Siddhivinayak Hospital

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

Swaprin Borwankar 39 yrs/ Male

> backache D Denoulder pain on Roff KILLO - NO any ? Sinusitis. NO PIH. NO SIM FIM- Moterer- BA father- DM

Height-165 cm Weight-63159 BMI-23.1 bg/m2 (Norman)

BP 110/80 mmtg P- 85/min SPO2- 981.

It is fit and can resume his normal dutics





022 - 2588 3531 S-1, Vedant Complex, Vartak Nagar, Thane (W) 400 606 www.siddhivinayakhospitals.org



19/02/2024

# **OPTHAL CHECK UP SCREENING**

NAME OF EMPLOYEE

SWAPNIL BORWANKAR

AGE	39	DATE -	19.02.2024

# Spects : Without Glasses

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







Name – Mr. Swapnil Borwankar	Age - 39 Y/M
Ref by Dr Siddhivinayak Hospital	Date - 19/02/2024

## 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.







# Siddhivinayak Hospital



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

Name – Mr. Swapnil Borvadkar	Age – 39 Y/M

Ref by Dr.- Siddhivinayak Hospital Date – 19/02/2024

## USG ABDOMEN & PELVIS

#### FINDINGS: -

The **liver** dimension is normal in size. It appears normal in morphology with **Raised 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 10.0cm and morphology.

Both kidneys demonstrate normal morphology.

Both kidneys show normal cortical echogenicity.

The right kidney measures 8.9 x 4.8 cm.

The left kidney measures 9.2 x 5.1 cm.

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

Prostate is normal in size 17.0cm and morphology Size:

Seminal vesicles appear normal.

No free fluid is seen.

**IMPRESSION:-**

Fatty Liver (Grade I)

DR. AMOL BENDRE MBBS; DMRE CONSULTANT RADIOLOGIST









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

# **2D ECHOCARDIOGRAM & COLOUR DOPPLER REPORT**

NAME AGE DATE OF EXAMINATION REF BY ECHOCARDIOGRAM DONE BY	: MR. SWAPNIL BORWANKAR : 39 YR/M : 19/02/2024 : SIDDHIVINAYAK HOPSITAL : DR.SANDIP FULPAGARE			
Mitral Valve Aortic Valve Pulmonary Valve Tricuspid Valve Interatrial septum Interventricular septum RA RV LA LV LV Dimensions	<ul> <li>Normal.</li> <li>Normal.</li> <li>Normal.</li> <li>Intact.</li> <li>Intact.</li> <li>Normal</li> <li>Normal</li> <li>3.7cm</li> <li>Normal, No RWMA.</li> </ul>			
LVID (d): 4.7 cm IVS (d): 1.0 cm Aorta Pericardium IVC / Other findings <b>DOPPLER MEASUREMENTS:-</b>	LVID (s):2.7 cm LVPW (d):1.0cm 2.7cm : Normal.	LVEF: 60%		

MV: E = 0.4, A = 0.7, DT = 160 ms. Aortic flow velocity = 1.2 m/s. Pulmonary flow velocity = 0.7 m/s. MR: Nil, AR: Nil, TR: Nil, PR: Nil

### **IMPRESSION:-**

Normal Sized cardiac chambers. No RWMA, Good LV Systolic Function. (LVEF- 60 %) Normal Valves. RA/ RV Normal, Good RV systolic function. No pericardial effusion/ Clot.

> DR. SANDIP FULPAGARE, MD (MEDICINE), DNB (CARDIOLOGY).FESC.





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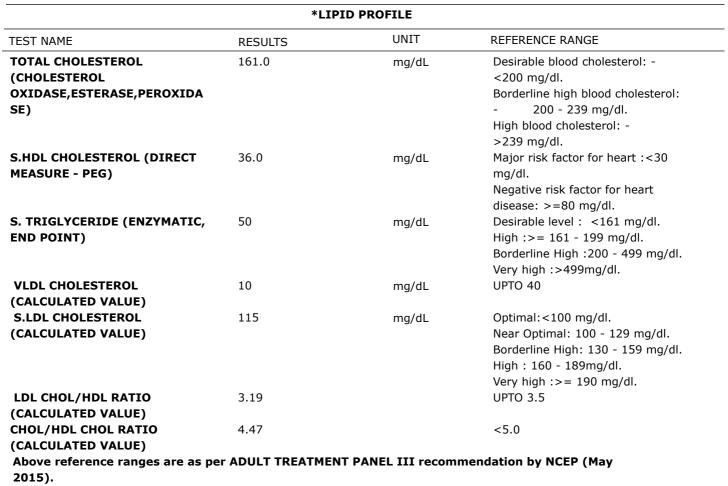
		Z					
ILIII.aVF)							Hospital
Diagnosis Information: Sinus Rhythm T Wave Abnormality(II,III,aVF) Report Confirmed by:	T	X31		Rad Contraction			SEMIP V1.92 Siddhivinayak Hospital
<ul> <li>11:08:13 AM</li> <li>76 bpm</li> <li>95 ms</li> <li>144 ms</li> <li>80 ms</li> <li>363/408 ms</li> <li>55/54/7 °</li> <li>1.448/1.015 mV</li> </ul>							2*5.0s+hr V2.21 SEM
VKQT HR PR PR QRS QTQTcBz P/QRS/T RV5/SV1			- Ar - Ar				25mm/s 10mm/mV 2
ID: 922 Swapnil Borrvankar Female Years 39 Reg. No. : 110 /6 0 SP0 2 - 98 %. P - 85 m	I when the	I	] m.l.	I ave	I ave and a second	] ave/	0.15-45Hz ACS0

