



MC-4661

Name : Mr. ABHISHEK KUMAR Collected On : 12-Aug-2023 1:30 PM  
 Lab ID. : 163120 Received On : 12-Aug-2023 1:40 PM  
 Age/Sex : 30 Years /Male Reported On : 13-Aug-2023 12:22 PM  
 Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL

**\*LIPID PROFILE**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)</b>	146.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
<b>S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)</b>	35.8	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
<b>S. TRIGLYCERIDE (ENZYMATIC, END POINT)</b>	95.1	mg/dL	Desirable level : <161 mg/dl. High : >= 161 - 199 mg/dl. Borderline High : 200 - 499 mg/dl. Very high : >499mg/dl.
<b>VLDL CHOLESTEROL (CALCULATED VALUE)</b>	19	mg/dL	UPTO 40
<b>S.LDL CHOLESTEROL (CALCULATED VALUE)</b>	91	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.
<b>LDL CHOL/HDL RATIO (CALCULATED VALUE)</b>	2.54		UPTO 3.5
<b>CHOL/HDL CHOL RATIO (CALCULATED VALUE)</b>	4.08		<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
<b>HEMOGLOBIN</b>	13.8	gm/dl	13 - 18
HEMATOCRIT (PCV)	<b>41.4</b>	%	42 - 52
RBC COUNT	4.81	$\times 10^6/\mu\text{L}$	4.70 - 6.50
MCV	86	fl	80 - 96
MCH	28.7	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	14.3	%	11.5 - 14.5
<b>TOTAL LEUCOCYTE COUNT</b>	5640	/cumm	4000 - 11000
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS	76	%	40 - 80
LYMPHOCYTES	<b>17</b>	%	20 - 40
EOSINOPHILS	02	%	0 - 6
MONOCYTES	05	%	2 - 10
BASOPHILS	00	%	0 - 1
<b>PLATELET COUNT</b>	202000	/cumm	150000 - 450000
MPV	<b>12.6</b>	fl	6.5 - 11.5
PDW	15.8	%	9.0 - 17.0
PCT	0.260	%	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
<b>ESR</b>			
<b>ESR</b>	<b>35</b>	mm/1hr.	0 - 20

METHOD - WESTERGREN

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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>URINE ROUTINE EXAMINATION</b>			
<b>PHYSICAL EXAMINATION</b>			
VOLUME	20ml		
COLOUR	Pale Yellow		
APPEARANCE	Clear		
<b>CHEMICAL EXAMINATION</b>			
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		
<b>MICROSCOPIC EXAMINATION</b>			
RED BLOOD CELLS	Absent		
PUS CELLS	0-2	/ HPF	0 - 5
EPITHELIAL	0-2	/ 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.		
	<b>Result relates to sample tested, Kindly correlate with clinical findings.</b>		
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**IMMUNO ASSAY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>TFT (THYROID FUNCTION TEST )</u></b>			
SPACE		Space	-
SPECIMEN	Serum		
T3	128.5	ng/dl	84.63 - 201.8
T4	11.35	µg/dl	5.13 - 14.06
TSH	2.70	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			

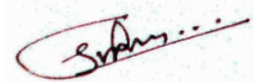
**INTERPRETATION :**

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.**

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**RA FACTOR QUANTITATIVE**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
RA FACTOR QUANTITATIVE	0.1	Text	Upto 20
METHOD	Serum, Turbidimetric Immunoassay.		

**INTERPRETATION -**

Elevated RF is found in collagen vascular diseases such as SLE, rheumatoid arthritis, scleroderma, Sjögren's Syndrome, and in other conditions such as leprosy, tuberculosis, syphilis, malignancy, thyroid disease and in a significant percentage of otherwise normal elderly patients.

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

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**HAEMATOLOGY**

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

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**\*BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>BLOOD UREA</b> (Urease UV GLDH Kinetic)	40.1	mg/dL	19 - 45
<b>BLOOD UREA NITROGEN</b> (Calculated)	18.74	mg/dL	5 - 20
<b>S. CREATININE</b> (Enzymatic)	1.27	mg/dL	0.6 - 1.4
<b>S. URIC ACID</b> (Uricase)	<b>9.30</b>	mg/dL	3.5 - 7.2
<b>S. SODIUM</b> (ISE Direct Method)	145.0	mEq/L	137 - 145
<b>S. POTASSIUM</b> (ISE Direct Method)	<b>3.00</b>	mEq/L	3.5 - 5.1
<b>S. CHLORIDE</b> (ISE Direct Method)	107.9	mEq/L	98 - 110
<b>S. PHOSPHORUS</b> (Ammonium Molybdate)	2.86	mg/dL	2.5 - 4.5
<b>S. CALCIUM</b> (Arsenazo III)	9.3	mg/dL	8.6 - 10.2
<b>PROTEIN</b> (Biuret)	6.54	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (BGC)	4.14	g/dl	3.2 - 4.6
<b>S.GLOBULIN</b> (Calculated)	2.40	g/dl	1.9 - 3.5
<b>A/G RATIO</b> (Calculated)	1.72		0 - 2

