Siddhivinayak Hospital

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

INDUSTRIAL HEALTH SERVICES

28/10/2023

Kanishka Narkar

34/M.

Ht - 171 cm
wt - 80 kg
BMI - 27.4 kg/m2
overweight.

No any major illness in past.

Bp. 150/100

Sx - 6 yrs. ago.
? (LH) pain + DJ stenting

ECG. TI
II, III, avf, V6

Allergy +?

? cause.

Adv
2D echo
salt restricted diet.

Adv
Blood investigations
CXR

Dermatology consult.

Op Medicines

WBC - 12280 ↑
Cholesterol - 231 ↑
Consult physician.

Pt fit & he can resume his work.

Siddhivinayak Hospital
Reg. No. TMC/ZONE-C/386
Vartak Nagar, Thane (W.)

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

CERTIFIED ISO 9001:2008 HOSPITAL

ID: 80

28-10-2023 09:48:09 AM

Kanishka Narzari

Male Years 34Y/M

Req. No. :

BP - 150/100 mm/Hg

SPO2 - 98%

PR - 100/m

Wt - 80 kg

HR	: 107	bpm	
P	: 90	ms	
PR	: 138	ms	
QRS	: 80	ms	
QT/QTcBz	: 306/409	ms	
P/QRS/T	: 59/33/1	°	
RV5/SV1	: 1.040/1.187	mV	

Diagnosis Information:

