

17/8/2023

Mr. Somnath Chatterjee 39/M.

No any major illness.

No any surgical illness,

Allergy to dust⁺.

No Dental problems.

P- 82/min

B.P- 120/80

Height - 171 cm

Weight - 75 kg

BMI - 25.6 kg/m²

ECG - WNL

ECG - WNL

Adv

Blood investⁿ

- CXR

Pl. Jit & He can remove his
nasal ducts



HELPLINE

022 - 2588 3531

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

www.siddhivinayakhospitals.org



ID: 1605 *somnath chaterjee*

17-08-2023 09:33:56 AM

Male Years
Req. No. :

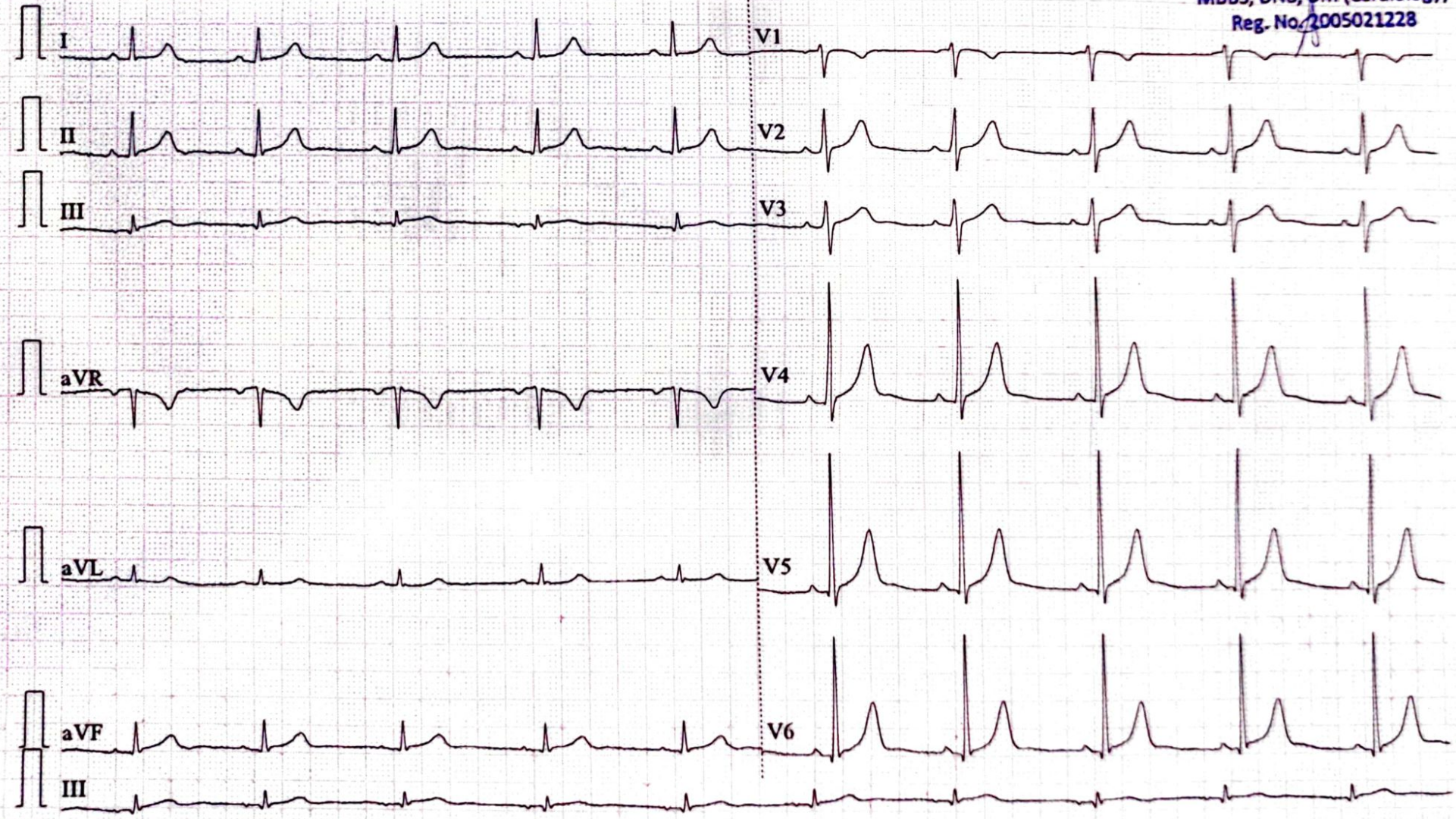
HR : 61 bpm
P : 82 ms
PR : 140 ms
QRS : 79 ms
QT/QTcBz : 393/399 ms
P/QRST : 10/40/43 ms
RV5/SV1 : 2.519/0.520 mV

