

Amit Wayal
31 yrs/ male

10/02/24

No fresh complaints

No comorbidities

SIH - No RTA. (RT) Radius #
operated plating done
in 2002.?

F/H - Mother - healthy,
father - HTN, DM

BP - 140/100 mmHg.

P - 60/min

SpO₂ - 96%.

Height - 180cm

Weight - 54kg

BMI - 16.7 kg/m²

(moderate thinness)

Pt is fit and can resume
his normal duties.



HELPLINE

022 - 2588 3531

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

www.siddhivinayakhospitals.org



OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE AMIT WAYAL

AGE 31 DATE - 10.02.2024

Specs : Without Glasses

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



ID: 889 *Amrta Wajal* 10-02-2024 11:36:59 AM

male *BP*
Years 31
Req. No. :

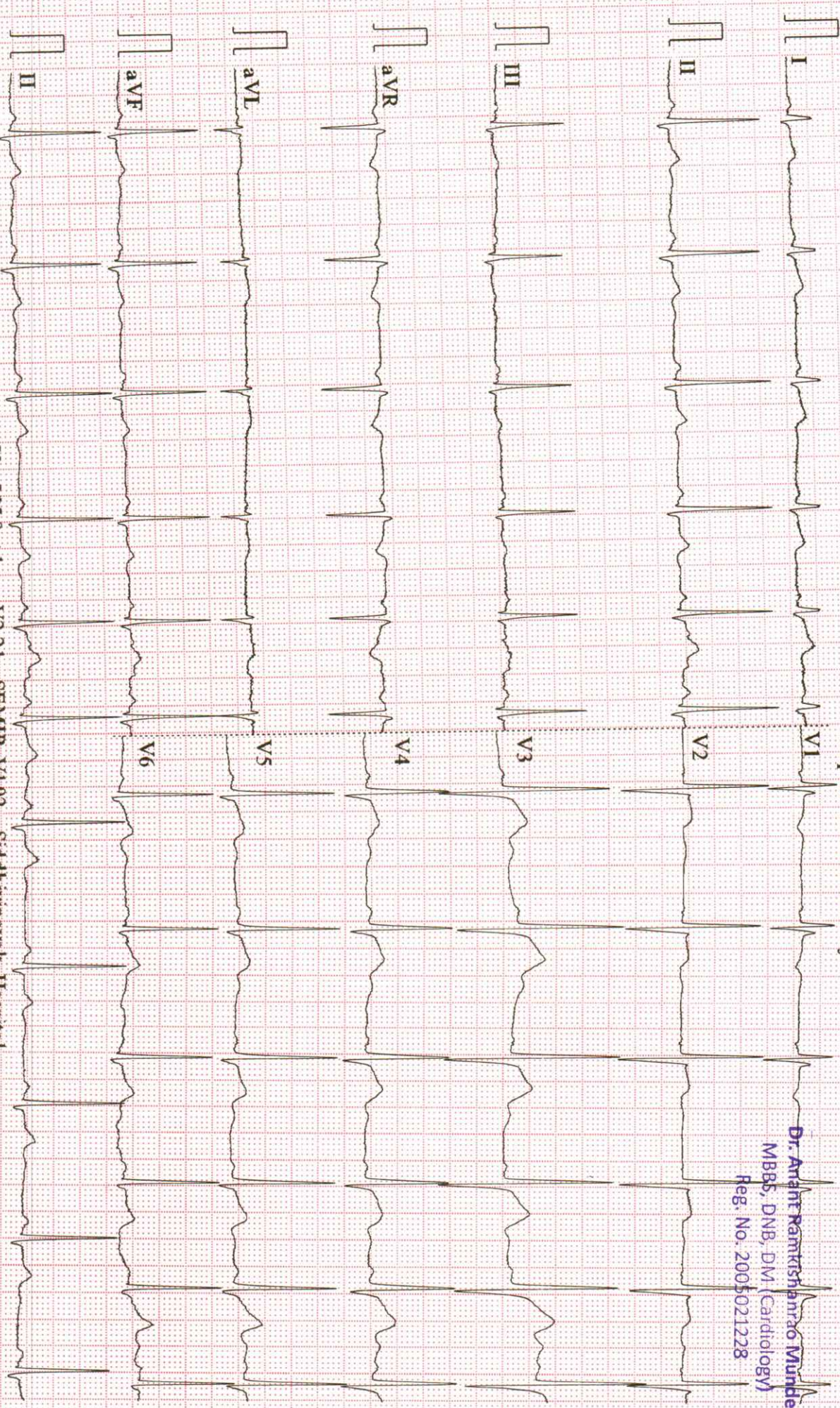
HR : 60 bpm
P : 91 ms
PR : 132 ms
QRS : 102 ms
QT/QTcBz : 398/401 ms
P/QRS/T : 61/80/43 °
RV5/SV1 : 1.932/0.642 mV

Diagnosis Information:
Sinus Arrhythmia
T Wave Abnormality(V1,V2)

Report Confirmed by:

NSR
sinus arrhythmia
ADN: - 20-04-20

Dr. Arant Ramkishanrao Munde
MBBS, DNB, DM (Cardiology)
Reg. No. 2005021228



0.15-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.21 SEMIP V1.92 Siddhivimayak Hospital



Name - Mr. Amit Wayal	Age - 31 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 10/02/2024

USG ABDOMEN & PELVIS

FINDINGS:-

The **liver** dimension is normal in size (13.6 cm). It appears normal in morphology with normal echogenicity. No evidence of intrahepatic ductal dilatation.

The **GB**-gallbladder is distended normally. Wall thickness is normal.

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

The **pancreas** appears normal in morphology.

The **spleen** is normal in size (8.5 cm) and morphology.

Both **kidneys** demonstrate normal morphology.