NSR

Sinus Tachycardia

Larged PtfV1

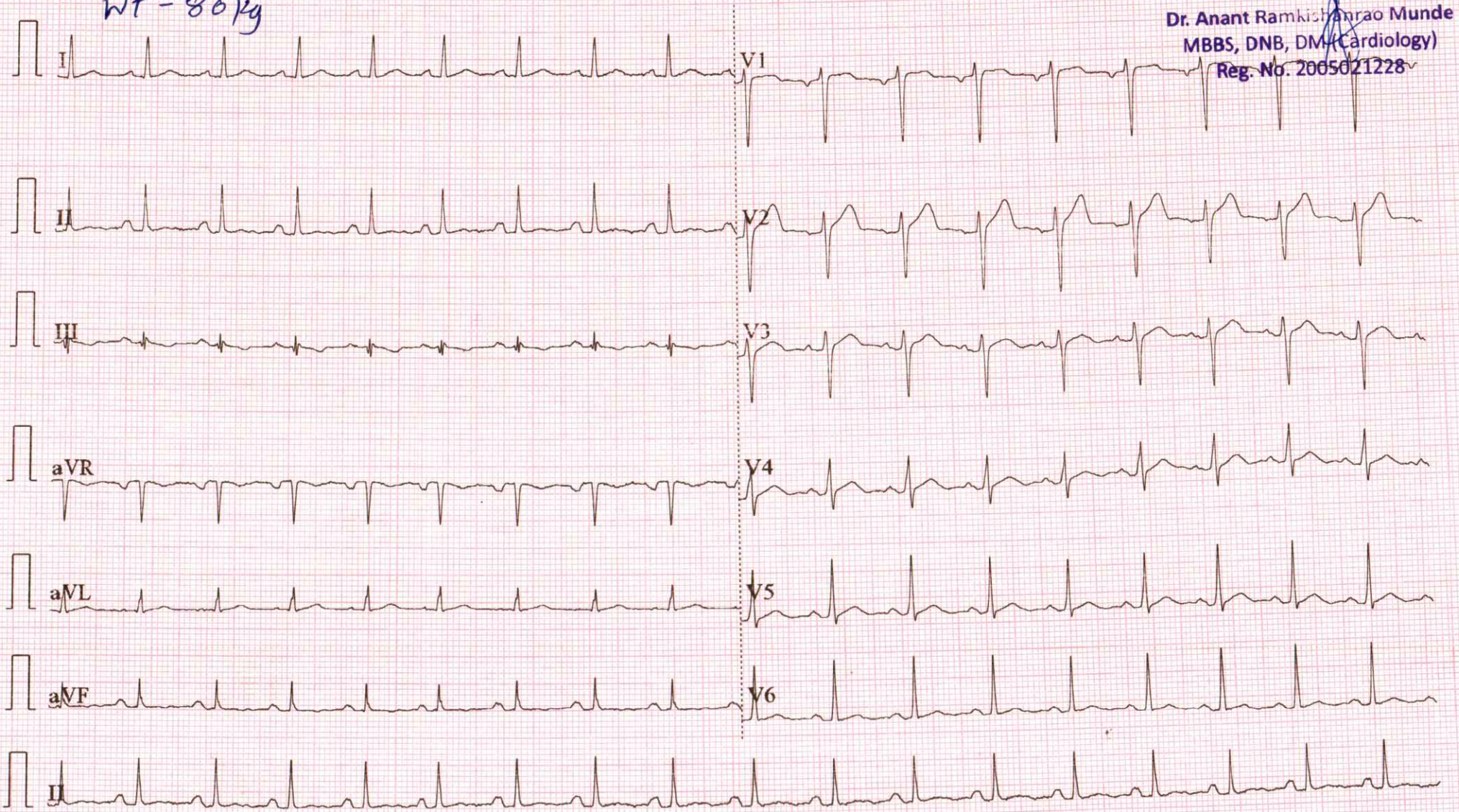
No Significant ST-T changes

T Wave Abnormality(II,III,aVF,V6)

Adv - No active intervention required right Now

Report Confirmed by:

Dr. Anant 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 Siddhivinayak Hospital

ECHOCARDIOGRAM

NAME	MR. NARZARI KANISHKA
AGE/SEX	34 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:** • **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**: Mild concentric LV hypertrophy • **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	**VENACAVAE:** • **SVC:** Normal • **IVC:** Normal and collapsing >20% with respiration
CORONARY SINUS: Normal	
PULMONARY VEINS: Normal	**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	33 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	43.5 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	28.3 mm	RVEF	%
Ascending aorta	mm	IVSd	10.4 mm	TAPSE	mm
Arch of aorta	mm	LVPWd	10.4 mm	MPA	mm
Desc. thoracic aorta	mm	LVEF	65 %	RVOT	mm
Abdominal aorta	mm	LVOT	mm	IVC	14 mm

Name– Mr. Narzari Kanishka	**Age - 34 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.

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.

Name – Mr. Narzari Kanishka	**Age – 34 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. No calculi or filling defects are seen.
No evidence of Pericholecystic collection. The wall thickness is normal.

Right Kidney measures 10.2 x 4.9 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 11.0 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 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.

Prostate appears 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**

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.

Siddhivinayak Hospital

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

INDUSTRIAL HEALTH SERVICES

OPTHAL CHECK UP SCREENING

NAME OF EMPLOYEE MR. NARZARI KANISHKA

AGE 34 **DATE -** 28.10.2023

Spects : Without Glasses

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

Siddhivinayak Hospital ★ Vartak Nagar, Thane (W.) ★ Reg. No. TMC/ZONE-C/386

SIDDHIVINAYAK HOSPITALS

Name	: **Mr. KANISHKA NARZARI**	**Collected On**	: **28/10/2023 10:33 am**
Lab ID.	: **172636**	**Received On**	: **28/10/2023 10:43 am**
Age/Sex	: **34 Years / Male**	**Reported On**	: **28/10/2023 8:30 pm**
Ref By	: **SIDDHIVINAYAK HOSPITAL CGHS /ESIS**	**Report Status**	: **FINAL**

* 1 7 2 6 3 6 *

HEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	**37**	mm/1hr.	0 - 20

METHOD - WESTERGREN

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

Main Center :- 2-3, 'Silver Plaza' E.S.I.S. Hospital Road, Opp. Suryadarshan Tower, Thane (W)-400 604. ☎ +91 91363 56284
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172636

URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
VOLUME	15ml		
COLOUR	Pale Yellow	Text	Pale Yellow
APPEARANCE	Clear		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	1-2	/ HPF	0 - 5

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172636

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.		

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

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

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Priyanka_Deshmukh

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172636

IMMUNO ASSAY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TFT (THYROID FUNCTION TEST)			
SPACE		Space	-
SPECIMEN	Serum		
T3	112.5	ng/dl	84.63 - 201.8
T4	6.87	µg/dl	5.13 - 14.06
TSH	1.70	µIU/ml	0.270 - 4.20

T3 (Triido Thyronine) hormone)

AGE	RANGE
1-30 days	100-740
1-11 months	105-245
1-5 yrs	105-269
6-10 yrs	94-241
11-15 yrs	82-213
0.1-2.5	
15-20 yrs	80-210
0.20-3.0	
0.30-3.0	

T4 (Thyroxine)

AGE	RANGES
1-14 Days	11.8-22.6
1-2 weeks	9.9-16.6
1-4 months	7.2-14.4
4 -12 months	7.8-16.5
1-5 yrs	7.3-15.0
5-10 yrs	6.4-13.3
11-15 yrs	5.6-11.7

