

Siddhivinayak Hospital

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

INDUSTRIAL HEALTH SERVICES

28/10/2023

Mr Ganesha Tambe
52m

Height - 161 cm
Weight - 79 kg
BMI - 30.5 kg/m²
obese class 1

K140 DM on p

B.p. 140/90

No any allergy to any medicine.

family H/O. nil.

ECG. normal.

Fasting & PP Sugar normal
consult physician.

Adv
Blood testⁿ.

- CAR.

Adv
salt restricted diet.

Pt. fit & he can perform his normal duties



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ECHOCARDIOGRAM

NAME	MR. GANESH TAMBE
AGE/SEX	52 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DOCTOR	DR. ANANT MUNDE, DNB, DM (CARDIOLOGY)
DATE OF EXAMINATION	28/10/2023

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 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	22 mm	Left atrium	38 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	44.3 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	29.0 mm	RVEF	%
Ascending aorta	mm	IVSd	8.9 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	8.9 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	64 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	14 mm





Name - Mr. Ganesh Tambe	Age - 52 Y/M
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. Multiple Gall bladder calculi are seen largest measuring 6.7 mm. No evidence of Pericholecystic collection. The wall thickness is normal.

Right Kidney measures 10.5 x 5.6 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 10.5 x 5.3 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 (cm) with homogenous echotexture. The urinary bladder is partially 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.

Prostate appears grossly normal in size. The echotexture pattern is normal. there is no obvious focal lesion seen.

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

IMPRESSION:

- Fatty liver
- Cholelithiasis

Adv.: 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.





Name-Mr. Ganesh Tambe	Age - 52 Y/M
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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MBBS; DMRE
CONSULTANT RADIOLOGIST

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28-10-2023 10:31:11 AM

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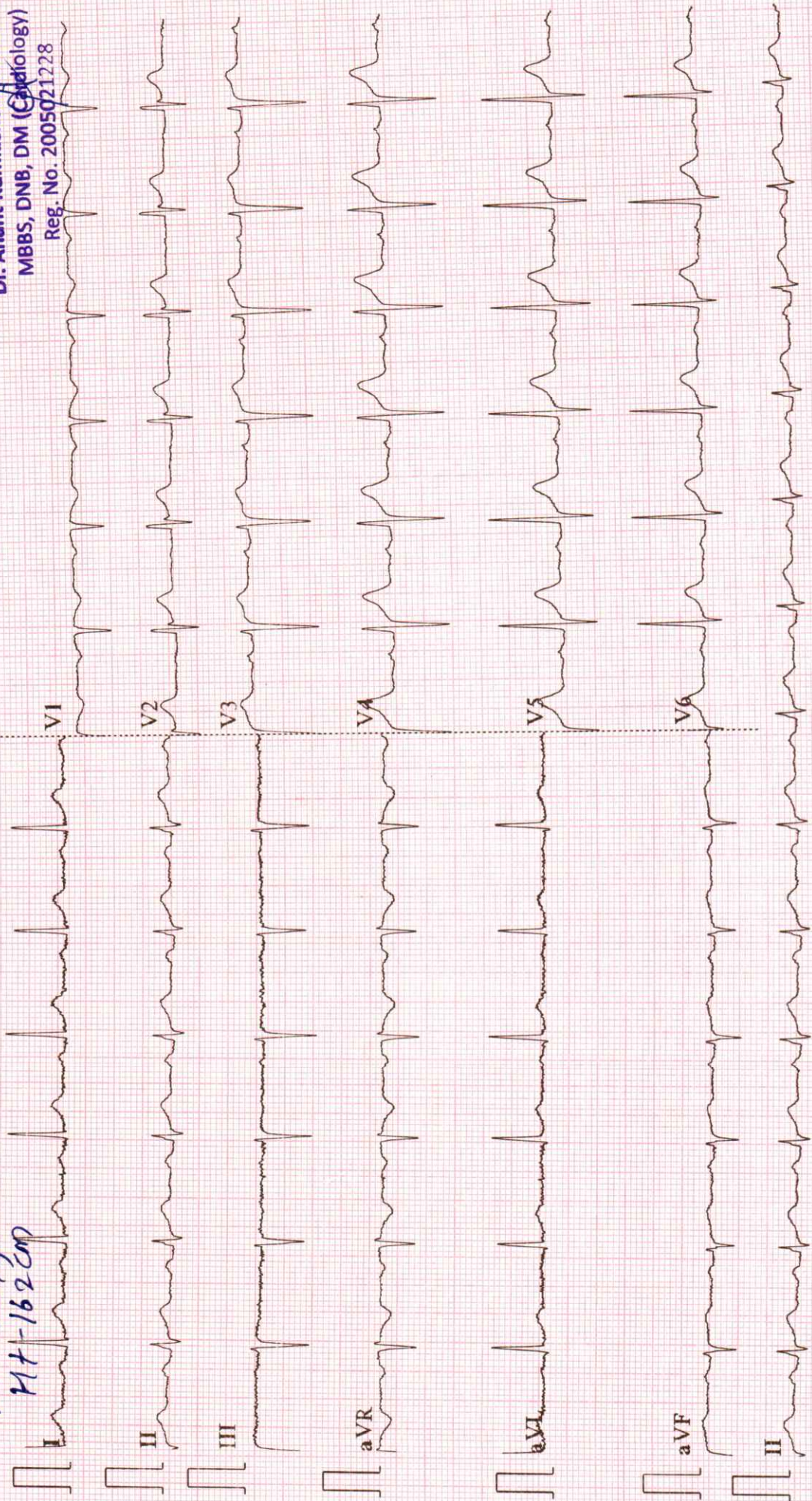
Male
Years 52y/M
Req. No. :