CARDIART





Name	: Mr. SWAPNIL BORWANKAR (A)	Collected On	: 19/2/2024 10:08 am
Lab ID.	<sup>:</sup> 184201	<b>Received On</b>	: 19/2/2024 10:18 am
Age/Sex	: 39 Years / Male	<b>Reported On</b>	: 19/2/2024 8:30 pm
Ref By	SIDDHIVINAYAK HOSPITAL CGHS /ESIS	<b>Report Status</b>	: FINAL
Itel by			



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	15.6	gm/dl	13 - 18	
HEMATOCRIT (PCV)	46.8	%	42 - 52	
RBC COUNT	5.37	x10^6/uL	4.70 - 6.50	
MCV	87	fl	80 - 96	
МСН	29.1	pg	27 - 33	
МСНС	33	g/dl	33 - 36	
RDW-CV	13.7	%	11.5 - 14.5	
TOTAL LEUCOCYTE COUNT	6550	/cumm	4000 - 11000	
DIFFERENTIAL COUNT				
NEUTROPHILS	51	%	40 - 80	
LYMPHOCYTES	26	%	20 - 40	
EOSINOPHILS	13	%	0 - 6	
MONOCYTES	10	%	2 - 10	
BASOPHILS	00	%	0 - 1	
PLATELET COUNT	247000	/ cumm	150000 - 450000	
MPV	10.6	fl	6.5 - 11.5	
PDW	16.3	%	9.0 - 17.0	
РСТ	0.260	%	0.200 - 0.500	
RBC MORPHOLOGY	Normocytic Normoc	hromic		
WBC MORPHOLOGY	Eosinophilia			
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 pooja\_jadhav



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URINE ROUTINE EXAMINATION					
TEST NAME	RESULTS	UNIT	REFERENCE RANGE		
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 inc	licator)				
SP. GRAVITY	1.010		1.005 - 1.022		
(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 sa	alt)				
NITRITE	Absent		Negative		
(Diazonium compound With tetrahydro	benzo quinolin 3-phenol)				
MICROSCOPIC EXAMINATION					
RED BLOOD CELLS	Absent		Absent		
PUS CELLS	1-2	/ HPF	0 - 5		
EPITHELIAL	0-2	/ HPF	0 - 5		
CASTS	Absent				

#### Checked By

Priyanka\_Deshmukh



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

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

Checked By Priyanka\_Deshmukh



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COMPLETE PATHOLOGICAL SOLUTION

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IMMUNO ASSAY					
TEST NAME		RESULTS		UNIT	REFERENCE RANGE
TFT (THYROID	D FUNCTION T	<u>EST )</u>			
SPACE				Space	-
SPECIMEN		Serum			
Т3		166.0		ng/dl	84.63 - 201.8
T4		8.58		µg/dl	5.13 - 14.06
TSH		7.57		µIU/ml	0.270 - 4.20
T3 (Triido Thyr hormone)	onine)	T4 (Thyroxine	e)	TSH(T	hyroid stimulating
AGE	RANGE	AGE	RANGES	AGE	RANGES
1-30 days	100-740	1-14 Days	11.8-22.6	0-14 D	Days 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	Pregna	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 T	Trimester

#### 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 ------

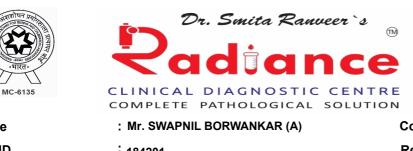
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HAEMATOLOGY				
TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
BLOOD GROUP				
SPECIMEN	WHOLE BLOOD E	DTA & SERUM		
* ABO GROUP	'O'			
RH FACTOR	POSITIVE			
Method: Slide Agglutination	n and Tube Method (Forward gro	ouping & Reverse gro	uping)	
Result relates to samp	le tested, Kindly correlate with	clinical findings.		

