

# Siddhivinayak Hospital

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

# INDUSTRIAL HEALTH SERVICES

Ruby Singh 41 yrs I female 13/01/2024

Height - 160cm weight to 159 BMI - 27.3 Kg/m² (overweight) No fresh complaints

KI (10- Flypothy soldism

On T. Thydox 25 mcg

PIM NAD.

SIN NAD.

F/H- Mother | NAD
father

MIN-25/12/2023, regular.

O(H-93P2A, 12Do fem 19 yrs, FTND

O(H-93P2A, 12Do , Male, 11yms, LSCS.

BP-120/80 mmHg

P-101/win.

SPO2-98%.

Pt is fit and can resume her normal duties

TSH raised AM









## Siddhivinayak Hospital



## **Imaging Department**

Name - Mrs. Ruby Singh Colour Dopple	rAge 1404 ISF/F	
Ref by Dr Siddhivinayak Hospital	Date - 13/01/2024	

## **USG ABDOMEN & PELVIS**

## FINDINGS:

The liver dimension is enlarged in size (17.9 cm). It appears normal in morphology with raised echogenicity. No evidence of intrahepatic ductal dilatation.

The GB-gallbladder is distended normally with no stones within.

The CBD- common bile duct is normal. The portal vein is normal.

The pancreas appears normal in morphology.

The **spleen** is normal in size (10.4 cm) and morphology

Both **kidneys** demonstrate normal morphology. Both kidneys show normal cortical echogenicity.

The right kidney measures 8.4 x 3.7 cm.

The left kidney measures 10.2 x 5.0 cm.

Urinary bladder: normally distended. Wall thickness - normal.

Uterus: normal in size and morphology. Size 8.6 x 6 x 4. 3 cm.

Endometrium: 13.0 mm, it appears normal in morphology.

Both ovaries are obscured

Adnexa appear normal

No free fluid is seen.

## IMPRESSION:

Hepatomegaly with Fatty liver (Grade I)

DR. AMOL BENDRE

MBBS; DMRE
CONSULTANT RADIOLOGIST





ID 757   Ruby   Study   13-01-2024   11:34:47 AM   HR   109   bpm	Diagnosis Information Sinus Tachycardia Second Transport Confirmed by:	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	\square \square   \q	
0:15-45Hz AC50 25mm/s   10mm/mV 2*5.0s+1r V2:21   SEMIP	P V1.92 Siddhivinayak Hospital	

# OPTHAL CHECK UP SCREENING

NAME OF EMPLOYEE RUBY SINGH

AGE

41

DATE -

13.01.2024

Spects: With Glasses

	RT Eye	Lt Eye
NEAR	N/8	N/8
DISTANT	6/9	6/6
Color Blind Test	NORMAL	



# Siddhivinayak Hospital



Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

Name - Mrs. Ruby Singh	Age - 41 Y/F
Ref by Dr Siddhivinayak Hospital	Date - 13/01/2024

## 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. AMOL BENDRE 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.









. 13/1/2024 11:30 am Lab ID. Received On : 180464

: 14/1/2024 9:44 am Reported On Age/Sex : 41 Years / Female

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

#### \*LIPID PROFILE

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE,ESTERASE,PEROXIDA SE)	161.0	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)	45.2	mg/dL	Major risk factor for heart :<30 mg/dl.  Negative risk factor for heart disease :>=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	88	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)	18	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	98	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)	2.17		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	3.56		<5.0

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

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

**Checked By** 

Priyanka\_Deshmukh

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	11.2	gm/dl	12.0 - 15.0
HEMATOCRIT (PCV)	33.6	%	36 - 46
RBC COUNT	3.97	x10^6/uL	4.5 - 5.5
MCV	85	fl	80 - 96
MCH	28.2	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	14.2	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	4830	/cumm	4000 - 11000
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHILS	59	%	40 - 80
LYMPHOCYTES	33	%	20 - 40
EOSINOPHILS	03	%	0 - 6
MONOCYTES	05	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	263000	/ cumm	150000 - 450000
MPV	13.1	fl	6.5 - 11.5
PDW	16.3	%	9.0 - 17.0
PCT	0.340	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Norm	ochromic, Reduced red	blood cells count
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		
Mathod · FDTA Whole Blood- Tests	done on Automated Six	Part Call Counter RRC	and Platelet count by

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** 

Priyanka\_Deshmukh

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**Collected On** : 13/1/2024 11:20 am Name : Mrs. RUBY SINGH (A)

. 13/1/2024 11:30 am Lab ID. Received On : 180464

Reported On : 14/1/2024 9:44 am Age/Sex : 41 Years / Female

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

## **URINE ROUTINE EXAMINATION**

**TEST NAME** UNIT REFERENCE RANGE **RESULTS** 

## **URINE ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION** 

**VOLUME** 20ml

**COLOUR** Pale Yellow Pale Yellow

**APPEARANCE** Clear Clear

**CHEMICAL EXAMINATION** 

REACTION Acidic Acidic

(methyl red and Bromothymol blue indicator)

1.005 - 1.022 SP. GRAVITY 1.010

(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** Normal Normal

(Red azodye)

**LEUKOCYTES** Absent Absent

(pyrrole amino acid ester diazonium salt)

Negative

(Diazonium compound With tetrahydrobenzo quinolin 3-phenol)

## **MICROSCOPIC EXAMINATION**

RED BLOOD CELLS Absent Absent **PUS CELLS** 1-2 / HPF 0 - 5 **EPITHELIAL** 1-2 / HPF 0 - 5

**CASTS** Absent

**Checked By** 

gupta vishal

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#### **URINE ROUTINE EXAMINATION**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	_
CRYSTALS	Absent			
BACTERIA	Absent		Absent	
YEAST CELLS	Absent		Absent	
ANY OTHER FINDINGS	Absent		Absent	
REMARK	Result relates to s	sample tested. Kindly	correlate with clinical findings.	