Diagnosis Information: **NSR**
Sinus Rhythm
QS Wave in lead V1

HR : 82 bpm
P : 106 ms
PR : 193 ms
QRS : 76 ms
QT/QTcBz : 345/404 ms
PQRS/T : 55/-14/28 °
RV5/SV1 : 1.2/19/0.6/19 mV

BP - 140/90 mmHg
SpO2 - 99%
PR - 77/m
WT - 79 kg
HT - 162 cm

Adv - No active intervention changes
Report Confirmed by: **Dr. Anant Ramkhanrao Munde**
MBBS, DNB, DM (Cardiology)
Reg. No. 2005021228



OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE

MR.GANESH GOVIND TAMBE

AGE

52

DATE -

28.10.2023

Spects : Without Glasses

	RT Eye	Lt Eye
NEAR	N/12	N/12
DISTANT	6/9	6/6
Color Blind Test	NORMAL	



SIDDHIVINAYAK HOSPITALS

 **HELPLINE**

022 - 2588 3531

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



***LIPID PROFILE**


TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)	84.0	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)	30.8	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	50.8	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)	10	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	43	mg/dL	Optimal: <100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High : 160 - 189mg/dl.
LDL CHOL/HDL RATIO (CALCULATED VALUE)	1.40		Very high : >= 190 mg/dl. UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	2.73		<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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HEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	05	mm/1hr.	0 - 20

METHOD - WESTERGRÉN

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

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URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>URINE ROUTINE EXAMINATION</u>			
<u>PHYSICAL EXAMINATION</u>			
VOLUME	20ml		
COLOUR	Pale Yellow	Text	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	Text	Absent
NITRITE (Diazonium compound With tetrahydrobenzo quinolin 3-phenol)	Absent		Negative
<u>MICROSCOPIC EXAMINATION</u>			
RED BLOOD CELLS	Absent	Text	Absent
PUS CELLS	0-2	/ HPF	0 - 5

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URINE ROUTINE EXAMINATION

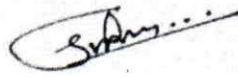
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
EPITHELIAL	0-2	/ HPF	0 - 5
CASTS	Absent		
CRYSTALS	Absent		
BACTERIA	Absent		Absent
YEAST CELLS	Absent		Absent
ANY OTHER FINDINGS	Absent		

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

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Consultant Histo-cytopathologist

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IMMUNO ASSAY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TFT (THYROID FUNCTION TEST)			
SPACE		Space	-
SPECIMEN	Serum		
T3	102.7	ng/dl	84.63 - 201.8
T4	10.13	µg/dl	5.13 - 14.06
TSH	0.685	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.

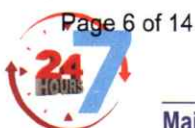
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HAEMATOLOGY

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)			
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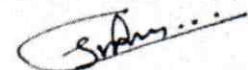


***BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	23.7	mg/dL	18 - 55
BLOOD UREA NITROGEN (Calculated)	11.07	mg/dL	5 - 20
S. CREATININE (Enzymatic)	0.66	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	4.3	mg/dL	3.5 - 7.2
S. SODIUM (ISE Direct Method)	145.0	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	3.68	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	108.1	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	2.84	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	9.7	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	6.45	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	3.98	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	2.47	g/dl	1.9 - 3.5
A/G RATIO calculated	1.61		0 - 2

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

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 Consultant Histocytopathologist

Dr. Smita Ranveer's
RadianceTM

CLINICAL DIAGNOSTIC CENTRE
COMPLETE PATHOLOGICAL SOLUTION

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Page 9 of 14



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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:55 % Lymphocytes:35 % Monocytes:05 % Eosinophils:05 % Basophils:00 %
PLATELET	Adequate on smear.
HEMOPARASITE	No parasite seen.

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LIVER FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN (Method-Diazo)	1.37	mg/dL	0.0 - 2.0
DIRECT BILLIRUBIN (Method-Diazo)	0.79	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.58	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	16.4	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	16.5	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	55.0	U/L	53 - 128
S. PROTIEN (Method-Biuret)	6.45	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	3.98	g/dl	3.5 - 5.2
S. GLOBULIN Calculated	2.47	g/dl	1.90 - 3.50
A/G RATIO Calculated	1.61		0 - 2

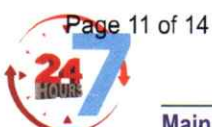
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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GAMMA GT	17.0	U/L	13 - 109
<u>BLOOD GLUCOSE FASTING & PP</u>			
BLOOD GLUCOSE FASTING	121.6	mg/dL	70 - 110
BLOOD GLUCOSE PP	193.5	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)	6.5	%	Hb A1c
			> 8 Action suggested
			< 7 Goal
			< 6 Non - diabetic level

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
AVERAGE BLOOD GLUCOSE (A. B. G.)	139.9	mg/dL	NON - DIABETIC : <=5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : >6.5

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.

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

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

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REPORT ON IMMUNOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
PSA (PROSTATE SPECIFIC ANTIGEN)(TOTAL) (CLIA)	0.71	ng/ml	0 - 4

INTERPRETATION:

Increased levels are noted in prostate cancer, benign prostatic hypertrophy, prostatitis

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

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

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SHAISTA Q

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COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MR. GANESH TAMBE
AGE/SEX	52 YRS/M
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DOCTOR	DR. ANANT MUNDE, DNB, DM (CARDIOLOGY)
DATE OF EXAMINATION	28/10/2023

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.51	1.5
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	E<A			
E/E'				

FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF 64 %)
- Good RV systolic function
- Grade I diastolic dysfunction
- All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: Nil

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