Diagnosis Information:
Sinus Rhythm
High Voltage(Left Ventricle)

NSR
NO Significant ST-T change
Adv: 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



ECHOCARDIOGRAM

NAME	MR. SOMNATH CHATERJEE
AGE/SEX	34 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DOCTOR	DR. ANANT MUNDE, DNB, DM (CARDIOLOGY)
DATE OF EXAMINATION	17/08/2023

2D/M-MODE ECHOCARDIOGRAPHY

<u>VALVES:</u> 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	<u>CHAMBERS:</u> LEFT ATRIUM: Normal LEFT VENTRICLE: Normal <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
<u>GREAT VESSELS:</u> <ul style="list-style-type: none"> • AORTA: Normal • PULMONARY ARTERY: Normal 	<u>SEPTAE:</u> <ul style="list-style-type: none"> • IAS: Intact • IVS: Intact
<u>CORONARIES:</u> Proximal coronaries normal <u>CORONARY SINUS:</u> Normal <u>PULMONARY VEINS:</u> Normal	<u>VENACAVAE:</u> <ul style="list-style-type: none"> • SVC: Normal • IVC: Normal and collapsing >20% with respiration <u>PERICARDIUM:</u> Normal

MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	21 mm	Left atrium	35 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	43.4 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	26.1 mm	RVEF	%
Ascending aorta	mm	IVSd	9.2 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	9.2 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	70 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	13.2 mm



COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

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DOCTOR	DR. ANANT MUNDE (CARDIOLOGIST)
DATE OF EXAMINATION	17/08/2023

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.4	1.03
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	1.48			
E/E'	7.19			

FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF: 70 %)
- Good RV systolic function
- Normal diastolic function
- All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Nil

ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

INTERVENTIONAL CARDIOLOGIST



Name-Mr. Somnath Chatterjee	Age 34 Y/M
Ref by Dr.-Siddhivinayak Hospital	Date- 17/08/2023

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

SOMNATH CHATTERJEE

AGE

34

DATE -

17.08.2023

Specs : Without Glasses

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



SIDDHIVINAYAK HOSPITALS



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Sonography Colour Doppler 3D / 4D USG	
Name - Mr. Somnath Chatterjee	Age - 34 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 17/08/2023

USG ABDOMEN & PELVIS

Clinical details:- Routine

The Liver is normal in size and shows raised 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 4.3 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 9.8 x 5.1 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 (8.6 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:

- Fatty liver

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.





MC-4661

Name : Mr. SOMNAT CHATTERJEE Collected On : 17-Aug-2023 10:04 AM
 Lab ID. : 163679 Received On : 17-Aug-2023 10:14 AM
 Age/Sex : 34 Years /Male Reported On : 18-Aug-2023 6:09AM
 Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL

***LIPID PROFILE**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)	176.0	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)	35.3	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	128.7	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)	26	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	115	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)	3.26		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	4.99		<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	13.9	gm/dl	13 - 18
HEMATOCRIT (PCV)	41.7	%	42 - 52
RBC COUNT	4.89	$\times 10^6/\mu\text{L}$	4.70 - 6.50
MCV	85	fl	80 - 96
MCH	28.4	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	13.0	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	7050	/cumm	4000 - 11000
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS	55	%	40 - 80
LYMPHOCYTES	36	%	20 - 40
EOSINOPHILS	02	%	0 - 6
MONOCYTES	07	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	229000	/cumm	150000 - 450000
MPV	12.1	fl	6.5 - 11.5
PDW	16.5	%	9.0 - 17.0
PCT	0.280	%	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 -----

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HEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	12	mm/1hr.	0 - 20