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

**Checked By** gupta vishal

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. 13/1/2024 11:30 am

#### **IMMUNO ASSAY**

TEST NAME		RESULTS		UNIT	REFERENCE RANGE	
TFT (THYROII	FUNCTION T	EST )				
SPACE				Space	-	
SPECIMEN		Serum				
T3		143.2		ng/dl	84.63 - 201.8	
T4		10.18		μg/dl	5.13 - 14.06	
TSH		9.27		μIU/ml	0.270 - 4.20	
T3 (Triido Thyr hormone)	onine)	T4 (Thyroxine	e)	TSH(TI	nyroid stimulating	
AGE	RANGE	AGE	RANGES	AGE	RANGES	
1-30 days	100-740	1-14 Days	11.8-22.6	0-14 D	ays 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 mon	ths-20 yrs 0.7-6.4	
6-10 yrs	94-241	4 -12 months	7.8-16.5	Pregn	ancy	
11-15 yrs	82-213	1-5 yrs	7.3-15.0	1st Tr	imester	
0.1-2.5						
15-20 yrs	80-210	5-10 yrs	6.4-13.3	2nd T	rimester	
0.20-3.0						
		11-15 yrs	5.6-11.7	3rd <sup>-</sup>	Trimester Trimester	
0.30-3.0						

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.

**Checked By** 

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## **HAEMATOLOGY**

UNIT REFERENCE RANGE TEST NAME **RESULTS** 

**BLOOD GROUP** 

**SPECIMEN** WHOLE BLOOD EDTA & SERUM

\* ABO GROUP '0'

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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: FINAL

. 13/1/2024 11:30 am

#### \*RENAL FUNCTION TEST TEST NAME UNIT REFERENCE RANGE **RESULTS BLOOD UREA** 16.6 mg/dL 13 - 40 (Urease UV GLDH Kinetic) **BLOOD UREA NITROGEN** 7.76 mg/dL 5 - 20 (Calculated) S. CREATININE 0.65 0.6 - 1.4mg/dL (Enzymatic) S. URIC ACID 3.20 2.6 - 6.0mg/dL (Uricase) S. SODIUM 137 - 145 136.3 mEq/L (ISE Direct Method) S. POTASSIUM 4.45 mEq/L 3.5 - 5.1(ISE Direct Method) S. CHLORIDE 98.5 98 - 110 mEq/L (ISE Direct Method) S. PHOSPHORUS 3.57 mg/dL 2.5 - 4.5(Ammonium Molybdate) S. CALCIUM 9.00 8.6 - 10.2 mg/dL (Arsenazo III) 6.4 - 8.3 **PROTEIN** 7.73 g/dl (Biuret) S. ALBUMIN 4.02 3.2 - 4.6 g/dl (BGC) **S.GLOBULIN** 3.71 1.9 - 3.5 g/dl (Calculated) A/G RATIO 1.08 0 - 2calculated NOTE BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200)

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

ANALYZER.

**Checked By** 

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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:05 % Eosinophils:03 % Basophils:00 % Adequate on smear. No parasite seen.

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

**Checked By** SHAISTA Q

**PLATELET** 

**HEMOPARASITE** 

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: FINAL

## **LIVER FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN	0.37	mg/dL	0.0 - 2.0
(Method-Diazo)			
DIRECT BILLIRUBIN	0.17	mg/dL	0.0 - 0.4
(Method-Diazo)			
INDIRECT BILLIRUBIN	0.20	mg/dL	0 - 0.8
Calculated			
SGOT(AST)	19.3	U/L	0 - 37
(UV without PSP)			
SGPT(ALT)	25.2	U/L	UP to 40
UV Kinetic Without PLP (P-L-P)			
ALKALINE PHOSPHATASE	77	U/L	42 - 98
(Method-ALP-AMP)			
S. PROTIEN	7.73	g/dl	6.4 - 8.3
(Method-Biuret)			
S. ALBUMIN	4.02	g/dl	3.5 - 5.2
(Method-BCG)			
S. GLOBULIN	3.71	g/dl	1.90 - 3.50
Calculated			
A/G RATIO	1.08		0 - 2
Calculated			

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

**Checked By** gupta vishal

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Age/Sex : 41 Years / Female : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

**Report Status** : FINAL

	ATC	

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
<u>ESR</u>				
ESR	45	mm/1hr.	0 - 20	

METHOD - WESTERGREN

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

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## **BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
<b>BLOOD SUGAR FASTING</b>				
* FASTING BLOOD GLUCOSE	93.8	ma/dL	74 - 100	

### **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 0/0 Hb A1c HAEMOGLOBIN) > 8 Action suggested < 7 Goal < 6 Non - diabetic level

AVERAGE BLOOD GLUCOSE (A. B. 111.2 mg/dL 65.1 - 136.3

G. )

**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. **GAMMA GT** 

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

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