



NABH PRE ACCREDITATION
ENTRY LEVEL HOSPITAL
PEH-2018-0537



**SURANA SETHIA HOSPITAL
AND RESEARCH CENTRE
CHARITABLE**

Chembur | Malad | Bhiwandi | Navi Mumbai

Patient Name : MR. SWAIN GAJENDRA ,	IP / OP No : 1128667
Ordered Loc : Hospital clinic	Gender : Male Age : 51Y 0 M 1 D
Referred By : Dr.Mediwheel	Vch No : 1372050
Class : OPD	Received Dt : 28-Mar-2023 13:09
Current Loc :	Reported On : 28-Mar-2023 14:22
Accession No : 23005729	Sample No : 23014827

COMPLETE HEAMOGRAM (C.B.C.)

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE</u>	<u>UNITS</u>
Haemoglobin	13.30	11.50 - 16.00	gm/dL
R.B.C.	5.02	4.00 - 6.00	Mill/C.mm.
P.C.V.	41.00	37.00 - 47.00	%
M.C.V.	81.67	78.00 - 100.00	fL
M.C.H.	26.49	27.00 - 31.00	pg
M.C.H.C.	32.44	32.00 - 36.00	%
RDW	12.6	11.0 - 15.0	%
Total W.B.C. Count	7800	4000 - 11000	/C.mm
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	63	40 - 75	%
Eosinophils	1	1 - 6	%
Basophils	0	0 - 1	%
Lymphocytes	33	20 - 45	%
Monocytes	3	1 - 10	%
WBC MORPHOLOGY	Normal		
RBC MORPHOLOGY	Normal		
PLATELET COUNT	203	150 - 450	10 ³ /ul
PLATELETS	Adequate		

** END OF REPORT **

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PPote
Dr. Pragati Pote
MB, DPB,
(Path & Bact)

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Regd. No. E 15635 With Charity Commissioner Mumbai
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Accession No : 23005729	Sample No : 23014824

ESR

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE\UNITS</u>
ESR (Erythrocyte Sedimentation Rate)	30	1 - 20 mm/hr

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Sample No : 23014825

BLOOD GROUP & RH TYPE

TEST DESCRIPTION

OBSERVED VALUE

REFERENCE RANGE UNITS

BLOOD GROUP & RH TYPE

ABO Group

"O"

Rh Factor

POSITIVE

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Accession No : 23005729	Sample No : 23014830

RENAL FUNCTION TEST

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE</u>	<u>UNITS</u>
BUN	12.0	6.0 - 21.0	mg/dl
Uric Acid	5.5	3.5 - 7.2	mg/dl
Sodium [Na+]	140	135 - 155	mmol/L
Potassium [K+]	3.7	3.6 - 5.5	mmol/L
Chloride [Cl-]	101	96 - 108	mmol/L
Calcium	9.5	8.4 - 10.2	mg/dl
Phosphorus	3.2	2.5 - 4.5	mg/dl
Serum Alkaline Phosphates	110.0	28.0 - 111.0	IU/L
Serum Proteins Total	7.4	6.0 - 8.2	gm%
Serum Albumin	4.0	3.0 - 5.0	gm%
Serum Globulin	3.40	1.90 - 3.50	gm%
Albumin : Globulin Ratio	1.18	0.90 - 2.00	gm%
Serum Creatinine	1.0	0.5 - 1.5	mg/dl

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LIVER FUNCTION TEST

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE</u>	<u>UNITS</u>
Total Bilirubin	0.6	0.1 - 1.2	mg/dl
Conjugated (Direct) Bilirubin	0.2	0.0 - 0.3	mg/dl
Unconjugated (Indirect) Bilirubin	0.4	0.1 - 1.0	mg/dL
SGOT	22.0	15.0 - 46.0	U/L
SGPT	34.0	13.0 - 69.0	U/L
Serum Alkaline Phosphates	110.0	28.0 - 111.0	IU/L
Serum Proteins Total	7.4	6.0 - 8.2	gm%
Serum Albumin	4.0	3.0 - 5.0	gm%
Serum Globulin	3.40	1.90 - 3.50	gm%
Albumin : Globulin Ratio	1.18	0.90 - 2.00	gm%
Serum Creatinine	1.0	0.5 - 1.5	mg/dl

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LIPID PROFILE

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE\UNITS</u>
Total Cholesterol	150	150 - 250 mg%
Triglycerides	210	35 - 160 mg%
HDL Cholesterol	39	30 - 70 mg%
VLDL Cholesterol	42.00	7.00 - 35.00 mg%
LDL Cholesterol	69.00	108.00 - 145.00 mg%
LDL/HDL Ratio	1.77	1.10 - 3.90
TC/HDL CHOL Ratio	3.85	3.50 - 5.00

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BLOOD SUGAR F/PP

TEST DESCRIPTION

OBSERVED VALUE

REFERENCE RANGE\UNITS

Blood Sugar Fasting (FBS)
Urine Sugar (Fasting)
Urine Ketone (Fasting)

110
Absent
Absent

70 - 110 mg%

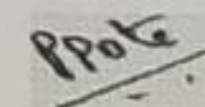
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BLOOD SUGAR F/PP

<u>TEST DESCRIPTION</u>	<u>OBSERVED VALUE</u>	<u>REFERENCE RANGE\UNITS</u>
Blood Sugar Post Prandial (PPBS)	150	70 - 140 mg/dl
Urine Sugar (PP)	Absent	
Urine Ketone (PP)	Absent	
METHOD GLUCOSE OXIDASE PEROXIDASE (GOD /POD)		

