



# Crystalcare Hospitals

Reg. No.: DHO Thane - 09/2022-23

INDUSTRIAL HEALTH SERVICES

26/8/2023

Mrs. Shubhangi Sontakke 37/f

K/O Thyrotoxicosis.  
on Rx T. Thyroxine 100 <sup>micro</sup>gms

G - LSCS. P, L<sub>1</sub> - 2 yrs. Junk - LSCS.

Menstrual cycle - ~~not~~ normal.

No any allergy to any medicine.

Dental caries - NO.

Adv  
- TFT.  
- 2D Echo.

Family H/O.

mother & father suffering from HTN.

- Blood in stool.

- Blood in stool.

B.P - 120/80  
P - 97/min.

ECG - Low voltage.

CFR - WNL.

USG Abd.

Cholelithiasis.  
(6.1mm)

Fatty Liver.

Pt fit & she can perform her normal duties.







## ECHOCARDIOGRAM

NAME	MRS. SHUBHANGHI SONTAKKE
AGE/SEX	37 YRSF
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DOCTOR	DR. ANANT MUNDE, DNB, DM (CARDIOLOGY)
DATE OF EXAMINATION	26/08/2023

### 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>PULMONARY VEINS:</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>PERICARDIUM:</b> Normal

### MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	19 mm	Left atrium	32 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	37.3 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	28.1 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	73 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	14.2 mm





### COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

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	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.53	1.22
PPG (mmHg)				
MFG (mmHg)				
VALVE AREA (cm <sup>2</sup> )				
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	1.7			
E/E'	7.15			

#### FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF: 73 %)
- 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

**Dr. Anant Ramkishanrao Munde**

**MBBS, DNB, DM (Cardiology)**

Reg. No. 2005021228





Name - Mrs. Shubhangi Sontakke	Age 37 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date - 26/08/2023

**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.



S-1, Vedant Complex,  
Vartak Nagar, Thane (W) 400 606  
[www.siddhivinayakhospitals.org](http://www.siddhivinayakhospitals.org)





ID: 1687

20 08 2023 06:40:55 AM  
 HR : 77 bpm  
 P : 86 ms  
 PR : 141 ms  
 QRS : 68 ms  
 QT/QTcBz : 363/411 ms  
 P/QRS/T : 35/38/52 °  
 RV5/SV1 : 0.558/0.135 mV

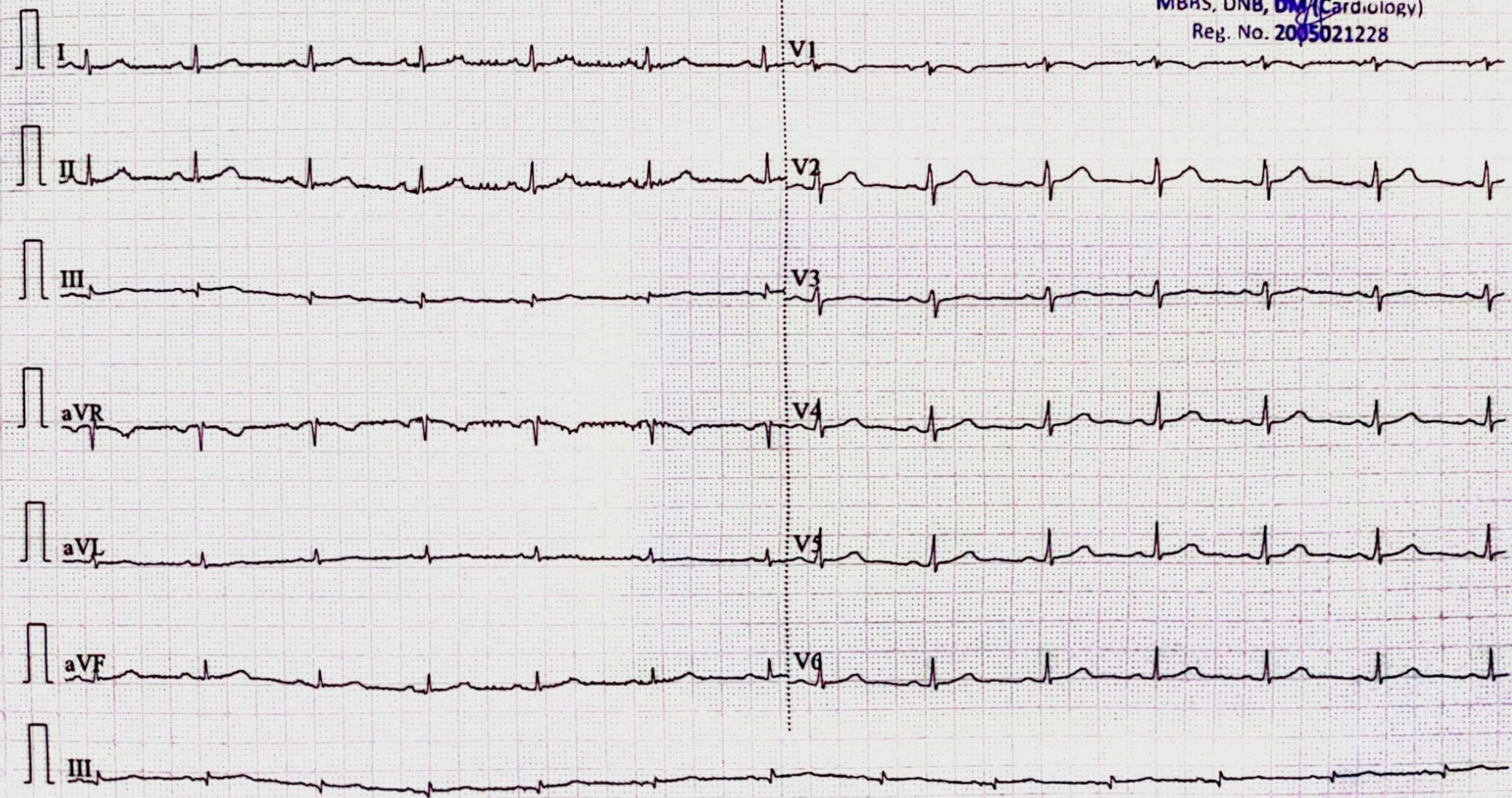
Diagnosis Information:  
 Sinus Rhythm  
 Low Voltage(Chest Leads)

