

19/02/2024

Pritya Kulkarni

53 yrs / Female

No fresh complaints

K1C10 - DM :: 14 yrs

No PIH

No SIH

F/H - Mother - DM } expired.
father - DM, IHD }

Menopausal at Dec, 2020

G4 P2 A2 L2 D0

BP - 110/80 mmHg

P - 88/min

SpO₂ - 99%

G1 - Female, 30 yrs,

G2 - Male, 24 yrs,

G3 - } aborted (MTP)

G4 - }

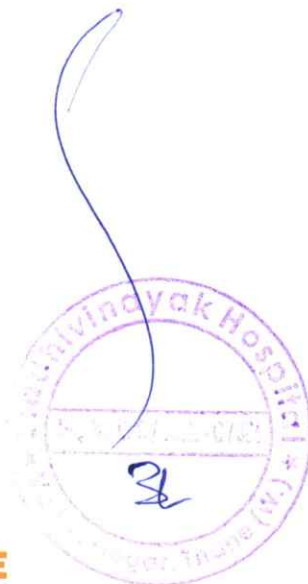
Height - 152 cm

Weight - 65 kg

BMI - 28.1 kg/m²

(overweight)

Pt is fit and can resume
her normal duties



HELPLINE

022 - 2588 3531

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



ID: 925

Priya Kulkarni

Female
Years 53
Req. No. BPI

19-02-2024 08:46:55 AM

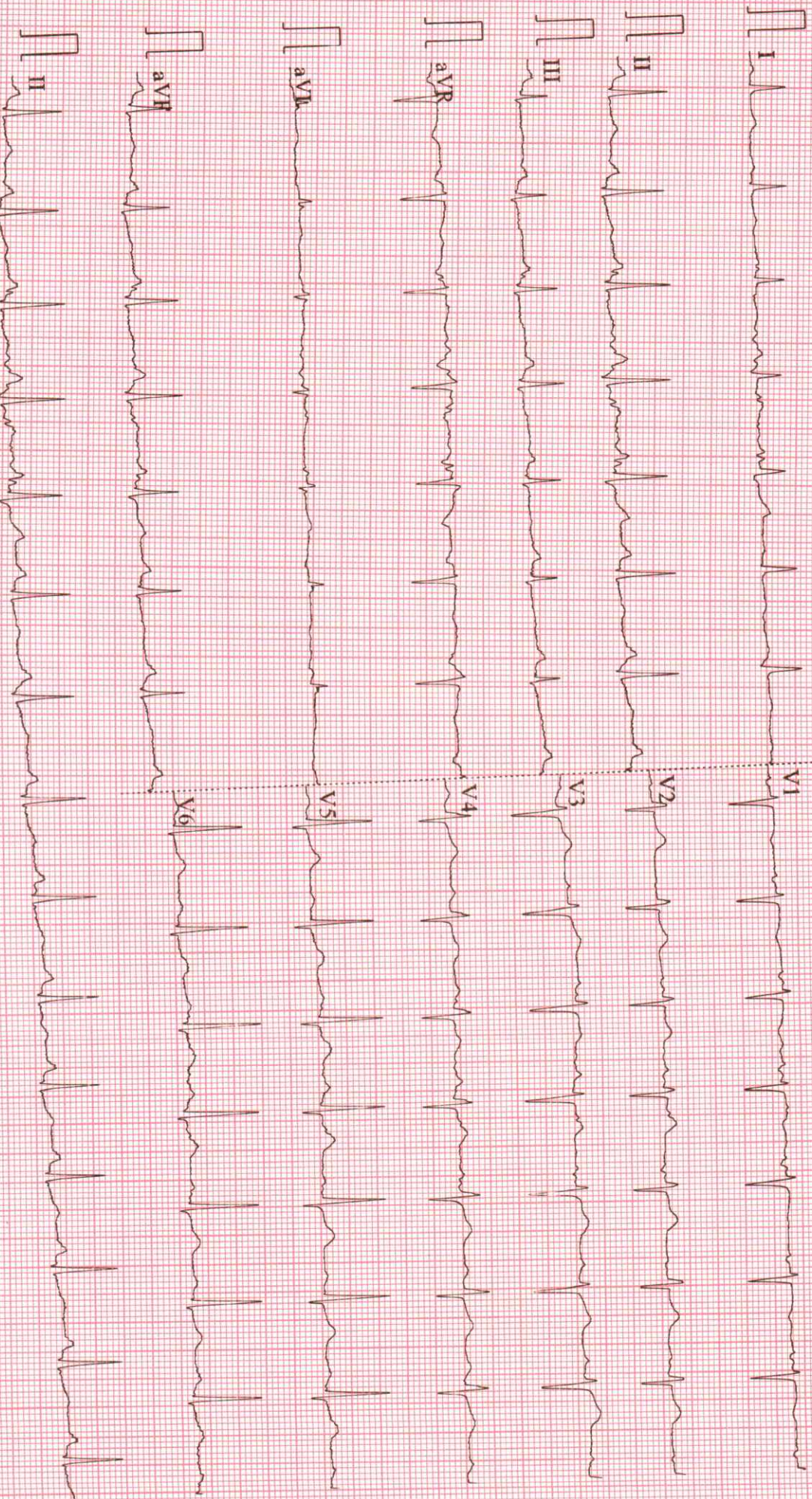
HR	: 88	bpm
P	: 97	ms
PR	: 164	ms
QRS	: 85	ms
QT/QTcBz	: 381/463	ms
P/QRS/T	: 73/57/60	ms
RV5/SV1	: 1.085/0.691	mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:

