals:

Observation:

- Lung fields appear clear.
- Cardiac silhouette is within normal limits.
- Bilateral costophrenic angles are clear.
- Visualised bones are unremarkable.

Impression:

- No significant abnormality detected.

**DR. KETAN KALASKAR
M.D.**

**Consultant Radiologist
KKRG**

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