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Gender : Male Age : 51Y 0 M 1 D
Vch No : 1372050
Received Dt : 28-Mar-2023 13:09
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Sample No : 23014828

PSA

TEST DESCRIPTION

OBSERVED VALUE

REFERENCE RANGE UNITS

PSA

PSA (Prostate Specific Antigen), Total, Serum

0.83

< 4.00 ng/ml
< 40 yrs : 0.21 to 1.72 ng/ml
40 - 49 yrs: 0.27 to 2.19 ng/ml
50 - 59 yrs: 0.27 to 3.42 ng/ml
60 - 69 yrs: 0.22 to 6.16 ng/ml
> 69 : 0.21 - 6.77 ng/ml

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URINE ANALYSIS

TEST DESCRIPTION

OBSERVED VALUE

REFERENCE RANGE/UNITS

PHYSICAL EXAMINATION

Quantity	20 ml	
Colour	Pale yellow	
Appearance	Clear	
Deposit	Absent	
Reaction [PH]	Acidic	
Specific Gravity	1.005	

CHEMICAL EXAMINATION

Urine Albumin	Absent	
Sugar	Absent	
Ketone Bodies	Absent	
Occult Blood	Absent	
Bile Pigment	Absent	
Bile Salt	Absent	

MICROSCOPIC EXAMINATION

Red Blood Cells	Absent	00-02
Pus Cells	1 - 2	00-02 / hpf
Epithelial Cells	1 - 2	00-02 / hpf
Casts	Absent	
Crystals	Absent	
Spermatozoa	Absent	
Trichomonas Vaginalis	Absent	
Yeast Cells	Absent	
Amorphous Deposits	Absent	
Bacteria	Absent	

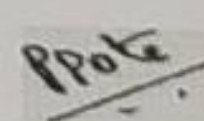
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NAME	: MR. GAJENDRA SWAIN	SEX	: MALE
AGE	: 51 YRS	ID NO.	: 1128667
REF BY	: C/O. MEDIWHEEL	DATE	: 28/03/2023

EXAMINATION: 2D ECHOCARDIOGRAPHY

Conclusion:

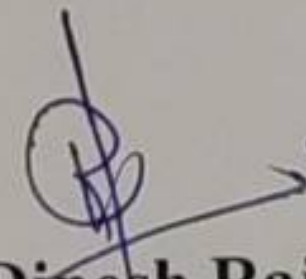
1. Concentric LVH+
2. All chambers normal sized.
3. Good LV function with LVEF = 60 %
4. All valves structurally & functionally normal.
5. No regional wall motion abnormality.
6. IAS / IVS intact.
7. No clot / vegetation / effusion.

Doppler Study:

- Type I diastolic dysfunction
- Mild TR. PASP by TR jet = 37 mm of Hg. Mild PH.
- No other valvular regurgitation.
- No signs of high LVEDP.

Impression:

- **Concentric LVH+**
- **Type I diastolic dysfunction**
- **Mild tricuspid regurgitation.**
- **Mild pulmonary hypertension.**


Dr. Dinesh Rajpal
MD, Physician
Reg. No.82808.

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Doppler Study:

- Diastolic dysfunction: Type I
- RVOT = Normal mm of Hg.
- LVOT = Normal mm of Hg.
- AR: NO MR: NO PR: NO TR: Mild
- Peak / Mean across MV= Normal mm of Hg.
- Peak / mean across AV = Normal mm of Hg.
- MV PHT = Normal
- MVA by PHT = Normal square cm.
- AR PHT = Normal millisecond
- CWD across TV = Normal mm of Hg.
- PASP by TR jet = 37 mm of Hg.

Measurements:

	Measurement	Unit
Aorta		
LA	34	mm
AO	29	mm
ACS	17	mm
Mitral Valve Study		
Excursion D-E		mm
EF slop		mm/s
EPSS		mm

	Measurement	Unit
LV study		
IVsd	14	mm
LVIDd	34	mm
LVPWD	13	mm
IVSs	19	mm
LVIDs	16	mm
LVPWa	17	mm
EF %	60	%
% FS		%