Both kidneys show normal cortical echogenicity.

The right kidney measures 7.7 x 3.7 cm.

The left kidney measures 9.4 x 4.6 cm.

Urinary bladder: -normally distended. Wall thickness - normal.

Prostate is normal in size and morphology Size: 15.0 gms.

No **free fluid** is seen.

IMPRESSION:-

- No obvious significant abnormality detected

DR. AMOL BENDRE
MBBS; DMRE
CONSULTANT RADIOLOGIST





Name - Mr . Amit Wayal	Age - 31 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 10/02/2024

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.





ECHOCARDIOGRAM

NAME	MR. AMIT WAYAL
AGE/SEX	31 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	10/02/2024

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

MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	21 mm	Left atrium	31 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	41.3 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	25.0 mm	RVEF	%
Ascending aorta	mm	IVSd	8.4 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	8.4 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	65 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	mm



COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MR. AMIT WAYAL
AGE/SEX	31 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	10/02/2024

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			0.97	0.83
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm ²)				
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	1.8			
E/E'	7.1			

FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF 65 %)
- 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

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

Dr. Anant Ramkishanrao Munde

MBBS, DNB, DM (Cardiology)

Reg. No. 2005021228



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***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)	46.6	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	88.6	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)	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.
LDL CHOL/HDL RATIO (CALCULATED VALUE)	1.95		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	3.33		<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
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	12.3	gm/dl	13 - 18
HEMATOCRIT (PCV)	36.9	%	42 - 52
RBC COUNT	4.48	x10 ⁶ /uL	4.70 - 6.50
MCV	82	fl	80 - 96
MCH	27.5	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	14.2	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	3860	/cumm	4000 - 11000
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS	48	%	40 - 80
LYMPHOCYTES	37	%	20 - 40
EOSINOPHILS	05	%	0 - 6
MONOCYTES	10	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	298000	/cumm	150000 - 450000
MPV	8.6	fl	6.5 - 11.5
PDW	15.4	%	9.0 - 17.0
PCT	0.260	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochromic		
WBC MORPHOLOGY	Leukopenia		
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.

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URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>URINE ROUTINE EXAMINATION</u>			
<u>PHYSICAL EXAMINATION</u>			
VOLUME	25 ml		
COLOUR	Pale yellow		Pale Yellow
APPEARANCE	Clear		CLEAR
<u>CHEMICAL EXAMINATION</u>			
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)	Normal		Normal
LEUKOCYTES (pyrrole amino acid ester diazonium salt)	Absent		Absent
NITRITE (Diazonium compound With tetrahydrobenzo quinolin 3-phenol)	Absent		Negative
<u>MICROSCOPIC EXAMINATION</u>			
RED BLOOD CELLS	Absent		Absent
PUS CELLS	1-2	/ HPF	0 - 5
EPITHELIAL	0-2	/ HPF	0 - 5
CASTS	Absent		

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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		

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

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IMMUNO ASSAY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>TFT (THYROID FUNCTION TEST)</u>			
SPACE		Space	-
SPECIMEN	Serum		
T3	109.9	ng/dl	84.63 - 201.8
T4	7.06	µg/dl	5.13 - 14.06
TSH	2.11	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			

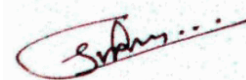
INTERPRETATION :

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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 Priyanka_Deshmukh



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HAEMATOLOGY

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

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	22.7	mg/dL	19 - 45
BLOOD UREA NITROGEN (Calculated)	10.61	mg/dL	5 - 20
S. CREATININE (Enzymatic)	0.91	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	6.7	mg/dL	3.5 - 7.2
S. SODIUM (ISE Direct Method)	139.1	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	4.0	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	102.1	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	3.85	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	9.7	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	6.42	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	4.03	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	2.39	g/dl	1.9 - 3.5
A/G RATIO calculated	1.69		0 - 2

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

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

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

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* 1 8 3 3 3 6 *

Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA
RBC	Normocytic Normochromic
WBC	Total leucocyte count is normal on smear. Neutrophils:50 % Lymphocytes:35 % Monocytes:10 % Eosinophils:05 % Basophils:00 %
PLATELET	Adequate on smear.
HEMOPARASITE	No parasite seen.

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

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN (Method-Diazo)	0.6	mg/dL	0.0 - 2.0
DIRECT BILLIRUBIN (Method-Diazo)	0.33	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.27	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	17.7	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	14.1	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	43.0	U/L	53 - 128
S. PROTIEN (Method-Biuret)	6.48	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	4.03	g/dl	3.5 - 5.2
S. GLOBULIN Calculated	2.45	g/dl	1.90 - 3.50
A/G RATIO Calculated	1.64		0 - 2

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

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* 1 8 3 3 3 6 *

HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR	40	mm/1hr.	0 - 20

METHOD - WESTERGREN

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

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* 1 8 3 3 3 6 *

BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GAMMA GT	38.6	U/L	13 - 109
<u>BLOOD GLUCOSE FASTING & PP</u>			
BLOOD GLUCOSE FASTING	88.9	mg/dL	70 - 110
BLOOD GLUCOSE PP	90.5	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 : ≥ 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

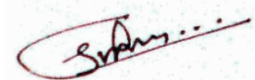
- Fasting plasma glucose ≥ 126 mg/dl
- Classical symptoms +Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$

***Any positive criteria should be tested on subsequent day with same or other criteria.

GLYCOCELATED HEMOGLOBIN (HBA1C)

HBA1C (GLYCOSALATED HAEMOGLOBIN)	5.7	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G.)	116.9	mg/dL	NON - DIABETIC : ≤ 5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : > 6.5
METHOD	Particle Enhanced Immunoturbidimetry		

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* 1 8 3 3 3 6 *

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.

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

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