UHID No	46698154
Name	Siddhesh Vivekanand Rane
Age	35 Years(M)
EmployeeID	170283
Plan Period	01/10/2022 To 30/09/2023
Policy No	251100502210000169
Organisation	Bank of Baroda - Employees

FHPL **Family Health Plan Insurance TPA Limited**

Siddhivinayak Hospital

Hosp. Reg. No.: TMC - Zone C - 386

INDUSTRIAL HEALTH SERVICES

9/9/2023

Mr. Siddesh Pane.

35/M

B.P. 130/80

No any major illness in past

- No any surgical illness
- No any allergy to any medicine

ECG - (N) Axis deviation.

2Decho. @ M.

USG Abd. @ WS

Ht - 180 cm

Wt - 101 kg

BMI - 31.2 kg/m2

TG ↑↑ cholesterol ↑↑

Consult & physician

Adv

: Blood investigations

CXR.

Pt fit & he can resume his normal duties

Siddhivinayak Hospital
Reg. No. TMC / ZONE - C / 386
Vartak Nagar, Thane (W.)

S-1, Vedant Complex, Vartak Nagar, Thane (W) 400 606
E : ohs.svh@gmail.com W : www.siddhivinayakhospitals.org T. : 022 - 2588 3531 M. : 9769545333

ID: 1846 Shiddesh Rane 09-09-2023 08:36:53 AM

Male Years 35

Req. No. B.P - 130/80

SPO2 - 98%

PR - 88

HR	: 78	bpm
P	: 112	ms
PR	: 171	ms
QRS	: 90	ms
QT/QTcBz	: 354/405	ms
P/QRS/T	: 42/40/43	°
RV5/SV1	: 1.269/0.561	mV

Diagnosis Information: NSR

Sinus Rhythm

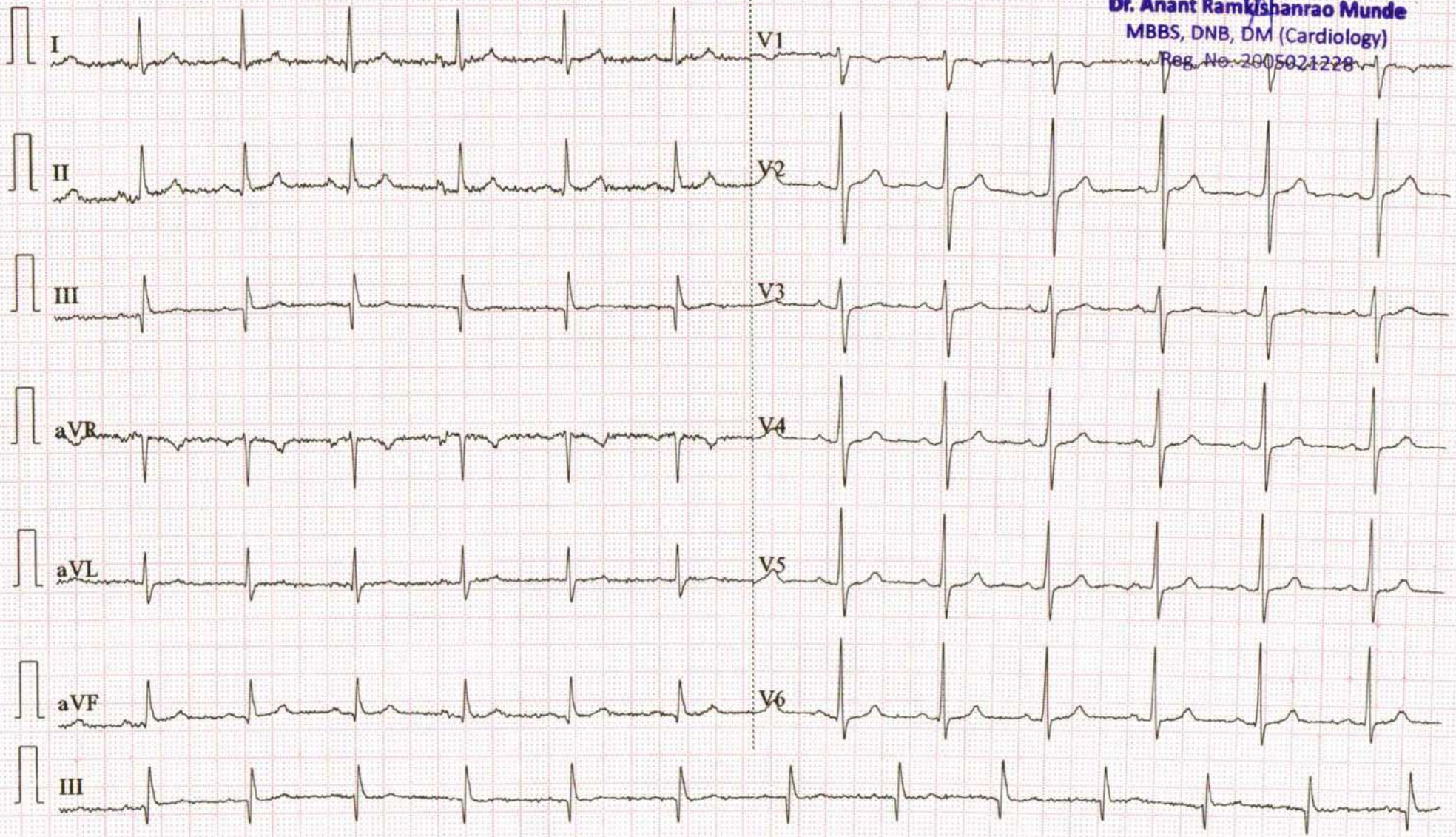
Normal ECG

No Specific ST-T changes

No active intervention required right now

Report Confirmed by:

