



UHID No	46698153
Name	Kadam Komal Vilas
Age	31 Years (F)
EmployeeID	170283
Plan Period	01/10/2022 To 30/09/2023
Policy No	251100502210000169
Organisation	Bank of Baroda - Employees



Family Health Plan Insurance TPA Limited

Siddhivinayak Hospital

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

INDUSTRIAL HEALTH SERVICES

9/9/2013.

ms. Gomad Kadam

32/F.

P-87/mr
B.P-120/80

- menstrual cycle. irregular.
imp-16/8/2013.
4/0 PCOD

on G. Glycemid 500 SR.
2011. cystentury done.

USG shows

- PCOD.

- Thickened endometrium

Height- 165cm

Weight- 86kg

BMI - 36.6 kg/m²
obese class I

2000-01-01
ECG - normal

no any major illness in past.

no any allergy to any medicine

spects++

no dental caries.

Pt Refuse for chest x-ray

Adv
Blood investⁿ

Pt fit & she can perform her normal activities



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

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T: 022 - 2588 3531

M: 9789663333



OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE

KOMAL KADAM

AGE

32

DATE -

09.09.2023

Specs : With Glasses

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



SIDDHIVINAYAK HOSPITALS

ID: 1845

09-09-2023 08:29:12 AM

Komal Kadam

Male

Years 32

Req. No.

B.P 120/70

SP02 - 98%

PR - 82 m

HR : 78 bpm

P : 100 ms

PR : 148 ms

QRS : 84 ms

QT/QTcBz : 378/432 ms

P/QRS/T : 34/7/16 °

RV5/SV1 : 0.808/0.715 mV

Diagnosis Information:

Sinus Arrhythmia

QS Wave in lead V1

Low Voltage (Chest Leads)

NSR

No Specific ST-T changes

No active interventions

required slight Nvw

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 - Mrs. Komal Kadam	Age - 32 Y/F
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 9.9 x 4.2 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 12.0 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 (10.0 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.

The Uterus is anteverted & measures approximately 8.5 x 5.0 x 5.0 cms with normal homogenous echotexture. The uterine outline is smooth and normal. No abnormal focal lesion noted. Endometrial is thickened and echogenic measures 14.0 mm.

Both the ovaries are bulky in size and show multiple tiny immature follicles.

The right ovary measures 3.3 x 2.8 x 2.9 cms. Volume- 14.7 cc

The left ovary measures 3.3 x 2.9 x 3.0 cms. Volume- 16.0 cc

Bilateral adnexae appear normal. No focal lesion noted.

No free fluid or obvious lymphadenopathy is seen in abdomen and pelvis.

IMPRESSION:

- Polycystic morphology of both ovaries
- Thickened echogenic endometrium.

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	MRS. KOMAL KADAM
AGE/SEX	32 YRS/F
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DOCTOR	DR. ANANT MUNDE, DNB, DM (CARDIOLOGY)
DATE OF EXAMINATION	09/09/2023

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: 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
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	VENACAVAE: <ul style="list-style-type: none"> • SVC: Normal • IVC: Normal and collapsing >20% with respiration
PULMONARY VEINS: Normal	PERICARDIUM: Normal

MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	19 mm	Left atrium	33 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	46.6 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	27.3 mm	RVEF	%
Ascending aorta	mm	IVSd	8.0 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	8.0 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	72 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	13.7 mm



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



***LIPID PROFILE**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)	155.0	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)	42.6	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease : >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	123.3	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)	25	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	88	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)	2.07		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	3.64		<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	11.6	gm/dl	12.0 - 15.0
HEMATOCRIT (PCV)	34.8	%	36 - 46
RBC COUNT	4.50	x10 ⁶ /uL	4.5 - 5.5
MCV	77	fl	80 - 96
MCH	25.8	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	15.0	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	8190	/cumm	4000 - 11000
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS	61	%	40 - 80
LYMPHOCYTES	30	%	20 - 40
EOSINOPHILS	02	%	0 - 6
MONOCYTES	07	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	336000	/cumm	150000 - 450000
MPV	10.3	fl	6.5 - 11.5
PDW	15.7	%	9.0 - 17.0
PCT	0.350	%	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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Dr. Smita Ranveer's



CLINICAL DIAGNOSTIC CENTRE
COMPLETE PATHOLOGICAL SOLUTION

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HEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR	25	mm/1hr.	0 - 20

METHOD - WESTERGREIN

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URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>URINE ROUTINE EXAMINATION</u>			
<u>PHYSICAL EXAMINATION</u>			
VOLUME	30 ml		
COLOUR	Pale yellow	Text	Pale Yellow
APPEARANCE	Slightly Hazy		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		
PUS CELLS	2-4	/ HPF	0 - 5

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Pathologist



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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	Present (few)		Absent
ANY OTHER FINDINGS	Absent		Absent

REMARK

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	122.8	ng/dl	84.63 - 201.8
T4	8.47	µg/dl	5.13 - 14.06
TSH	2.90	µIU/ml	0.270 - 4.20
T3 (Triiodo Thyronine) hormone)	T4 (Thyroxine)	TSH(Thyroid stimulating	
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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SHAISTA Q

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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD GROUP			
SPECIMEN	WHOLE BLOOD		
* ABO GROUP	'O'		
RH FACTOR	POSITIVE		
Method: Slide Agglutination and Tube Method (Forward grouping & Reverse grouping)			
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----- END OF REPORT -----			



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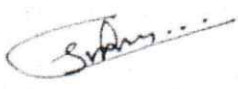
***BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	18.8	mg/dL	13 - 40
BLOOD UREA NITROGEN (Calculated)	8.79	mg/dL	5 - 20
S. CREATININE (Enzymatic)	0.81	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	5.40	mg/dL	2.6 - 6.0
S. SODIUM (ISE Direct Method)	139.2	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	4.48	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	106.9	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	3.78	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	9.2	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	7.08	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	4.24	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	2.84	g/dl	1.9 - 3.5
A/G RATIO calculated	1.49		0 - 2

NOTE

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

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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:60 % Lymphocytes:30 % Monocytes:07 % Eosinophils:03 % Basophils:00 %
PLATELET	Adequate on smear.
HEMOPARASITE	No parasite seen.

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LIVER FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN (Method-Diazo)	1.50	mg/dL	0.0 - 2.0
DIRECT BILLIRUBIN (Method-Diazo)	0.53	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.97	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	19.2	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	16.3	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	46.0	U/L	42 - 98
S. PROTIEN (Method-Biuret)	7.08	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	4.24	g/dl	3.5 - 5.2
S. GLOBULIN Calculated	2.84	g/dl	1.90 - 3.50
A/G RATIO Calculated	1.49		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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GLYCOCELATED HEMOGLOBIN (HBA1C)

HBA1C (GLYCOSALATED HAEMOGLOBIN)	5.6	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G.)	114.0	mg/dL	65.1 - 136.3

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.

BLOOD GLUCOSE FASTING & PP

BLOOD GLUCOSE FASTING	99.9	mg/dL	70 - 110
BLOOD GLUCOSE PP	134.6	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

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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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 29.7 U/L 5 - 55

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

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

Checked By
SHAISTA Q

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