(Signature)
MNL

CARDIART



OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE

PRIYA KULKARNI

AGE

53

DATE -

19.02.2024

Specks : Without Glasses

	RT Eye	Lt Eye
NEAR	N/24	N/12
DISTANT	6/18	6/6
Color Blind Test	NORMAL	

SIDDHIVINAYAK HOSPITALS



2D ECHOCARDIOGRAM & COLOUR DOPPLER REPORT

NAME	: MRS. PRIYA KULKARNI
AGE	: 53 YR/F
DATE OF EXAMINATION	: 19/02/2024
REF BY	: SIDDHIVINAYAK HOSPITAL
ECHOCARDIOGRAM DONE BY	: DR.SANDIP FULPAGARE

Mitral Valve	:	Normal.	
Aortic Valve	:	Normal.	
Pulmonary Valve	:	Normal.	
Tricuspid Valve	:	Normal.	
Interatrial septum	:	Intact.	
Interventricular septum	:	Intact.	
RA	:	Normal	
RV	:	Normal	
LA	:	3.7cm	
LV	:	Normal, No RWMA.	
LV Dimensions			
LVID (d): 4.7 cm	LVID (s):2.7 cm		LVEF: 60%
IVS (d): 1.0 cm	LVPW (d):1.0cm		
Aorta		2.7cm	
Pericardium	:	Normal.	
IVC / Other findings			

DOPPLER MEASUREMENTS:-

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.





Name - Mrs. Priya Kulkarni	Age - 53 Y/F
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.



Name - Mrs. Priya Kulkarni	Age - 53 Y/F
Ref by Dr.- Siddhivinayak Hospital	Date - /12/2023

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 with no stones within.

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

The **pancreas** appears normal in morphology.

The **spleen** is normal in size 8.9cm and morphology

Both **kidneys** demonstrate normal morphology. Both kidneys show normal cortical echogenicity.

The right kidney measures 9.5x4.8 cm.

The left kidney measures 10.1 x 4.7 cm.

Urinary bladder: normally distended. Wall thickness - normal.

Uterus : postmenopausal status.

No free fluid is seen.