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

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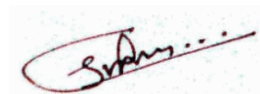
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### Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA
RBC	Normocytic Normochromic
WBC	Total leucocyte count is normal on smear.
	Neutrophils:74 %
	Lymphocytes:19 %
	Monocytes:05 %
	Eosinophils:02 %
	Basophils:00 %
PLATELET	Adequate on smear.
HEMOPARASITE	No parasite seen.
<b>Result relates to sample tested, Kindly correlate with clinical findings.</b>	
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**LIVER FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>TOTAL BILLIRUBIN</b> (Method-Diazo)	0.54	mg/dL	0.0 - 2.0
<b>DIRECT BILLIRUBIN</b> (Method-Diazo)	0.24	mg/dL	0.0 - 0.4
<b>INDIRECT BILLIRUBIN</b> Calculated	0.30	mg/dL	0 - 0.8
<b>SGOT(AST)</b> (UV without PSP)	21.2	U/L	0 - 37
<b>SGPT(ALT)</b> UV Kinetic Without PLP (P-L-P)	36.7	U/L	UP to 40
<b>ALKALINE PHOSPHATASE</b> (Method-ALP-AMP)	69.0	U/L	53 - 128
<b>S. PROTIEN</b> (Method-Biuret)	6.54	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (Method-BCG)	4.14	g/dl	3.5 - 5.2
<b>S. GLOBULIN</b> Calculated	2.40	g/dl	1.90 - 3.50
<b>A/G RATIO</b> Calculated	1.72		0 - 2

METHOD - EM200 Fully Automatic

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

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

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**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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**BLOOD GLUCOSE FASTING & PP**

BLOOD GLUCOSE FASTING	80.0	mg/dL	70 - 110
BLOOD GLUCOSE PP	99.8	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 :  $\geq 126$  mg/dl

**POSTPRANDIAL/POST GLUCOSE (75 grams)**

- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus :  $\geq 200$  mg/dl

**CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS**

- Fasting plasma glucose  $\geq 126$  mg/dl
- Classical symptoms + Random plasma glucose  $\geq 200$  mg/dl
- Plasma glucose  $\geq 200$  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)	5.3	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G. )	105.4	mg/dL	NON - DIABETIC : $\leq 5.6$ PRE - DIABETIC : 5.7 - 6.4 DIABETIC : $> 6.5$
METHOD	Particle Enhanced Immunoturbidimetry		

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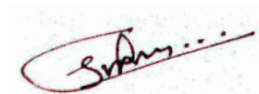
**BIOCHEMISTRY**

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.			
GAMMA GT	33.1	U/L	13 - 109

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# Siddhivinayak Hospital

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

INDUSTRIAL HEALTH SERVICES

12/8/2023

Mr. Abhishek Jumar  
32/M.

Height :- 161 cm  
Weight :- 70 kg  
BMI :- 27 kg/m<sup>2</sup>

H/O. Pancreatitis 2022.  
No. illnesses - Nil.

S.P - 120/80  
P - 87/min

No any major illnesses in past.

ECG - DM2  
2022 - DM2

~~HTN~~  
No H/O DM/HTN.

Habit : Alcohol occ.

Adv

↑↑ uric acid.  
↓↓ potassium

consult &  
physician

Adv

Blood invest<sup>n</sup>  
- DM2  
- CRP.

He is fit and can perform his  
normal duties



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

E : ohs.svh@gmail.com W : www.siddhivinayakhospitals.org T : 022 - 2588 3531 M : 9769545533





Sonography | Colour Doppler | 3D / 4D USG

Name - Mr. Abhishek Kumar Kannoujia	Age - 32 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date- 12/08/2023

### 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 9.8 x 3.8 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 10.5 x 4.4 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 (10.3 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.**







### ECHOCARDIOGRAM

NAME	MR. ABHISHEK KUMAR KANNOUJIA
AGE/SEX	32 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DOCTOR	DR. ANANT MUNDE (CARDIOLOGIST)
DATE OF EXAMINATION	12/08/2023

### 2D/M-MODE ECHOCARDIOGRAPHY

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

### MEASUREMENTS:

PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	21 mm	Left atrium	32 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	44.2 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	27.7 mm	RVEF	%
Ascending aorta	mm	IVSd	8.8 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	8.8 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	67 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	mm





## COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MR. ABHISHEK KUMAR KANNOUJIA
AGE/SEX	32 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DOCTOR	DR. ANANT MUNDE (CARDIOLOGIST)
DATE OF EXAMINATION	12/08/2023

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.11	0.72
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm <sup>2</sup> )				
PR END DIASTOLIC VELOCITY (m/s)				
ACCELERATION/ DECCELERATION TIME (ms)				
PHT (ms)				
VENA CONTRACTA (mm)				
REGURGITATION		TRJV= m/s PASP= mmHg		
E/A	1.5			
E/E'	7.1			

### FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF: 67 %)
- 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

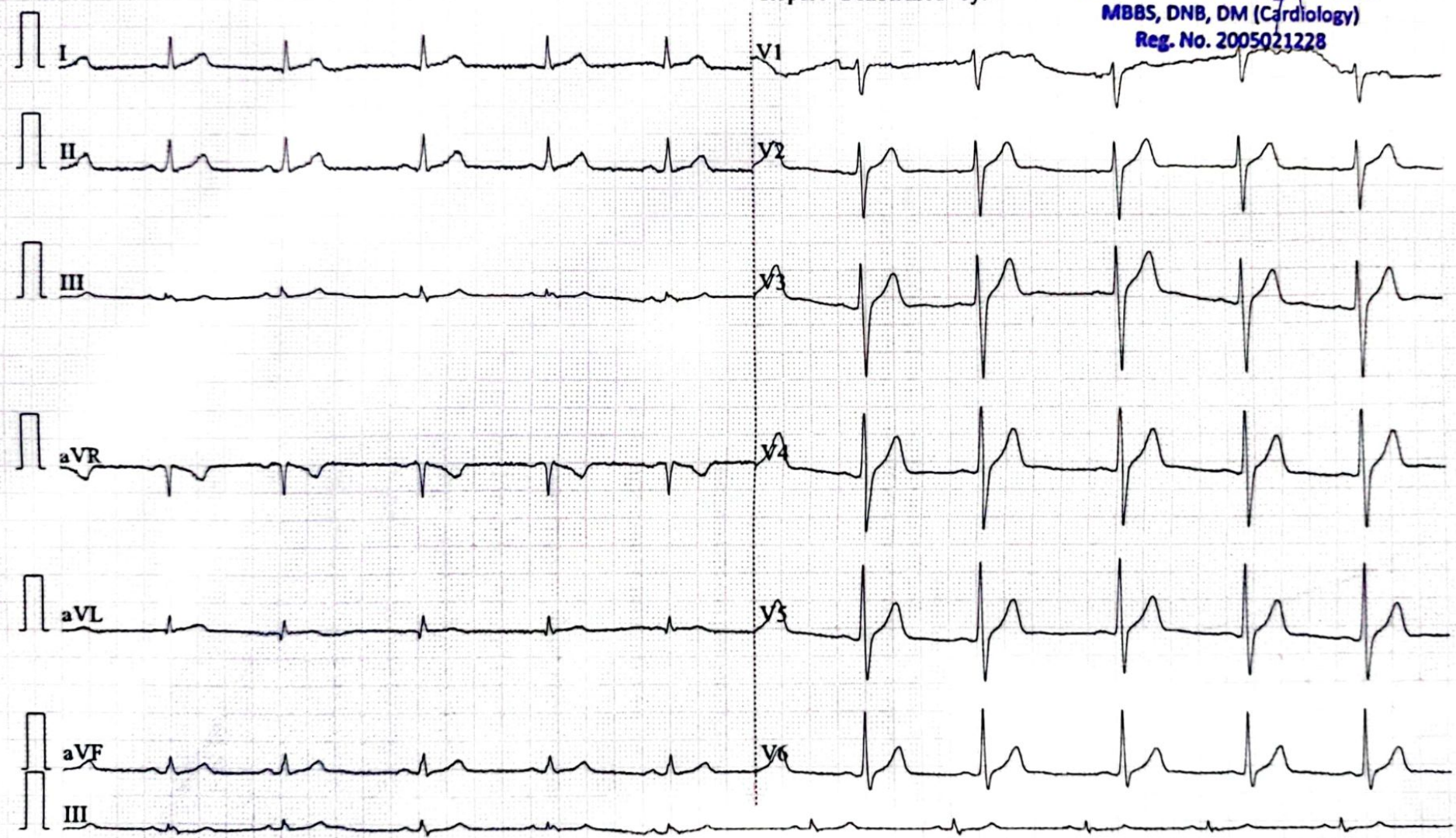
INTERVENTIONAL CARDIOLOGIST

ID: 1568

12-08-2023 08:18:11 AM  
 HR : 63 bpm  
 P : 105 ms  
 PR : 147 ms  
 QRS : 92 ms  
 QT/QTcBz : 358/367 ms  
 P/QRS/T : 61/41/48 °  
 RV5/SV1 : 1.305/0.542 mV

Diagnosis Information:  
 Sinus Arrhythmia  
 Slight ST Elevation(V4,V5)

NSR  
 No Significant ST-T change  
 A/N - No negative intervention required right now.



Report Confirmed by:

**Dr. Anant Ramkishan 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





<b>Name – Mr. Abhishek Kumar Kannoujia</b>	<b>Age 32 Y/F</b>
<b>Ref by Dr.- Siddhivinayak Hospital</b>	<b>Date – 12/08/2023</b>

**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.**

