बैंक ऑफ़ बड़ौदा

Bank of Baroda

नाम श्वेता प्रमोद शानभाग

Name SHWETA PRAMOD SHANBHAG

कर्मचारी कूट क्र.

E.C. No. 162651

जारीकर्ता प्राधिकारी

Issuing Authority

धारक के हस्ताक्षर

Signature of Holder

CamScanner

Siddhivinayak Hospital

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

INDUSTRIAL HEALTH SERVICES

28/10/2023

Ms. Shweta Shenbhag

H/o epilepsy on 40/F
& No any major illness in past.
Nulliparous.

Menstrual cycle - WNL.

Family H/o. mother surgery fibroid.

Height - 163 cm
Weight - 92 kg
BMI - 34.6 kg/m2
obese class I

B.P. 150/90

ECG - Low voltage. - Spect++.
- No defects.
Cardio.

Adv
- Blood investn
- CXR
2D echo.

Adv
salt restricted pt diet.

Fit & she can resume her normal duties.

S-1, Vedant Complex, Vartak Nagar, Thane (W) 400 606
E : ohs.svh@gmail.com W : www.siddhivinayakhospitals.org T. : 022 - 2588 3531 M.: 9769545533

ECHOCARDIOGRAM

NAME	MRS. SHWETA SHANBHAG
AGE/SEX	41 YRS/F
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DOCTOR	DR. ANANT MUNDE, DNB, DM (CARDIOLOGY)
DATE OF EXAMINATION	28/10/2023

2D/M-MODE ECHOCARDIOGRAPHY

VALVES:

MITRAL VALVE:
- **AML:** Normal
- **PML:** Normal
- **Sub-valvular deformity:** Absent

AORTIC VALVE: Normal
- **No. of cusps:** 3

PULMONARY VALVE: Normal
TRICUSPID VALVE: Normal

CHAMBERS:
LEFT ATRIUM: Normal
LEFT VENTRICLE: Normal
- **RWMA:** No
- **Contraction:** Normal

RIGHT ATRIUM: Normal
RIGHT VENTRICLE: Normal
- **RWMA:** No
- **Contraction:** Normal

GREAT VESSELS:
- **AORTA:** Normal
- **PULMONARY ARTERY:** Normal

SEPTAE:
- **IAS:** Intact
- **IVS:** Intact

CORONARIES: Proximal coronaries normal

CORONARY SINUS: Normal

VENACAVAE:
- **SVC:** Normal
- **IVC:** Normal and collapsing >20% with respiration

PULMONARY VEINS: Normal

PERICARDIUM: Normal

MEASUREMENTS:

AORTA		LEFT VENTRICLE STUDY		RIGHT VENTRICLE STUDY	
PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE	PARAMETER	OBSERVED VALUE
Aortic annulus	20 mm	Left atrium	35 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	48.2 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	31.5 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	64 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	15 mm

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

HELPLINE
022 - 2588 3531

Name – Mrs. Shweta Shanbhag	Age – 41 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date – 28/10/2023

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. No calculi or filling defects are seen. No evidence of Pericholecystic collection. The wall thickness is normal.

Right Kidney measures 10.2 x 4.6 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 10.4 x 5.1 cm & 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 (10.1 cm) with homogenous echotexture.

The urinary bladder is adequately 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.

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

HELPLINE
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Name – Mrs. Shweta Shanbhag	Age – 41 Y/F
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The Uterus is anteverted & measures approximately 7.6 x 4.0 x 4.5 cms with normal homogenous echotexture. The uterine outline is smooth and normal. No abnormal focal lesion noted. Endometrial thickness is normal.

The right ovary appears normal measures 2.9 x 2.2 cms.

The left ovary appears bulky measures 3.1 x 3.2 cms. & shows Hemorrghic cyst measuring 2.7 x 2.2 cm.

Bilateral adnexae appear normal. No focal lesion noted.

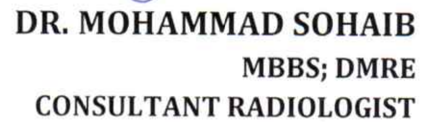
No free fluid or obvious lymphadenopathy is seen in abdomen and pelvis.