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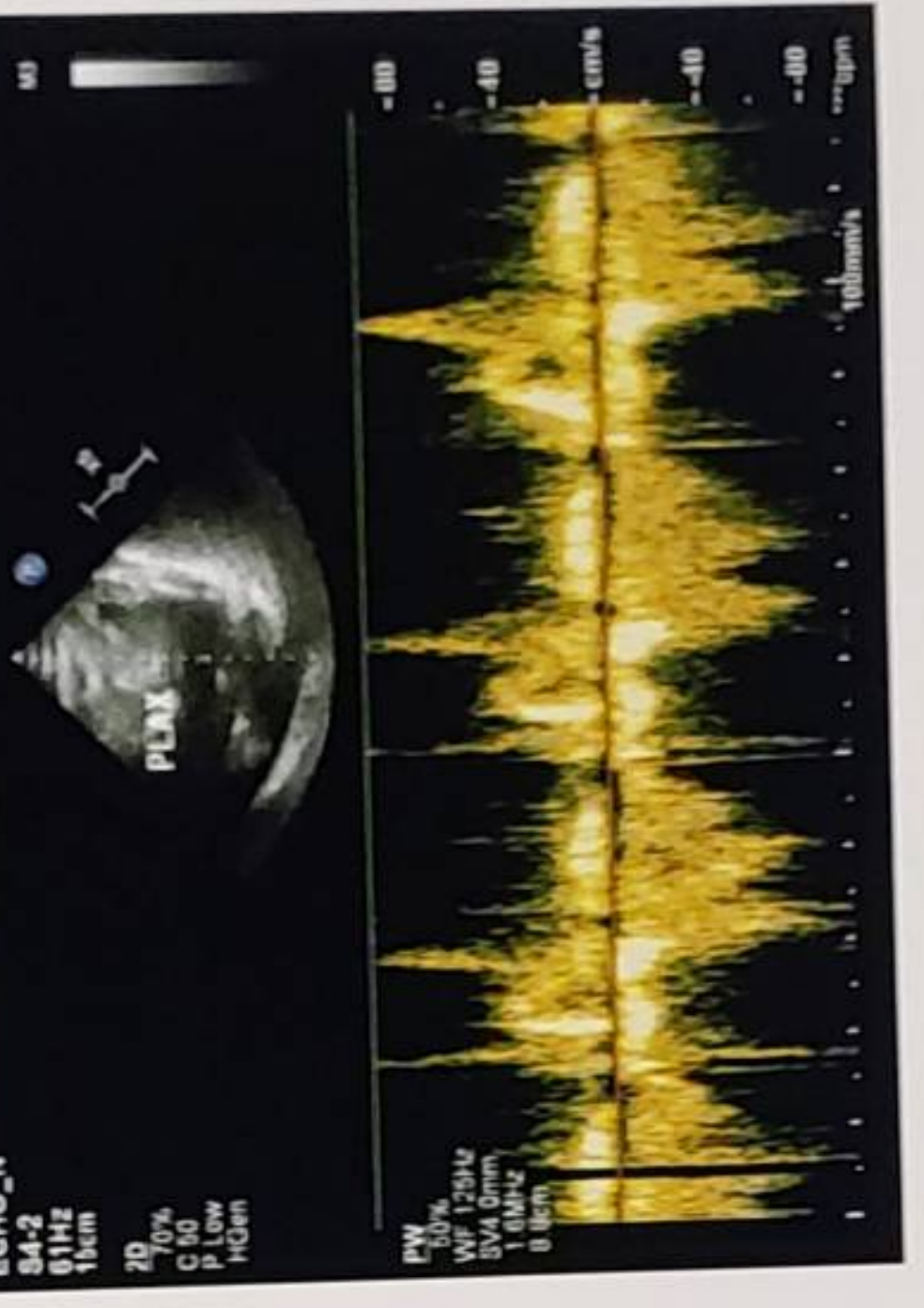
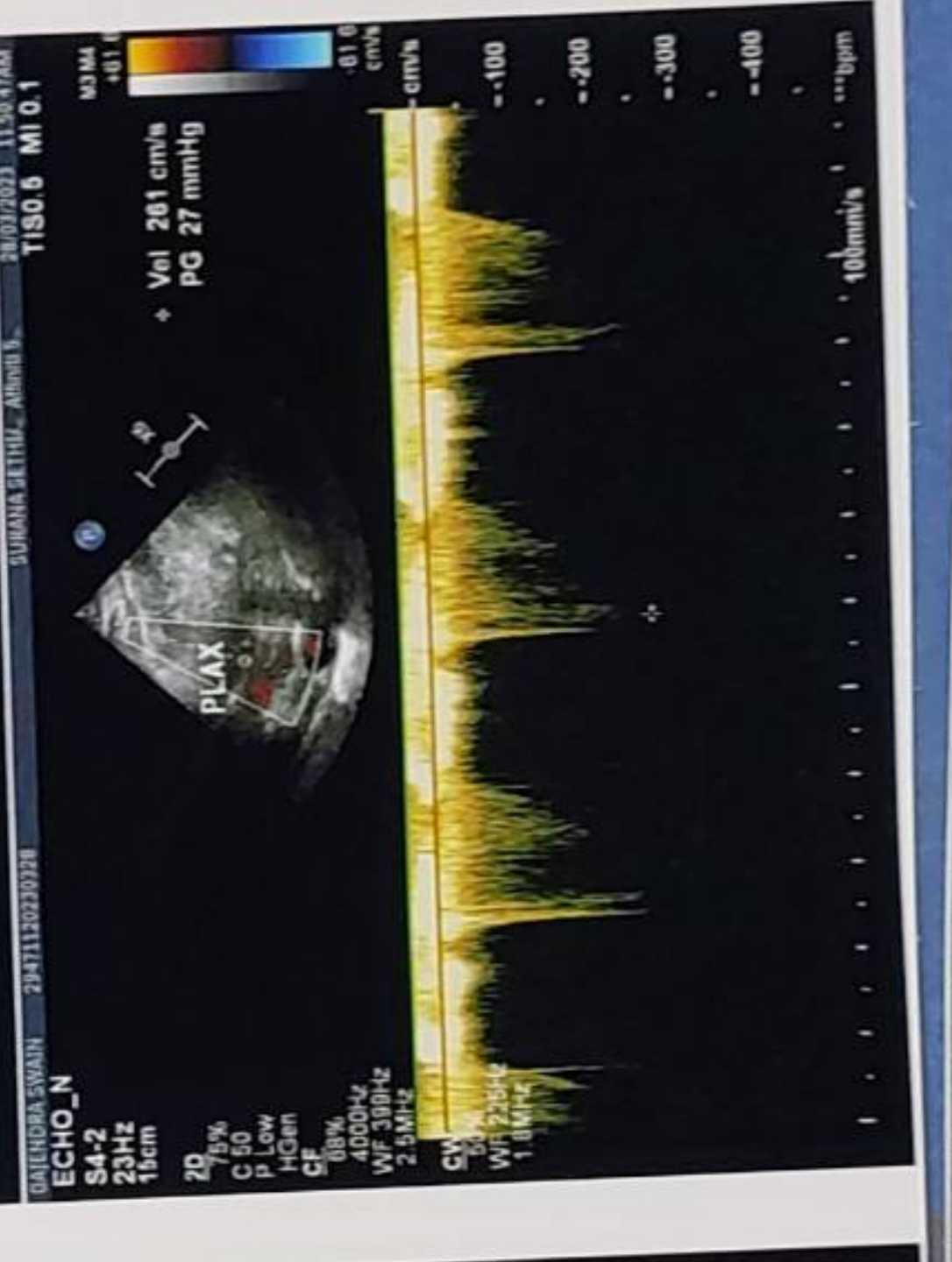