IMPRESSION:

- Fatty liver (Grade I)



DR. AMOL BENDRE
MBBS; DMRE
CONSULTANT RADIOLOGIST

A



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Lab ID. : 184191 Received On : 19/2/2024 9:47 am
Age/Sex : 53 Years / Female Reported On : 19/2/2024 8:16 pm
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL



***LIPID PROFILE**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)	281.0	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)	45.1	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease : >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	214.7	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)	43	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	193	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)	4.28		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	6.23		<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	13.5	gm/dl	12.0 - 15.0
HEMATOCRIT (PCV)	40.5	%	36 - 46
RBC COUNT	4.74	x10 ⁶ /uL	4.5 - 5.5
MCV	85	fl	80 - 96
MCH	28.5	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	13.9	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	9810	/cumm	4000 - 11000
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS	55	%	40 - 80
LYMPHOCYTES	36	%	20 - 40
EOSINOPHILS	03	%	0 - 6
MONOCYTES	06	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	365000	/cumm	150000 - 450000
MPV	10.9	fl	6.5 - 11.5
PDW	15.7	%	9.0 - 17.0
PCT	0.400	%	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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URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
VOLUME	25ml		
COLOUR	Pale Yellow		Pale Yellow
APPEARANCE	Slightly hazy		Clear
CHEMICAL EXAMINATION			
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)	Present(++)		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
MICROSCOPIC EXAMINATION			
RED BLOOD CELLS	Absent		Absent
PUS CELLS	2-3	/ 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		Absent

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

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	143.6	ng/dl	84.63 - 201.8
T4	11.74	µg/dl	5.13 - 14.06
TSH	3.15	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			

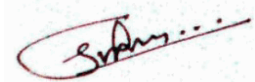
INTERPRETATION :

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.

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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>BLOOD GROUP</u>			
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.			
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***RENAL FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	29.2	mg/dL	21 - 43
BLOOD UREA NITROGEN (Calculated)	13.64	mg/dL	5 - 20
S. CREATININE (Enzymatic)	1.02	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	4.3	mg/dL	2.6 - 6.0
S. SODIUM (ISE Direct Method)	143.2	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	4.40	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	102.8	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	3.73	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	9.3	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	6.68	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	4.16	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	2.52	g/dl	1.9 - 3.5
A/G RATIO calculated	1.65		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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Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA.
RBC	Normocytic Normochromic.
WBC	Total leukocytes count is normal on smear.
	NEUTROPHILS : 55%
	LYMPHOCYTES : 36%
	EOSINOPHILS : 03%
	MONOCYTES : 06%
	BASOPHILS : 00%
PLATELET	Adequate on smear.
HEMOPARASITE	No Parasites 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 (Method-Diazo)	0.84	mg/dL	0.2 - 1.2
DIRECT BILLIRUBIN (Method-Diazo)	0.21	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.63	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	14.9	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	22.7	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	98.0	U/L	42 - 98
S. PROTIEN (Method-Biuret)	6.68	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	4.16	g/dl	3.5 - 5.2
S. GLOBULIN Calculated	2.52	g/dl	1.90 - 3.50
A/G RATIO Calculated	1.65		0 - 2

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

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HAEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	08	mm/1hr.	0 - 20

METHOD - WESTERGREN

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

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GAMMA GT	60.0	U/L	5 - 55
<u>BLOOD GLUCOSE FASTING & PP</u>			
BLOOD GLUCOSE FASTING	109.6	mg/dL	70 - 110
BLOOD GLUCOSE PP	174.0	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

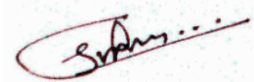
- Fasting plasma glucose ≥ 126 mg/dl
- Classical symptoms +Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$

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

GLYCOCELATED HEMOGLOBIN (HBA1C)

HBA1C (GLYCOSALATED HAEMOGLOBIN)	6.9	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level
AVERAGE BLOOD GLUCOSE (A. B. G.)	151.0	mg/dL	65.1 - 136.3
METHOD	Particle Enhanced Immunoturbidimetry		

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
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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.

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