METHOD - WESTERGREN

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

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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
VOLUME	20 ml		
COLOUR	Pale Yellow		
APPEARANCE	Clear		
CHEMICAL EXAMINATION			
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)	Absent		Normal
LEUKOCYTES (pyrrole amino acid ester diazonium salt)	Absent		
NITRITE (Diazonium compound With tetrahydrobenzo quinolin 3-phenol)	Absent		
MICROSCOPIC EXAMINATION			
RED BLOOD CELLS	Absent		
PUS CELLS	1-3	/ HPF	0 - 5
EPITHELIAL	1-2	/ HPF	0 - 5

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URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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. ----- END OF REPORT -----		

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IMMUNO ASSAY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>TFT (THYROID FUNCTION TEST)</u>			
SPACE		Space	-
SPECIMEN	Serum		
T3	121.9	ng/dl	84.63 - 201.8
T4	9.07	µg/dl	5.13 - 14.06
TSH	1.07	µIU/ml	0.270 - 4.20
T3 (Triido 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			

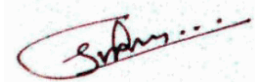
INTERPRETATION :

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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MC-4661

Dr. Smita Ranveer's
Radiance
CLINICAL DIAGNOSTIC CENTRE
COMPLETE PATHOLOGICAL SOLUTION

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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>BLOOD GROUP</u>			
SPECIMEN	WHOLE BLOOD		
* ABO GROUP	'A'		
RH FACTOR	POSITIVE		
Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)			
Result relates to sample tested, Kindly correlate with clinical findings.			
----- END OF REPORT -----			

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***BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	29.1	mg/dL	19 - 45
BLOOD UREA NITROGEN (Calculated)	13.60	mg/dL	5 - 20
S. CREATININE (Enzymatic)	1.01	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	6.1	mg/dL	3.5 - 7.2
S. SODIUM (ISE Direct Method)	141.1	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	4.02	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	105.9	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	2.54	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	9.0	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	6.78	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	4.54	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	2.24	g/dl	1.9 - 3.5
A/G RATIO (Calculated)	2.03		0 - 2

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

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

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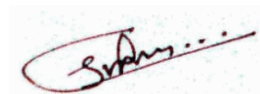
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Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA
RBC	Normocytic Normochromic
WBC	Total leucocyte count is normal on smear.
	Neutrophils:56 %
	Lymphocytes:35 %
	Monocytes:07 %
	Eosinophils:02 %
	Basophils:00 %
PLATELET	Adequate on smear.
HEMOPARASITE	No parasite seen.
Result relates to sample tested, Kindly correlate with clinical findings.	
----- END OF REPORT -----	

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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)	0.28	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.48	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	15.0	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	21.3	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	75.0	U/L	53 - 128
S. PROTIEN (Method-Biuret)	6.78	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	4.54	g/dl	3.5 - 5.2
S. GLOBULIN Calculated	2.24	g/dl	1.90 - 3.50
A/G RATIO Calculated	2.03		0 - 2

METHOD - EM200 Fully Automatic

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

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SHAISTA Q**DR. SMITA RANVEER.**
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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GAMMA GT	22.0	U/L	13 - 109
<u>BLOOD GLUCOSE FASTING & PP</u>			
BLOOD GLUCOSE FASTING	104.1	mg/dL	70 - 110
BLOOD GLUCOSE PP	107.0	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

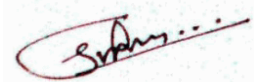
- Fasting plasma glucose >=126 mg/dl
- Classical symptoms +Random plasma glucose >=200 mg/dl
- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin > 6.5%

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

GLYCOCELATED HEMOGLOBIN (HBA1C)

HBA1C (GLYCOSALATED HAEMOGLOBIN)	5.4	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G.)	108.3	mg/dL	NON - DIABETIC : <=5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : >6.5

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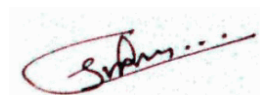
Name	: Mr. SOMNAT CHATTERJEE	Collected On	: 17-Aug-2023 10:04 AM
Lab ID.	: 163679	Received On	: 17-Aug-2023 10:14 AM
Age/Sex	: 34 Years /Male	Reported On	: 18-Aug-2023 6:09AM
Ref By	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	Report Status	: FINAL



BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
METHOD	Particle Enhanced Immunospectrometry		
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 -----			

Checked By
SHAISTA Q



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