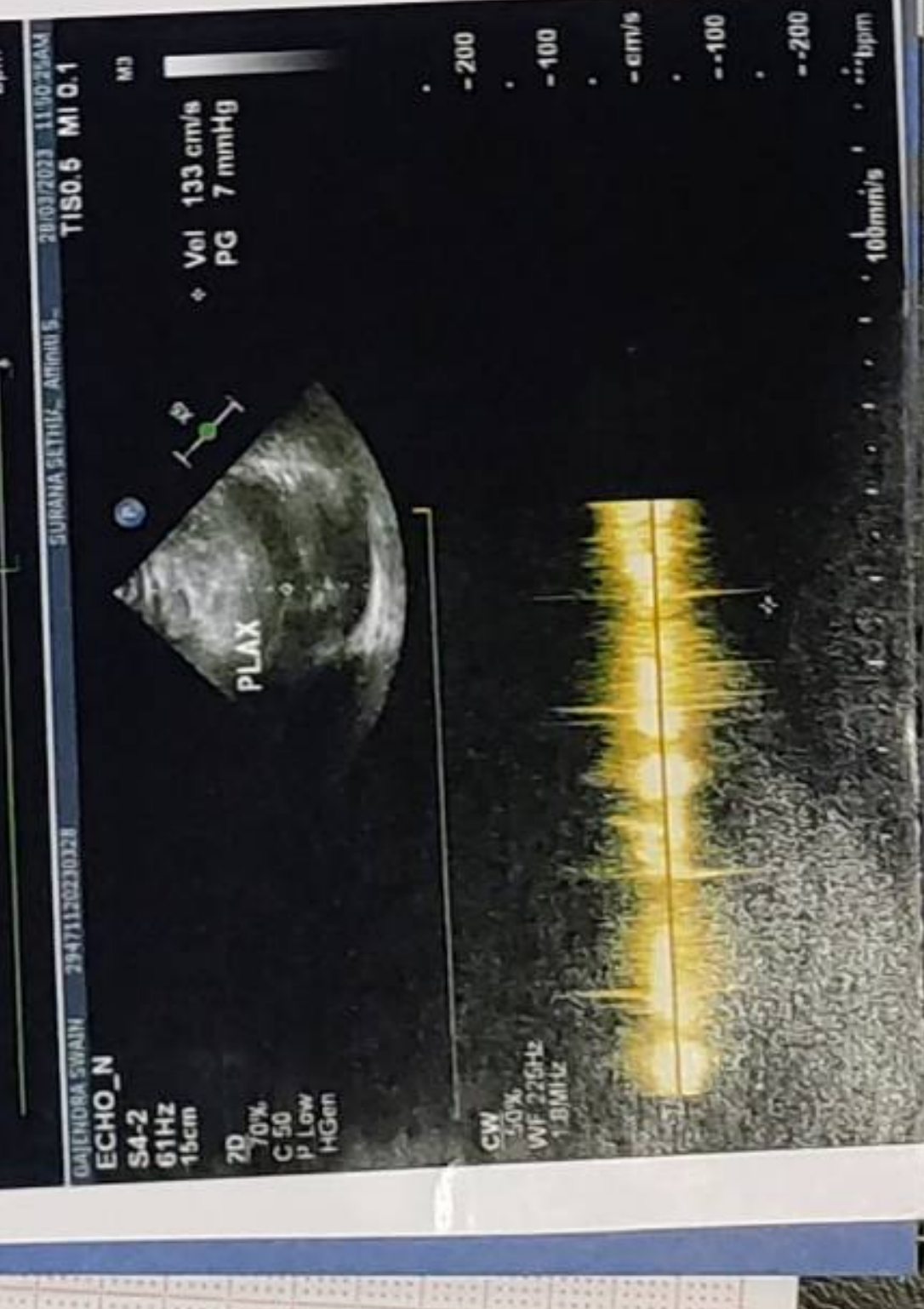
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AGE	: 51 YRS	ID NO.	: 1128667
REF BY	: C/O. MEDIWHEEL	DATE	: 28/03/2023

