

14/10/2023

Mr. Japil Raj. 43/M

no any major illness
in past.

no any surgical illness
in past.

Had H/O foot amputation
20 yrs ago

(L) check sebaceous
cyst ++

S.P. 130/80.

ECG - High
Voltage.

Adv
20kcho.

Adv
- Blood imgst^m
- CXR
- 20kcho

Pt fit & can resume
his work



OPHTHAL CHECK UP SCREENING

NAME OF EMPLOYEE

KAPIL RAJ T V

AGE

43

DATE -

14.10.2023

Specs : With Glasses

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



SIDDHIVINAYAK HOSPITALS

ID-15

kepi Raj

14-10-2023

10:33:20 AM

Diagnosis Information:

Sinus Rhythm

High Voltage(Left Ventricle)

Male
Years 43y/M

Req. No. B.P-130/80

SP02 99

P.R. 85

HR : 92 bpm

P : 94 ms

PR : 120 ms

QRS : 114 ms

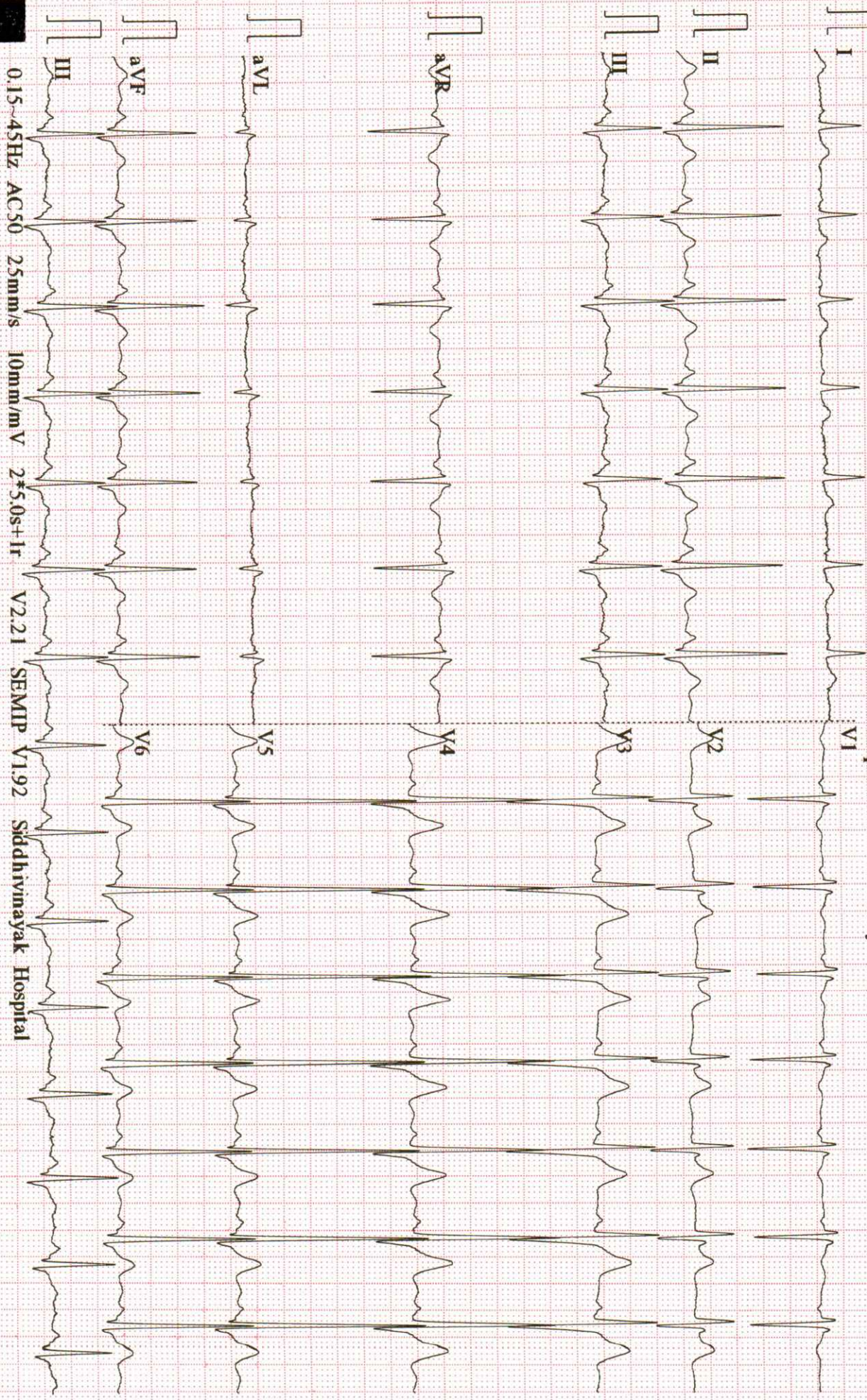
QT/QTcBz : 334/413 ms

P/QRST : 75/6/157 °

RV5/SV1 : 3.494/1.326 mV

High voltage
A1v-2DENTO

Report Confirmed by:



0.15~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r

V2.21

SEMIP V1.92

Siddhivinayak Hospital



Name - Mr. kapil Rajtv	Age - 43 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date 14/10/2023

USG ABDOMEN & PELVIS

Clinical details: - Routine

The Liver is normal in size and shows normal 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 4.3cm & appears normal in shape and position. There is no evidence of hydronephrosis or any calculi seen. Cortico-medullary differentiation is maintained.

Left Kidney measures 9.7 x 4.4 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 (7.6 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.

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:

- 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. Second opinion is always advisable.