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



0.25~35Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.21 SEMIP V1.92 Siddhivinayak Hospital

Name – Mr. Siddhesh Rane	**Age – 35 Y/M**
Ref by Dr.- Siddhivinayak Hospital	**Date - 09/09/2023**

USG ABDOMEN & PELVIS

Clinical details:- Routine

The Liver is normal in size and shows normal echogenicity. There is no obvious abnormal focal lesion seen. There is no IHBR dilatation seen in both the lobes of the liver.
The CBD and the Portal vein appear normal.
The Gall bladder is well distended & appears normal. No calculi or filling defects are seen. No evidence of Pericholecystic collection. The wall thickness is normal.

Right Kidney measures 9.2 x 3.9 cm & appears normal in shape and position. There is no evidence of hydronephrosis or any calculi seen. Cortico-medullary differentiation is maintained.

Left Kidney measures 9.3 x 4.1 cm & appears normal in shape and position. There is no evidence of hydronephrosis or any calculi seen. Cortico-medullary differentiation is maintained.

The Pancreas is normal in size & shows homogenous echopattern. It shows no focal lesion.
The Spleen is normal in size (9.5 cm) with homogenous echotexture.
The urinary bladder is adequately distended and appears normal. There is no evidence of any obvious calculi or any mass lesion seen. Both Uretero-vesical junctions appear clear. No abnormal intraluminal lesion noted.

Prostate appears normal in size. The echotexture pattern is normal. there is no obvious focal lesion seen.
No free fluid or obvious lymphadenopathy is seen in abdomen and pelvis.

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. Second opinion is always advisable.

ECHOCARDIOGRAM

NAME	MR. SIDDHESH RANE
AGE/SEX	35 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DOCTOR	DR. ANANT MUNDE, DNB, DM (CARDIOLOGY)
DATE OF EXAMINATION	09/09/2023

2D/M-MODE ECHOCARDIOGRAPHY

VALVES: **MITRAL VALVE:** • **AML**: Normal • **PML**: Normal • **Sub-valvular deformity**: Absent **AORTIC VALVE**: Normal • **No. of cusps**: 3 **PULMONARY VALVE**: Normal **TRICUSPID VALVE**: Normal	**CHAMBERS:** **LEFT ATRIUM**: Normal **LEFT VENTRICLE**: Normal • **RWMA**: No • **Contraction**: Normal **RIGHT ATRIUM**: Normal **RIGHT VENTRICLE**: Normal • **RWMA**: No • **Contraction**: Normal
GREAT VESSELS: • **AORTA**: Normal • **PULMONARY ARTERY**: Normal	**SEPTAE:** • **IAS**: Intact • **IVS**: Intact
CORONARIES: Proximal coronaries normal	**VENACAVAE:** • **SVC**: Normal • **IVC**: Normal and collapsing >20% with respiration
CORONARY SINUS: Normal	
PULMONARY VEINS: Normal	**PERICARDIUM**: Normal

MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	23 mm	Left atrium	36 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	15.7 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	32.2 mm	RVEF	%
Ascending aorta	mm	IVSd	9.6 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	9.6 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	66 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	13.9 mm

Siddhivinayak Hospital

Hosp. Reg. No.: TMC - Zone C - 386

INDUSTRIAL HEALTH SERVICES

OPTHAL CHECK UP SCREENING

NAME OF EMPLOYEE SIDDESH RANE

AGE 35 **DATE -** 09.09.2023

Spects : Without Glasses

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

Siddhivinayak Hospital
Reg. No. TMC / ZONE - C / 386
Vartak Nagar, Thane (W.)

SIDDHIVINAYAK HOSPITALS

Dr. Smita Ranveer`s

Radiance™

CLINICAL DIAGNOSTIC CENTRE

COMPLETE PATHOLOGICAL SOLUTION

Name	: Mr. SIDDHESH RANE	Collected On	: 09-Sep-2023 10:30 AM
Lab ID.	: 166891	Received On	: 09-Sep-2023 10:40 AM
Age/Sex	: 37 Years /Male	Reported On	: 10-Sep-2023 7:31 PM
Ref By	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	Report Status	: FINAL

166891

COMPLETE BLOOD COUNT

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	15.1	gm/dl	13 - 18
HEMATOCRIT (PCV)	45.3	%	42 - 52
RBC COUNT	5.25	x10^6/uL	4.70 - 6.50
MCV	86	fl	80 - 96
MCH	28.8	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	14.0	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	5650	/cumm	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	52	%	40 - 80
LYMPHOCYTES	38	%	20 - 40
EOSINOPHILS	04	%	0 - 6
MONOCYTES	06	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	311000	/ cumm	150000 - 450000
MPV	9.7	fl	6.5 - 11.5
PDW	16.1	%	9.0 - 17.0
PCT	0.300	%	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.