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

LIVER

Liver is normal in size, shape and shows diffuse increased echogenicity. No focal lesion is seen. Intra hepatic biliary radicles and portal radicles are normal.

PORTAL VEIN AND C.B.D

Portal vein and C.B.D are normal in course and caliber.

GALL BLADDER

Gall bladder is physiologically distended. Wall thickness is normal. No evidence of calculus or sludge or pericholecystic collection.

SPLEEN

Spleen shows normal size, shape, contour and echogenicity. No abnormal parenchymal mass / lesion. Splenic vein is normal.

PANCREAS

Pancreas is normal in size, shape and position. It shows normal echogenicity. No focal mass lesion or calcification is seen. Pancreatic duct is not dilated

KIDNEYS

Both kidneys are normal in size, shape, position and contour. Parenchymal echogenicity is normal. Cortico-medullary difference is well maintained. No abnormal mass lesion is seen. No evidence of calculus and hydronephrosis in both kidneys.

Right kidney measures 11.0 x 5.3 cm.

Left kidney measures 10.9 x 5.4 cm.

Contd 2/..

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:2:

AORTA AND RETROPERITONEUM

Visualized aorta and retroperitoneal vessels are normal in course and caliber.
No evidence of significant lymphadenopathy or free fluid.

URINARY BLADDER

Urinary bladder is well distended. It shows smooth wall and mucosal thickening is normal. No obvious mass lesion or calculus is seen.

PROSTATE

Prostate is enlarged in size. It measures 3.6 x 4.0 x 4.0 cm (volume = 31 cc).

IMPRESSION:

- Grade I fatty liver.
- Mild prostatomegaly.

DR. KETAN KALASKAR
M.D.
Consultant Radiologist
RG



NAME	: MR. GAJENDRA SWAIN	SEX	: MALE
AGE	: 51 YRS	ID NO.	: 1128667
REF BY	: C/O. MEDIWHEEL	DATE	: 28/03/2023

:2:

AORTA AND RETROPERITONEUM

Visualized aorta and retroperitoneal vessels are normal in course and caliber. No evidence of significant lymphadenopathy or free fluid.

URINARY BLADDER

Urinary bladder is well distended. It shows smooth wall and mucosal thickening is normal. No obvious mass lesion or calculus is seen.