Name - Mr. Kapil Raj	Age - 33 Y/M
Ref by Dr.- Siddhivinayak Hospital	Date - 03/10/2023

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

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.



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



***LIPID PROFILE**

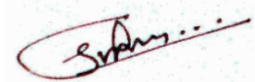
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE)	186.0	mg/dL	Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl.
S.HDL CHOLESTEROL (DIRECT MEASURE - PEG)	70.8	mg/dL	Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	45.5	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)	9	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	106	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)	1.50		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	2.63		<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
 Sayyed_salman



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



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COMPLETE BLOOD COUNT

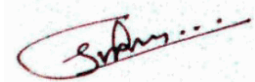
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	14.5	gm/dl	13 - 18
HEMATOCRIT (PCV)	42.2	%	42 - 52
RBC COUNT	4.76	x10 ⁶ /uL	4.70 - 6.50
MCV	89	fl	80 - 96
MCH	30.5	pg	27 - 33
MCHC	34	g/dl	33 - 36
RDW-CV	11.9	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	5640	/cumm	4000 - 11000
<u>DIFFERENTIAL COUNT</u>			
NEUTROPHILS	63	%	40 - 80
LYMPHOCYTES	28	%	20 - 40
EOSINOPHILS	04	%	0 - 6
MONOCYTES	05	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	241000	/cumm	150000 - 450000
MPV	10.6	fl	6.5 - 11.5
PDW	16.5	%	9.0 - 17.0
PCT	0.250	%	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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HEMATOLOGY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	10	mm/1hr.	0 - 20

METHOD - WESTERGREN

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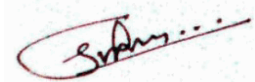
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URINE ROUTINE EXAMINATION

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
<u>URINE ROUTINE EXAMINATION</u>			
<u>PHYSICAL EXAMINATION</u>			
VOLUME	15ml		
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)	Absent		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	1-2	/ HPF	0 - 5
EPITHELIAL	0-1	/ 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		

REMARK 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	116.4	ng/dl	84.63 - 201.8
T4	8.52	µg/dl	5.13 - 14.06
TSH	3.79	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			

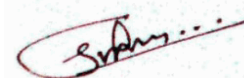
INTERPRETATION :

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	'B'		
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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***BIOCHEMISTRY**

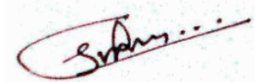
TEST NAME	RESULTS	UNIT	REFERENCE RANGE
BLOOD UREA (Urease UV GLDH Kinetic)	20.1	mg/dL	19 - 45
BLOOD UREA NITROGEN (Calculated)	9.39	mg/dL	5 - 20
S. CREATININE (Enzymatic)	0.88	mg/dL	0.6 - 1.4
S. URIC ACID (Uricase)	3.60	mg/dL	3.5 - 7.2
S. SODIUM (ISE Direct Method)	142.8	mEq/L	137 - 145
S. POTASSIUM (ISE Direct Method)	4.48	mEq/L	3.5 - 5.1
S. CHLORIDE (ISE Direct Method)	102.7	mEq/L	98 - 110
S. PHOSPHORUS (Ammonium Molybdate)	2.99	mg/dL	2.5 - 4.5
S. CALCIUM (Arsenazo III)	10.1	mg/dL	8.6 - 10.2
PROTEIN (Biuret)	6.80	g/dl	6.4 - 8.3
S. ALBUMIN (BGC)	4.38	g/dl	3.2 - 4.6
S.GLOBULIN (Calculated)	2.42	g/dl	1.9 - 3.5
A/G RATIO calculated	1.81		0 - 2

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

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

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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:68 % Lymphocytes:24 % Monocytes:04 % Eosinophils:04 % Basophils:00 %
PLATELET	Adequate on smear.
HEMOPARASITE	No parasite seen.

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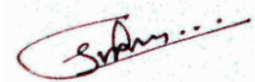
LIVER FUNCTION TEST

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL BILLIRUBIN (Method-Diazo)	1.69	mg/dL	0.0 - 2.0
DIRECT BILLIRUBIN (Method-Diazo)	0.73	mg/dL	0.0 - 0.4
INDIRECT BILLIRUBIN Calculated	0.96	mg/dL	0 - 0.8
SGOT(AST) (UV without PSP)	21.2	U/L	0 - 37
SGPT(ALT) UV Kinetic Without PLP (P-L-P)	15.1	U/L	UP to 40
ALKALINE PHOSPHATASE (Method-ALP-AMP)	58	U/L	53 - 128
S. PROTIEN (Method-Biuret)	6.8	g/dl	6.4 - 8.3
S. ALBUMIN (Method-BCG)	4.38	g/dl	3.5 - 5.2
S. GLOBULIN Calculated	2.42	g/dl	1.90 - 3.50
A/G RATIO Calculated	1.81		0 - 2

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

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BIOCHEMISTRY

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
GAMMA GT	13.0	U/L	13 - 109
<u>BLOOD GLUCOSE FASTING & PP</u>			
BLOOD GLUCOSE FASTING	103.5	mg/dL	70 - 110
BLOOD GLUCOSE PP	138.4	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

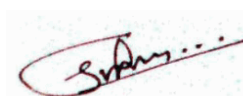
- Fasting plasma glucose ≥ 126 mg/dl
- Classical symptoms +Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$

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

GLYCOCELATED HEMOGLOBIN (HBA1C)

HBA1C (GLYCOSALATED HAEMOGLOBIN)	5.5	%	Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level NON - DIABETIC : ≤ 5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : > 6.5
AVERAGE BLOOD GLUCOSE (A. B. G.)	111.2	mg/dL	
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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