A well defined oval hypoechoic lesion measuring 5.0 x 3.4 cm seen in lower abdomen anterior to bladder in left median region no internal vascularity seen FNAC correlation

IMPRESSION:

- **Fatty liver**
- **Left ovarian Hemorrghic cyst**
- **Anterior abdomen wall lesion as described**

Adv.: CECT abdomen/ 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.

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

HELPLINE
022 - 2588 3531

Name– Mrs. Shweta Shanbhag	Age - 40 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date– 28/10/2023

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.

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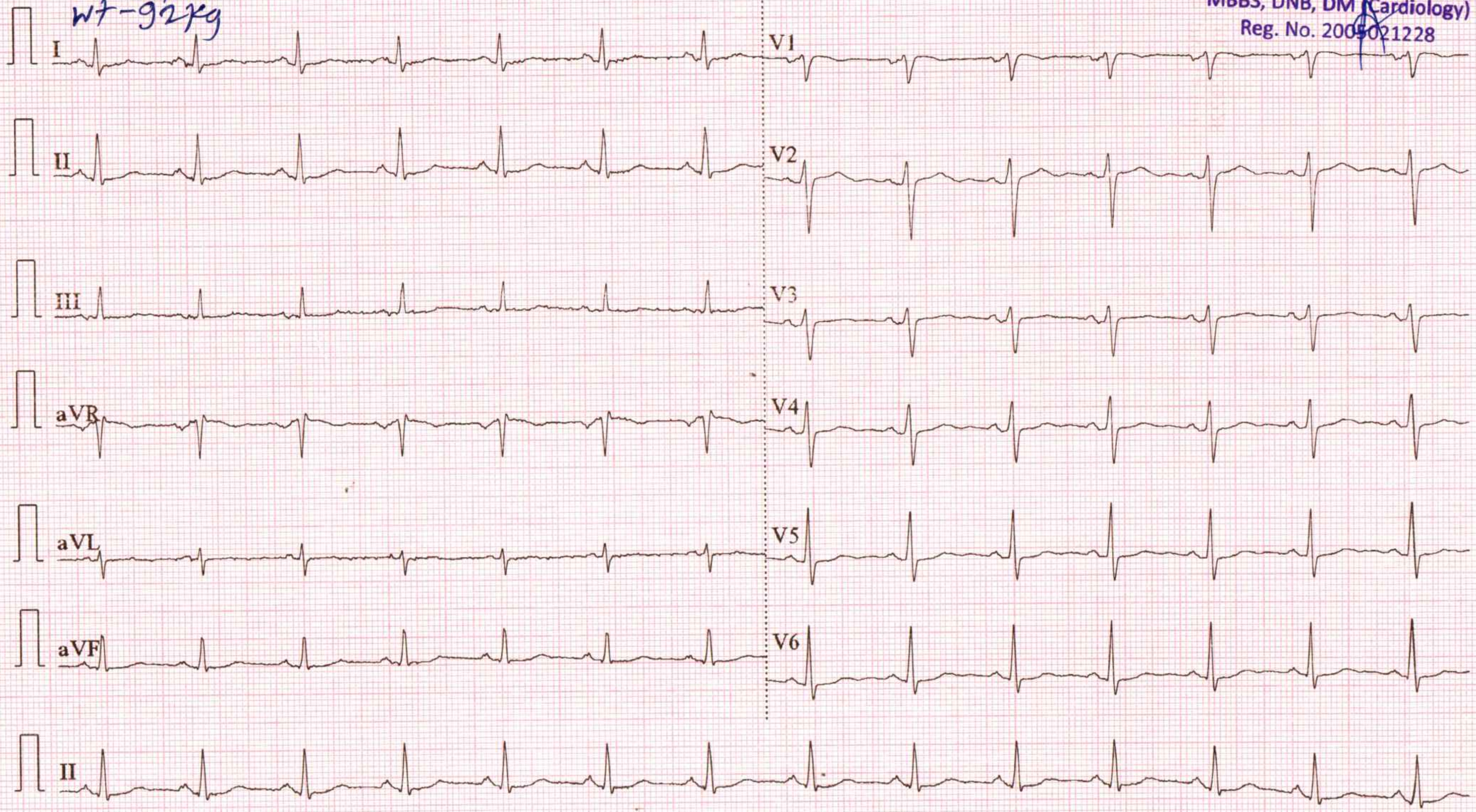
ID: 85
Shweta Shanbhag
~~Male~~ Years 40Y/F
Req. No. :
BP-150/90 mmHg
SpO2-99%
PR-88/m
wt-92kg
28-10-2023 10:20:26 AM
HR : 83 bpm
P : 98 ms
PR : 134 ms
QRS : 91 ms
QT/QTcBz : 377/445 ms
P/QRS/T : 11/63/13 °
RV5/SV1 : 0.886/0.398 mV
Diagnosis Information: NSR
Sinus Rhythm
Larged PtfV1
Low T Wave(V6)
No Significant ST-T changes
Adv - No active intervention required right Now
Report Confirmed by:
Dr. Anant Ramkishanrao Munde
MBBS, DNB, DM (Cardiology)
Reg. No. 2005021228
CARDIART
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
II
0.15~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r V2.21 SEMIP V1.92 Siddhivinayak Hospital
BPL