NSH  
 No specific ST-T changes  
 No active intervention  
 Required right now.

Male        Years  
 Req. No. :       

Report Confirmed by:

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







Sonography   Colour Doppler   3D / 4D USG	
Name - Mrs. Shubhangi Sontakke	Age - 37 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date - 26/08/2023

### 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. Gall bladder calculus measuring 6.1 mm. No evidence of Pericholecystic collection. The wall thickness is normal.

Right Kidney measures 9.7 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 9.1 x 4.2cm & 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 (10.7 cm) with homogenous echotexture.

The urinary bladder is partially 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 6.1 x 3.5 x 4.5 cms with normal homogenous echotexture. The uterine outline is smooth and normal. No abnormal focal lesion noted. Endometrial thickness is normal.

Both ovaries are normal in size and echotexture.


Bilateral adnexae appear normal. No focal lesion noted.

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

#### IMPRESSION:

- Fatty liver
- Cholelithiasis

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.



## OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE SHUBHANGI SONTTAK

AGE 37

DATE - 26.08.2023

Specs : Without Glasses

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



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







MC-4661

Name : Mrs. SHUBHANGI SONTAKKE Collected On : 26-Aug-2023 9:13 AM  
Lab ID. : 164916 Received On : 26-Aug-2023 9:23 AM  
Age/Sex : 37 Years /Female Reported On : 26-Aug-2023 9:15 PM  
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : INTERIM

**COMPLETE BLOOD COUNT**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>HEMOGLOBIN</b>	13.5	gm/dl	12.0 - 15.0
HEMATOCRIT (PCV)	40.5	%	36 - 46
RBC COUNT	4.79	$\times 10^6/\mu\text{L}$	4.5 - 5.5
MCV	85	fl	80 - 96
MCH	28.2	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	13.8	%	11.5 - 14.5
<b>TOTAL LEUCOCYTE COUNT</b>	6380	/cumm	4000 - 11000
<b><u>DIFFERENTIAL COUNT</u></b>			
NEUTROPHILS	59	%	40 - 80
LYMPHOCYTES	32	%	20 - 40
EOSINOPHILS	02	%	0 - 6
MONOCYTES	07	%	2 - 10
BASOPHILS	00	%	0 - 1
<b>PLATELET COUNT</b>	378000	/cumm	150000 - 450000
MPV	9.4	fl	6.5 - 11.5
PDW	15.8	%	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 -----

Checked By  
SHAISTA Q

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

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**HEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>ESR</b>			
<b>ESR</b>	15	mm/1hr.	0 - 20

METHOD - WESTERGREIN

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

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**URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>URINE ROUTINE EXAMINATION</b>			
<b>PHYSICAL EXAMINATION</b>			
VOLUME	20 ml		
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	1-3	/ HPF	0 - 5
EPITHELIAL	2-3	/ HPF	0 - 5