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

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Ner Dy			

*RENAL FUNCTION TEST					
TEST NAME	RESULTS	UNIT	REFERENCE RANGE		
BLOOD UREA	23.5	mg/dL	19 - 45		
(Urease UV GLDH Kinetic)					
BLOOD UREA NITROGEN	10.98	mg/dL	5 - 20		
(Calculated)					
S. CREATININE	0.88	mg/dL	0.6 - 1.4		
(Enzymatic)					
S. URIC ACID	5.5	mg/dL	3.5 - 7.2		
(Uricase)					
S. SODIUM	140.7	mEq/L	137 - 145		
(ISE Direct Method)					
S. POTASSIUM	3.88	mEq/L	3.5 - 5.1		
(ISE Direct Method)					
S. CHLORIDE	103.1	mEq/L	98 - 110		
(ISE Direct Method)					
S. PHOSPHORUS	3.07	mg/dL	2.5 - 4.5		
(Ammonium Molybdate)					
S. CALCIUM	8.9	mg/dL	8.6 - 10.2		
(Arsenazo III)					
PROTEIN	6.52	g/dl	6.4 - 8.3		
(Biuret)					
S. ALBUMIN	4.27	g/dl	3.2 - 4.6		
(BGC)					
S.GLOBULIN	2.25	g/dl	1.9 - 3.5		
(Calculated)					
A/G RATIO	1.90		0 - 2		
calculated					
NOTE BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200) ANALYZER.					

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

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

Checked By Priyanka\_Deshmukh

Sum

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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 but eosinophils are		
	increased.		
	Neutrophils :51 %		
	Lymphocytes :26 %		
	Eosinophils :13 %		
	Monocytes :10 %		
	Basophils :00 %		
PLATELET	Adequate on smear.		
HEMOPARASITE	No Parasites seen.		
IMPRESSION	Eosinophilia.		
Result relates to sample tested, h	Kindly correlate with clinical findings.		
	END OF REPORT		

**Checked By** pooja\_jadhav



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Ref By	SIDDHIVINAYAK HOSPITAL CGHS /ESIS	Report Status	: FINAL

LIVER FUNCTION TEST						
TEST NAME	RESULTS	UNIT	REFERENCE RANGE			
TOTAL BILLIRUBIN	0.64	mg/dL	0.1 - 1.2			
(Method-Diazo)						
DIRECT BILLIRUBIN	0.27	mg/dL	0.0 - 0.4			
(Method-Diazo)						
INDIRECT BILLIRUBIN	0.37	mg/dL	0 - 0.8			
Calculated						
SGOT(AST)	25.5	U/L	0 - 37			
(UV without PSP)						
SGPT(ALT)	32.3	U/L	UP to 40			
UV Kinetic Without PLP (P-L-P)						
ALKALINE PHOSPHATASE	59.0	U/L	53 - 128			
(Method-ALP-AMP)						
S. PROTIEN	6.52	g/dl	6.4 - 8.3			
(Method-Biuret)						
S. ALBUMIN	4.27	g/dl	3.5 - 5.2			
(Method-BCG)						
S. GLOBULIN	2.25	g/dl	1.90 - 3.50			
Calculated						
A/G RATIO	1.90		0 - 2			
Calculated						

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

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

Checked By Priyanka\_Deshmukh

Sum

184201\*

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COMPLETE PATHOLOGICAL SOLUTION Name : Mr. SWAPNIL BORWANKAR (A) **Collected On** : 19/2/2024 10:08 am . 19/2/2024 10:18 am Lab ID. **Received On** : 184201 : 19/2/2024 8:30 pm **Reported On** Age/Sex : 39 Years / Male **Report Status** : FINAL **Ref By** : SIDDHIVINAYAK HOSPITAL CGHS /ESIS



HAEMATOLOGY					
TEST NAME	RESULTS	UNIT	REFERENCE RANGE		
ESR					
ESR	35	mm/1hr.	0 - 20		

METHOD - WESTERGREN

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

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

**Checked By** Priyanka\_Deshmukh



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COMPLETE PATHOLOGICAL SOLUTION

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BIOCHEMISTRY
--------------

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
GAMMA GT	27.8	U/L	13 - 109	
BLOOD GLUCOSE FASTING & PP				
BLOOD GLUCOSE FASTING	97.4	mg/dL	70 - 110	
BLOOD GLUCOSE PP	129.2	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 speciman. 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	6.0	%	Hb A1c
HAEMOGLOBIN)			> 8 Action suggested
			< 7 Goal
			< 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B.	125.5	mg/dL	NON - DIABETIC : <=5.6
G. )			PRE - DIABETIC : 5.7 - 6.4
			DIABETIC : >6.5

METHOD

Particle Enhanced Immunoturbidimetry

**Checked By** Priyanka Deshmukh gram ...

184201

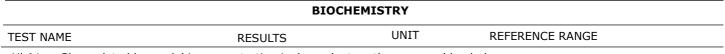
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HbA1c : Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes.Average Blood Glucose (A.B.G) 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.

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

Checked By Priyanka\_Deshmukh



\* 1 8 4 2 0 1 \*

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