Siddhivinayak Hospital
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OPTHAL CHECK UP SCREENING

NAME OF EMPLOYEE **MRS.SHWRTA SHANBHAG**

AGE **40** **DATE -** **28.10.2023**

Spects : With Glasses

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

SIDDHIVINAYAK HOSPITALS

Dr. Smita Ranveer's

Radiance

CLINICAL DIAGNOSTIC CENTRE
COMPLETE PATHOLOGICAL SOLUTION

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Age/Sex	: 40 Years / Female	Reported On	: 28/10/2023 9:41 pm
Ref By	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /	Report Status	: INTERIM

*LIPID PROFILE

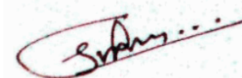
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE,ESTERASE,PEROXIDASE)	163.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)	42.9	mg/dL	Major risk factor for heart :<30 mg/dl. Negative risk factor for heart disease :>=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	88.2	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)	102	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)	2.38		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	3.80		<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
SHAISTA Q



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

Dr. Smita Ranveer`s

Radiance

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COMPLETE PATHOLOGICAL SOLUTION

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COMPLETE BLOOD COUNT

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	**11.0**	gm/dl	12.0 - 15.0
HEMATOCRIT (PCV)	**33.0**	%	36 - 46
RBC COUNT	4.70	x10^6/uL	4.5 - 5.5
MCV	**70**	fl	80 - 96
MCH	**23.4**	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	**17.9**	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	7770	/cumm	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	55	%	40 - 80
LYMPHOCYTES	34	%	20 - 40
EOSINOPHILS	05	%	0 - 6
MONOCYTES	06	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	415000	/ cumm	150000 - 450000
MPV	9.9	fl	6.5 - 11.5
PDW	15.2	%	9.0 - 17.0
PCT	0.410	%	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.

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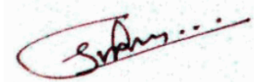

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HEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	**30**	mm/1hr.	0 - 20

METHOD - WESTERGREN

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

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

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Dr. Smita Ranveer's Radiance
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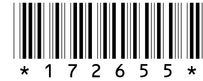
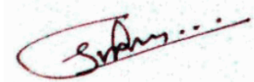


URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
VOLUME	35ml		
COLOUR	Pale Yellow	Text	Pale Yellow
APPEARANCE	Slightly Hazy		Clear
CHEMICAL EXAMINATION			
REACTION	Acidic		Acidic
(methyl red and Bromothymol blue indicator)			
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	Text	Absent
(pyrrole amino acid ester diazonium salt)			
NITRITE	Absent		Negative
(Diazonium compound With tetrahydrobenzo quinolin 3-phenol)			
MICROSCOPIC EXAMINATION			
RED BLOOD CELLS	Absent	Text	Absent
PUS CELLS	2-4	/ HPF	0 - 5
EPITHELIAL	1-2	/ HPF	0 - 5
CASTS	Absent		

Checked By
Priyanka_Deshmukh



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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 sample tested. Kindly correlate with clinical findings.		