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

Checked By
SHAISTA Q

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

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166891

*LIPID PROFILE

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE,ESTERASE,PEROXIDASE)	**221.0**	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)	43.7	mg/dL	Major risk factor for heart :<30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	**367.6**	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)	**74**	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	104	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)	2.38		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	5.06		<5.0

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

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HEMATOLOGY

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

METHOD - WESTERGREN

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

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166891

URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
VOLUME	30 ml		
COLOUR	Pale yellow	Text	Pale Yellow
APPEARANCE	Slightly hazy		CLEAR
CHEMICAL EXAMINATION			
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)			
MICROSCOPIC EXAMINATION			
RED BLOOD CELLS	Absent		
PUS CELLS	4-6	/ HPF	0 - 5

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URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
EPITHELIAL	3-5	/ HPF	0 - 5
CASTS	Absent		
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		
REMARK	Result relates to sample tested. Kindly correlate with clinical findings.		

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

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IMMUNO ASSAY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TFT (THYROID FUNCTION TEST)			
SPACE		Space	-
SPECIMEN	Serum		
T3	84.82	ng/dl	84.63 - 201.8
T4	5.15	µg/dl	5.13 - 14.06
TSH	2.25	µIU/ml	0.270 - 4.20

T3 (Triido Thyronine) T4 (Thyroxine) TSH(Thyroid stimulating hormone)

AGE	RANGE	AGE	RANGES	AGE	RANGES
1-30 days	100-740	1-14 Days	11.8-22.6	0-14 Days	1.0-39
1-11 months	105-245	1-2 weeks	9.9-16.6	2 wks -5 months	1.7-9.1
1-5 yrs	105-269	1-4 months	7.2-14.4	6 months-20 yrs	0.7-6.4
6-10 yrs	94-241	4 -12 months	7.8-16.5	Pregnancy	
11-15 yrs	82-213	1-5 yrs	7.3-15.0	1st Trimester	0.1-2.5
15-20 yrs	80-210	5-10 yrs	6.4-13.3	2nd Trimester	0.20-3.0
		11-15 yrs	5.6-11.7	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.

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

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

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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD GROUP			
SPECIMEN	WHOLE BLOOD		
* ABO GROUP	'A'		
RH FACTOR	POSITIVE		

Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)

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*BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	24.8	mg/dL	19 - 45
BLOOD UREA NITROGEN (Calculated)	11.59	mg/dL	5 - 20
S. CREATININE (Enzymatic)	0.79	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	5.6	mg/dL	3.5 - 7.2
S. SODIUM (ISE Direct Method)	141.1	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	4.17	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	104.2	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	3.41	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	9.10	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	6.99	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	4.23	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	2.76	g/dl	1.9 - 3.5
A/G RATIO calculated	1.53		0 - 2
NOTE	BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200) ANALYZER.		

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166891

Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA
RBC	Normocytic Normochromic
WBC	Total leucocyte count is normal on smear.
	Neutrophils:55 %
	Lymphocytes:35 %
	Monocytes:06 %
	Eosinophils:04 %
	Basophils:00 %
PLATELET	Adequate on smear.
HEMOPARASITE	No parasite seen.

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

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

Checked By
SHAISTA Q

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Dr. Smita Ranveer`s

Radiance™

CLINICAL DIAGNOSTIC CENTRE

COMPLETE PATHOLOGICAL SOLUTION

Name	: Mr. SIDDHESH RANE	Collected On	: 09-Sep-2023 10:30 AM
Lab ID.	: 166891	Received On	: 09-Sep-2023 10:40 AM
Age/Sex	: 37 Years /Male	Reported On	: 10-Sep-2023 7:31 PM
Ref By	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	Report Status	: FINAL

166891

LIVER FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN (Method-Diazo)	0.38	mg/dL	0.0 - 2.0
DIRECT BILLIRUBIN (Method-Diazo)	0.12	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.26	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	18.1	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	18.6	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	126.0	U/L	53 - 128
S. PROTIEN (Method-Biuret)	6.99	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	4.23	g/dl	3.5 - 5.2
S. GLOBULIN Calculated	2.76	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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166891

BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GAMMA GT	79.2	U/L	13 - 109
BLOOD GLUCOSE FASTING & PP			
BLOOD GLUCOSE FASTING	98.0	mg/dL	70 - 110
BLOOD GLUCOSE PP	110.7	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 speciman. 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)	5.6	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level

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166891

BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
AVERAGE BLOOD GLUCOSE (A. B. G.)	114.0	mg/dL	NON - DIABETIC : <=5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : >6.5

METHOD Particle Enhanced Immunoturbidimetry

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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Name – Mr. Siddhesh Rane	**Age - 35 Y/M**
Ref by Dr.- Siddhivinayak Hospital	**Date – 09/09/2023**

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.