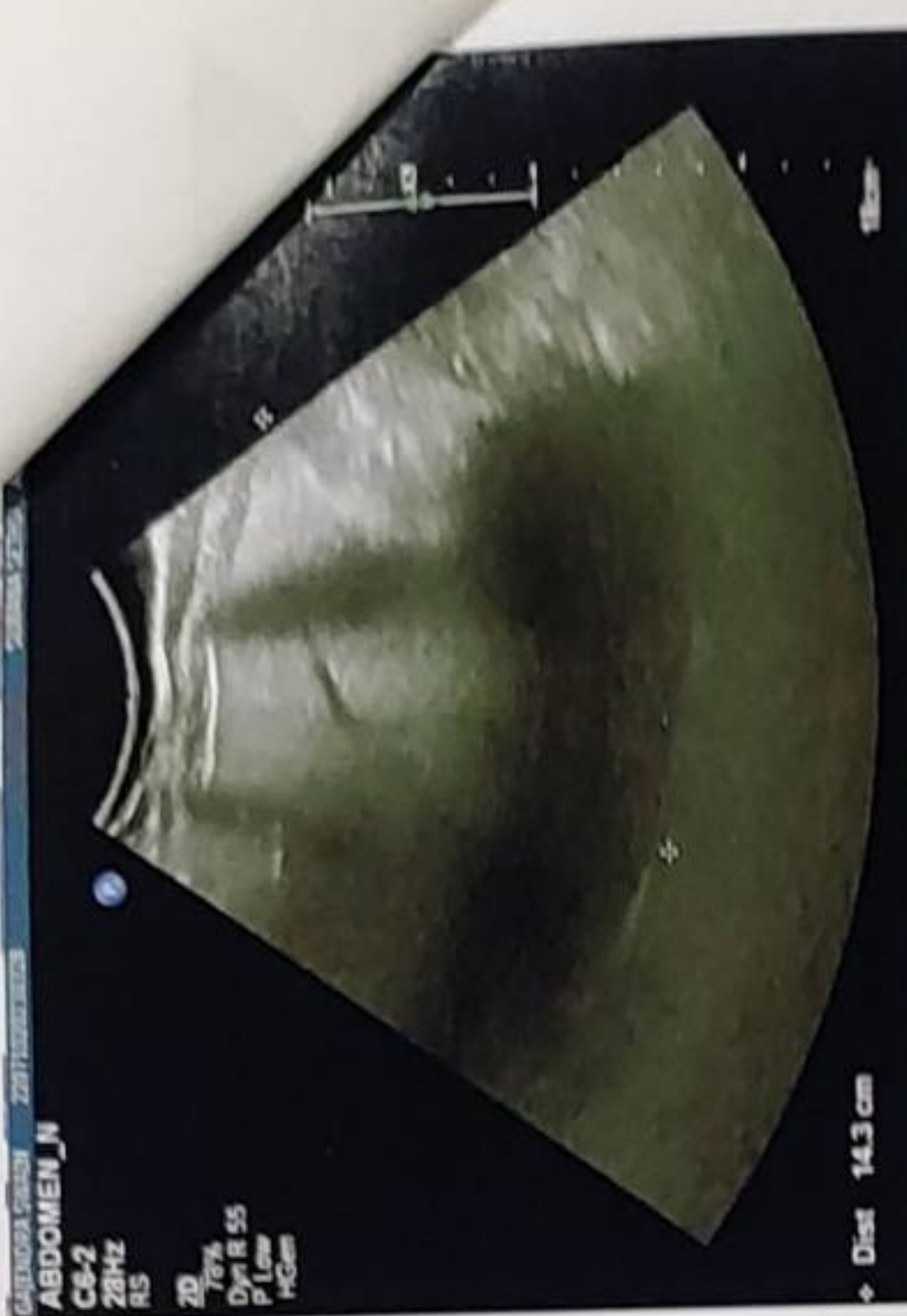
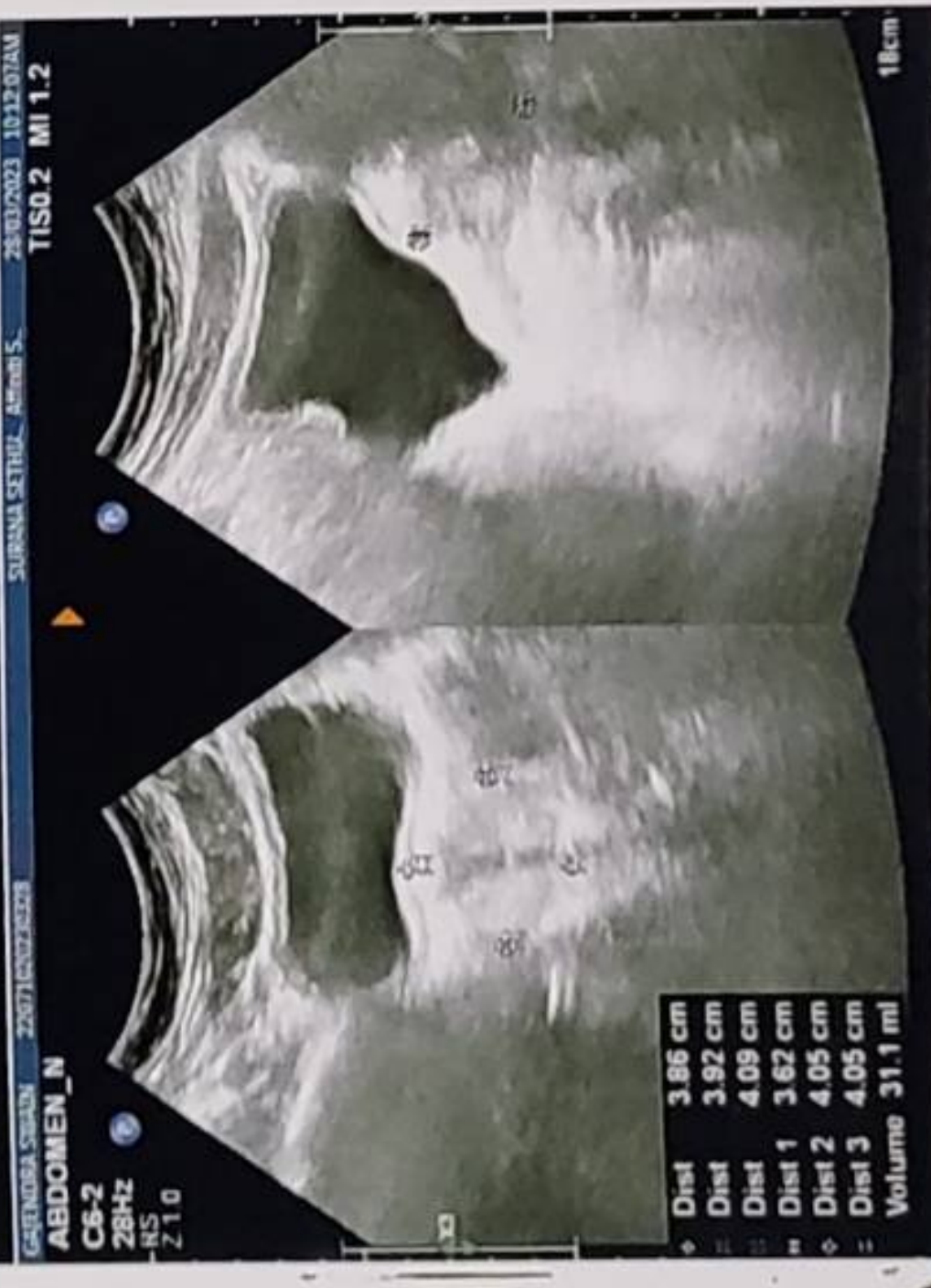
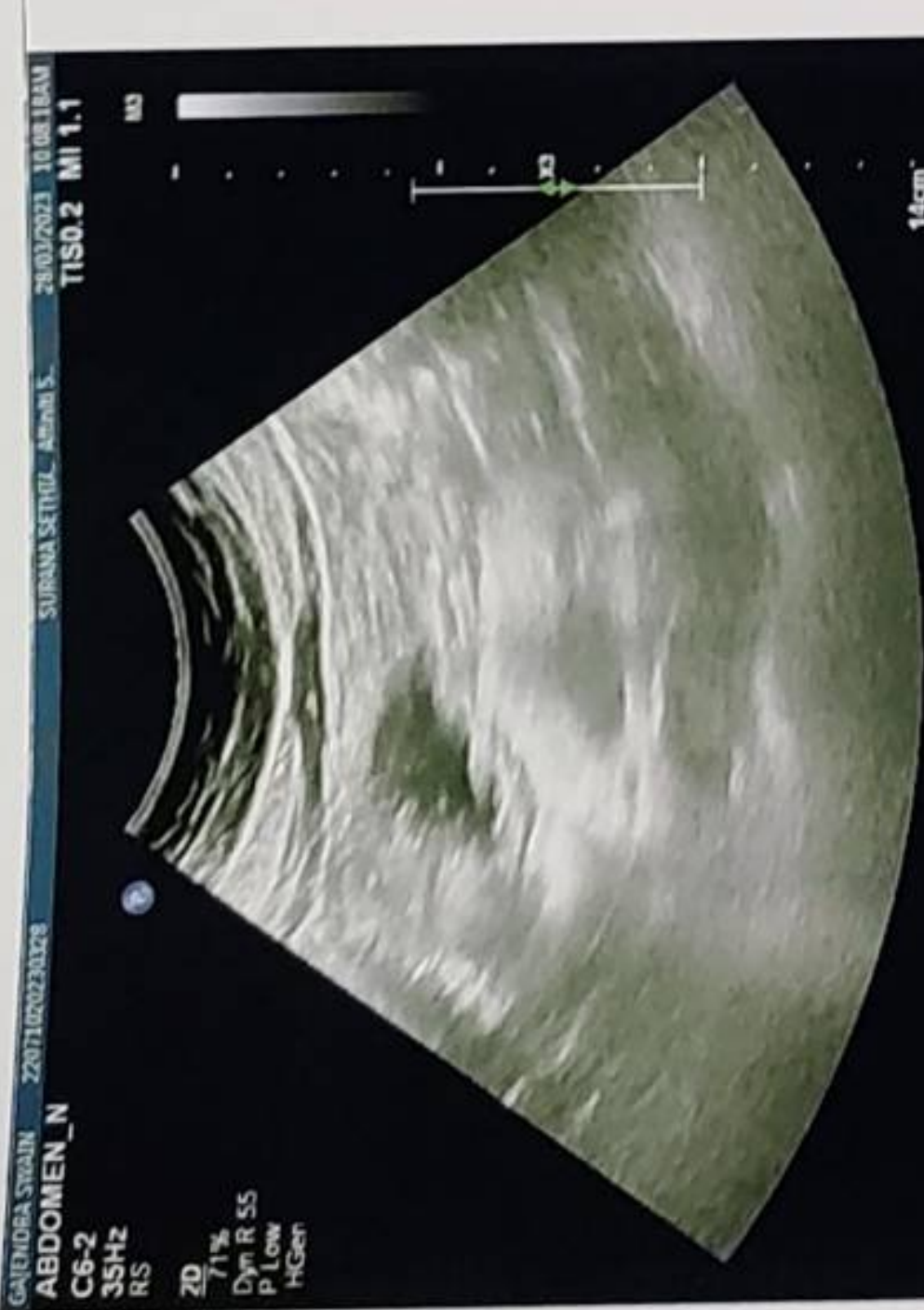
PROSTATE