TSH(Thyroid stimulating

AGE	RANGES
0-14 Days	1.0-39
2 wks -5 months	1.7-9.1
6 months-20 yrs	0.7-6.4
Pregnancy	
1st Trimester	
2nd Trimester	
3rd Trimester	

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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*BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	25.5	mg/dL	19 - 45
BLOOD UREA NITROGEN (Calculated)	11.92	mg/dL	5 - 20
S. CREATININE (Enzymatic)	0.92	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	5.9	mg/dL	3.5 - 7.2
S. SODIUM (ISE Direct Method)	140.0	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	3.64	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	103.9	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	3.21	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	9.9	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	7.38	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	3.99	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	3.39	g/dl	1.9 - 3.5
A/G RATIO calculated	1.18		0 - 2
NOTE	BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200) ANALYZER.		

Checked By
SHAISTA Q

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Peripheral smear examination

TEST NAME	RESULTS
SPECIMEN RECEIVED	Whole Blood EDTA
RBC	Normocytic Normochromic
WBC	Total leucocyte count is increased on smear.
	Neutrophils:80 %
	Lymphocytes:12 %
	Monocytes:04 %
	Eosinophils:04 %
	Basophils:00 %
PLATELET	Adequate on smear.
HEMOPARASITE	No parasite seen.
IMPRESSION	Leukocytosis

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

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

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Dr. Smita Ranveer`s

Radiance

CLINICAL DIAGNOSTIC CENTRE
COMPLETE PATHOLOGICAL SOLUTION

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LIVER FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN (Method-Diazo)	0.54	mg/dL	0.0 - 2.0
DIRECT BILLIRUBIN (Method-Diazo)	0.32	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.22	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	18.6	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	18.8	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	105	U/L	53 - 128
S. PROTIEN (Method-Biuret)	7.38	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	3.99	g/dl	3.5 - 5.2
S. GLOBULIN Calculated	3.39	g/dl	1.90 - 3.50
A/G RATIO Calculated	1.18		0 - 2

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

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

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* 1 7 2 6 3 6 *

BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GAMMA GT	38.0	U/L	13 - 109
BLOOD GLUCOSE FASTING & PP			
BLOOD GLUCOSE FASTING	77.6	mg/dL	70 - 110
BLOOD GLUCOSE PP	90.9	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 HAEMOGLOBIN)	5.3	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level

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* 1 7 2 6 3 6 *

BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
AVERAGE BLOOD GLUCOSE (A. B. G.)	105.4	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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24 7 HOURS

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COMPLETE BLOOD COUNT

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	14.7	gm/dl	13 - 18
HEMATOCRIT (PCV)	44.1	%	42 - 52
RBC COUNT	5.73	x10^6/uL	4.70 - 6.50
MCV	**77**	fl	80 - 96
MCH	**25.7**	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	14.1	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	**12280**	/cumm	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	80	%	40 - 80
LYMPHOCYTES	**10**	%	20 - 40
EOSINOPHILS	06	%	0 - 6
MONOCYTES	04	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	392000	/ cumm	150000 - 450000
MPV	10.2	fl	6.5 - 11.5
PDW	15.9	%	9.0 - 17.0
PCT	0.400	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochromic		
WBC MORPHOLOGY	Leukocytosis		
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
SHAISTA Q

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

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Dr. Smita Ranveer`s

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CLINICAL DIAGNOSTIC CENTRE
COMPLETE PATHOLOGICAL SOLUTION

Name	: Mr. KANISHKA NARZARI	**Collected On**	: 28/10/2023 10:33 am
Lab ID.	: 172636	**Received On**	: 28/10/2023 10:43 am
Age/Sex	: 34 Years / Male	**Reported On**	: 28/10/2023 8:30 pm
Ref By	: SIDDHIVINAYAK HOSPITAL CGHS /ESIS	**Report Status**	: FINAL

172636

*LIPID PROFILE

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE,ESTERASE,PEROXIDASE)	**231.0**	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)	49.4	mg/dL	Major risk factor for heart :<30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	95.4	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)	19	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	**163**	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)	3.30		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	4.68		<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

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M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist

24 HOURS 7
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COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MR. NARZARI KANISHKA
AGE/SEX	34 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DOCTOR	DR. ANANT MUNDE, DNB, DM (CARDIOLOGY)
DATE OF EXAMINATION	28/10/2023

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.5	1.1
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 HYPERTENSIVE HEART DISEASE

- No RWMA
- Normal LV systolic function (LVEF: 65 %)
- Mild concentric LV hypertrophy
- 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 Control HTN

ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

INTERVENTIONAL CARDIOLOGIST

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