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MC-4661

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CLINICAL DIAGNOSTIC CENTRE  
COMPLETE PATHOLOGICAL SOLUTION

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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		Absent
REMARK	Result relates to sample tested. Kindly correlate with clinical findings.		
	<b>Result relates to sample tested, Kindly correlate with clinical findings.</b>		
	----- END OF REPORT -----		

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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	101.6	ng/dl	84.63 - 201.8
T4	11.22	µg/dl	5.13 - 14.06
TSH	<b>4.34</b>	µIU/ml	0.270 - 4.20
T3 (Triiodo 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			

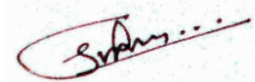
**INTERPRETATION :**

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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**HAEMATOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>BLOOD GROUP</u></b>			
SPECIMEN	WHOLE BLOOD		
* ABO GROUP	'O'		
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)	16.2	mg/dL	13 - 40
<b>BLOOD UREA NITROGEN</b> (Calculated)	7.57	mg/dL	5 - 20
<b>S. CREATININE</b> (Enzymatic)	0.61	mg/dL	0.6 - 1.4
<b>S. URIC ACID</b> (Uricase)	4.7	mg/dL	2.6 - 6.0
<b>S. SODIUM</b> (ISE Direct Method)	138.9	mEq/L	137 - 145
<b>S. POTASSIUM</b> (ISE Direct Method)	4.31	mEq/L	3.5 - 5.1
<b>S. CHLORIDE</b> (ISE Direct Method)	100.2	mEq/L	98 - 110
<b>S. PHOSPHORUS</b> (Ammonium Molybdate)	3.45	mg/dL	2.5 - 4.5
<b>S. CALCIUM</b> (Arsenazo III)	10.2	mg/dL	8.6 - 10.2
<b>PROTEIN</b> (Biuret)	6.51	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (BGC)	4.01	g/dl	3.2 - 4.6
<b>S.GLOBULIN</b> (Calculated)	2.50	g/dl	1.9 - 3.5
<b>A/G RATIO</b> (Calculated)	1.60		0 - 2

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

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

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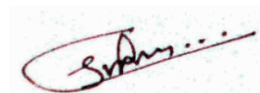
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### Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA
RBC	Normocytic Normochromic
WBC	Total leucocyte count is normal on smear.
	Neutrophils:60 %
	Lymphocytes:32 %
	Monocytes:06 %
	Eosinophils:02 %
	Basophils:00 %
PLATELET	Adequate on smear.
HEMOPARASITE	No parasite seen.
<b>Result relates to sample tested, Kindly correlate with clinical findings.</b>	
----- END OF REPORT -----	

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**LIVER FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b>TOTAL BILLIRUBIN</b> (Method-Diazo)	0.62	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	0.38	mg/dL	0 - 0.8
<b>SGOT(AST)</b> (UV without PSP)	12.9	U/L	0 - 37
<b>SGPT(ALT)</b> UV Kinetic Without PLP (P-L-P)	20.9	U/L	UP to 40
<b>ALKALINE PHOSPHATASE</b> (Method-ALP-AMP)	80.0	U/L	42 - 98
<b>S. PROTIEN</b> (Method-Biuret)	6.51	g/dl	6.4 - 8.3
<b>S. ALBUMIN</b> (Method-BCG)	4.01	g/dl	3.5 - 5.2
<b>S. GLOBULIN</b> Calculated	2.50	g/dl	1.90 - 3.50
<b>A/G RATIO</b> Calculated	1.60		0 - 2

METHOD - EM200 Fully Automatic

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

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

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SHAISTA Q**DR. SMITA RANVEER.**  
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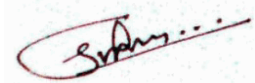


**BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<b><u>GLYCOCELATED HEMOGLOBIN (HBA1C)</u></b>			
HBA1C (GLYCOSALATED HAEMOGLOBIN)	6.0	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G. )	125.5	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.			
<b><u>BLOOD GLUCOSE FASTING &amp; PP</u></b>			
BLOOD GLUCOSE FASTING	108.6	mg/dL	70 - 110
BLOOD GLUCOSE PP	<b>144.8</b>	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

Checked By  
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**DR. SMITA RANVEER.**  
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**Consultant Histocytopathologist**







MC-4661

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

Name : Mrs. SHUBHANGI SONTAKKE Collected On : 26-Aug-2023 9:13 AM  
Lab ID. : 164916 Received On : 26-Aug-2023 9:23 AM  
Age/Sex : 37 Years /Female Reported On : 26-Aug-2023 9:15 PM  
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : INTERIM

**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 :  $\geq 126$  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.

GAMMA GT 14.8 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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