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

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

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* 1 7 2 6 5 5 *

IMMUNO ASSAY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TFT (THYROID FUNCTION TEST)			
SPACE		Space	-
SPECIMEN	Serum		
T3	134.9	ng/dl	84.63 - 201.8
T4	9.20	µg/dl	5.13 - 14.06
TSH	2.99	µIU/ml	0.270 - 4.20

T3 (Triido Thyronine) T4 (Thyroxine) TSH(Thyroid stimulating hormone)

AGE	RANGE	AGE	RANGES	AGE	RANGES
1-30 days	100-740	1-14 Days	11.8-22.6	0-14 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 months-20 yrs	0.7-6.4
6-10 yrs	94-241	4 -12 months	7.8-16.5	Pregnancy	
11-15 yrs	82-213	1-5 yrs	7.3-15.0	1st Trimester	0.1-2.5
15-20 yrs	80-210	5-10 yrs	6.4-13.3	2nd Trimester	0.20-3.0
		11-15 yrs	5.6-11.7	3rd 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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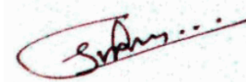

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* 1 7 2 6 5 5 *

HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD GROUP			
SPECIMEN	WHOLE BLOOD EDTA & SERUM		
* ABO GROUP	'O'		
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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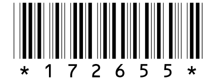


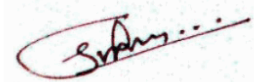
*BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	16.4	mg/dL	13 - 40
BLOOD UREA NITROGEN (Calculated)	7.66	mg/dL	5 - 20
S. CREATININE (Enzymatic)	0.72	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	5.4	mg/dL	2.6 - 6.0
S. SODIUM (ISE Direct Method)	140.0	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	5.00	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	107.1	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	2.77	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	9.0	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	7.08	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	3.55	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	**3.53**	g/dl	1.9 - 3.5
A/G RATIO calculated	1.01		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 ------------------

Checked By
SHAISTA Q



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Dr. Smita Ranveer`s Radiance ™
CLINICAL DIAGNOSTIC CENTRE
COMPLETE PATHOLOGICAL SOLUTION

Name	: Mrs. SHWETA SHANBHAG	Collected On	: 28/10/2023 11:09 am
Lab ID.	: 172655	Received On	: 28/10/2023 11:19 am
Age/Sex	: 40 Years / Female	Reported On	: 28/10/2023 9:41 pm
Ref By	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /	Report Status	: INTERIM

Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA
RBC	Normocytic Normochromic
WBC	Total leucocyte count is normal on smear.
	Neutrophils:55 %
	Lymphocytes:35 %
	Monocytes:05 %
	Eosinophils:05 %
	Basophils:00 %
PLATELET	Adequate on smear.
HEMOPARASITE	No parasite seen.

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

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

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LIVER FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN	0.25	mg/dL	0.0 - 2.0
(Method-Diazo)			
DIRECT BILLIRUBIN	0.14	mg/dL	0.0 - 0.4
(Method-Diazo)			
INDIRECT BILLIRUBIN	0.11	mg/dL	0 - 0.8
Calculated			
SGOT(AST)	**36.7**	U/L	0 - 37
(UV without PSP)			
SGPT(ALT)	22.9	U/L	UP to 40
UV Kinetic Without PLP (P-L-P)			
ALKALINE PHOSPHATASE	42.0	U/L	42 - 98
(Method-ALP-AMP)			
S. PROTIEN	7.08	g/dl	6.4 - 8.3
(Method-Biuret)			
S. ALBUMIN	3.55	g/dl	3.5 - 5.2
(Method-BCG)			
S. GLOBULIN	**3.53**	g/dl	1.90 - 3.50
Calculated			
A/G RATIO	1.01		0 - 2
Calculated			

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

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

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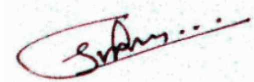

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GLYCOCELATED HEMOGLOBIN (HBA1C)			
HBA1C (GLYCOSALATED HAEMOGLOBIN)	5.0	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G.)	96.8	mg/dL	65.1 - 136.3
METHOD	Particle Enhanced Immunoturbidimetry		

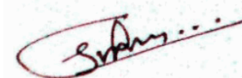
HbA1c : Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes.Average Blood Glucose (A.B.G) is calculated value from HbA1c : Glycosylated hemoglobin concentration in whole Blood.It indicates average blood sugar level over past three months.

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD GLUCOSE FASTING & PP			
BLOOD GLUCOSE FASTING	81.6	mg/dL	70 - 110
BLOOD GLUCOSE PP	102.3	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

Checked By
Priyanka_Deshmukh



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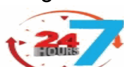

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE

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.

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GAMMA GT	15.0	U/L	5 - 55

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

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