Prostate is enlarged in size. It measures 3.6 x 4.0 x 4.0 cm (volume = 31 cc).

IMPRESSION:

- Grade I fatty liver.
- Mild prostatomegaly.


DR. KETAN KALASKAR
M.D.
Consultant Radiologist
RG





NABH PRE ACCREDITATION
ENTRY LEVEL HOSPITAL
PEH-2018-0537



**SURANA SETHIA HOSPITAL
AND RESEARCH CENTRE
CHARITABLE**

Chembur | Malad | Bhiwandi | Navi Mumbai

NAME	: MR. GAJENDRA SWAIN	SEX	: MALE
AGE	: 51 YRS	ID NO.	: 1128667
REF BY	: C/O. MEDIWHEEL	DATE	: 28/03/2023

X-RAY CHEST PA VIEW

Protocol :

Computerised radiography of chest PA reveals:

Observation:

- Lung fields appear clear.
- Cardiac silhouette is within normal limits. Aortic knuckle calcification is seen.
- Bilateral costophrenic angles are clear.
- Visualised bones are unremarkable.

Impression:

- No significant lung abnormality detected.


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Regd. No. E 15635 With Charity Commissioner Mumbai

Income Exemption No. DIT (E) / MC / 80G / 524 / 2009 - 10. 12-A Registration No. TR/31324.

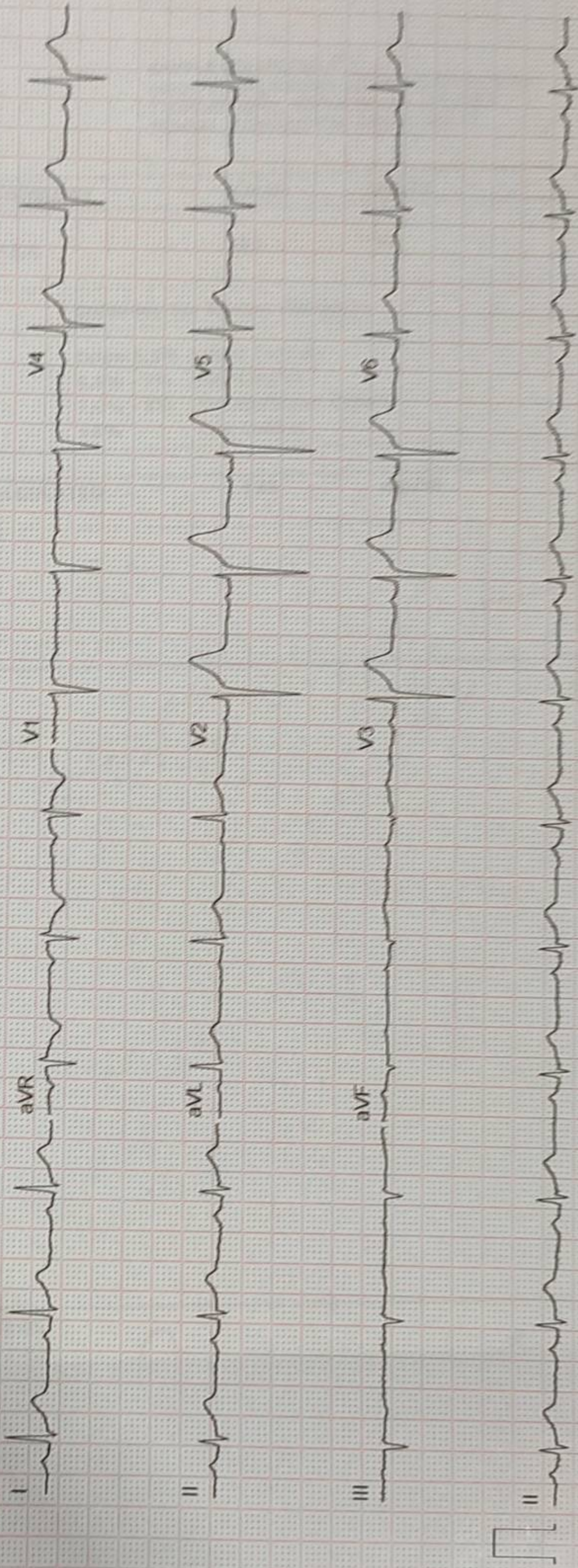
Sumannagar, Sion Trombay Road, Chembur, Mumbai - 400071 **Tel. : 022-3378 3378**

Email: info@suranasethiahospital.in Web. : www.suranasethiashospital.com

Mr - Gundre Saurin
Age - 51 yr
BP - 120/80 mmHg
P - 75/min

Normal sinus rhythm
Cannot rule out inferior infarct, age undetermined
Abnormal ECG

QRS 72 ms
QT / QTcBaz 374 / 409 ms
PR 178 ms
P 102 ms
RR / PP 830 / 833 ms
P / QRS / T 42 / -1 / 25 degrees





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**SURANA SETHIA HOSPITAL
AND RESEARCH CENTRE
CHARITABLE**

Chembur | Malad | Bhiwandi | Navi Mumbai

NAME : GAJENDRA SWAIN (51Y/M)
REF. BY : SELF
TEST ASKED : HbA1c

SAMPLE COLLECTED AT :
(4000711424),SURANA SETHIA HOSPITAL,SION -
TROMBAY ROAD, SUMAN NAGAR, CHEMBUR,
MUMBAI, MAHARASHTRA 400071,400071

TEST NAME	TECHNOLOGY	VALUE	UNITS
HbA1c - (HPLC)	H.P.L.C	6.1	%

Reference Range :

Reference Range: As per ADA Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

Guidance For Known Diabetics

Below 6.5% : Good Control
6.5% - 7% : Fair Control
7.0% - 8% : Unsatisfactory Control
>8% : Poor Control

Method : Fully Automated H.P.L.C method

AVERAGE BLOOD GLUCOSE (ABG)	CALCULATED	128	mg/dl
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Reference Range :

90 - 120 mg/dl : Good Control
121 - 150 mg/dl : Fair Control
151 - 180 mg/dl : Unsatisfactory Control
> 180 mg/dl : Poor Control

Method : Derived from HBA1c values

Please correlate with clinical conditions.

~~ End of report ~~

Sample Collected on (SCT) : 28 Mar 2023 12:05
Sample Received on (SRT) : 28 Mar 2023 14:56
Report Released on (RRT) : 28 Mar 2023 16:10

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Regd. No. E 15635 With Charity Commission of Mumbai /A1392

Income Exemption No. DIT (E) / MC / 80G / 524 / 2009 - 10. 12-A Registration No. TR/31324.

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Email: info@suranasethiahospital.in Web. : www.suranasethiahospital.com

Dr Mecha S MD.DNB (Path)

Dr. Sumanta Braak OPR

Name of Patient	: Mr. GAJENDRA SWAIN	Test Request ID	: 35742303280003
Age/Gender	: 51 Yrs/Male	Specimen Drawn ON	: 28-Mar-2023 12:36PM
Collected AT	: SURANASETHIA HOSPITAL AND RESE	Specimen Received ON	: 28-Mar-2023 02:40PM
Referred BY	: Dr. MEDIWHEEL	Report DATE	: 28-Mar-2023 03:51PM
Sample Type	: Serum - A3881312		
Ref Customer	:		

Test Description	Observed Value	Biological Reference Range	Method
THYROID PROFILE			
Triiodothyronine Total (T3)	1.19	0.81-1.81 ng/mL	Electrochemiluminescence immunoassay (ECLIA)
Thyroxine Total (T4)	7.5	4.6-10.5 ug/dL	Electrochemiluminescence immunoassay (ECLIA)
TSH (4th Generation)	3.119	0.40-4.20 uIU/mL	Electrochemiluminescence immunoassay (ECLIA)

PREGNANCY	REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association.)
1st Trimester	0.10-2.50 uIU/mL
2nd Trimester	0.20-3.00 uIU/mL
3rd Trimester	0.30-3.00 uIU/mL

INTERPRETATION-

1. Primary hyperthyroidism is accompanied by elevated serum T3 & T4 values along with depressed TSH level.
2. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values & elevated serum TSH levels.
3. Normal T4 levels accompanied by high T3 levels and low TSH are seen in patients with T3 thyrotoxicosis.
4. Normal or low T3 & high T4 levels indicate T4 thyrotoxicosis (problem is conversion of T4 to T3)
5. Normal T3 & T4 along with low TSH indicate mild / subclinical HYPERTHYROIDISM .
6. Normal T3 & low T4 along with high TSH is seen in HYPOTHYROIDISM .
7. Normal T3 & T4 levels with high TSH indicate Mild / Subclinical HYPOTHYROIDISM .
8. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness , malnutrition , renal failure and during therapy with drugs like propranolol.
9. Although elevated TSH levels are nearly always indicative of primary hypothyroidism . rarely they can result from TSH secreting pituitary tumours (secondary hyperthyroidism)

TSH IS DONE BY ULTRASENSITIVE 4th GENERATION CHEMIFLEX ASSAY

COMMENTS:

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

Disclaimer-

TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age ,and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly. TSH levels are subject to circadian variation, reaching peak levels between 2-4AM and minimum between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration. Dose and time of drug intake also influence the test result. Reference ranges are from Teitz fundamental of clinical chemistry 7th ed.

Nabl Scope.

*** End Of Report ***



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This report has been validated by:

QR CODE

LAB CERTIFICATE

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