

Siddhivinayak Hospital

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

INDUSTRIAL HEALTH SERVICES

Santosh Baswantkar
47 yrs / Male

09/12/2023

clo - bloating of abdomen
on & off

NO any co-morbidity

NO PH.

NO SM.

BP - 140/90 mmHg

P - 70/min

SpO₂ - 97%

Pt is fit and can resume
his normal duties

consult physician for blood change
tests



 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



ID: 422

09-12-2023 11:32:32 AM

HR : 66 bpm

P : 110 ms

PR : 157 ms

QRS : 95 ms

QT/QTcBz : 415/437 ms

P/QRS/T : 61/64/52 °

RV5/SV1 : 1271/1306 mV

Diagnosis Information:

Sinus Rhythm

Largcd PtfV1

WNL

BP - 140/90
P - 70
SpO₂ - 98%

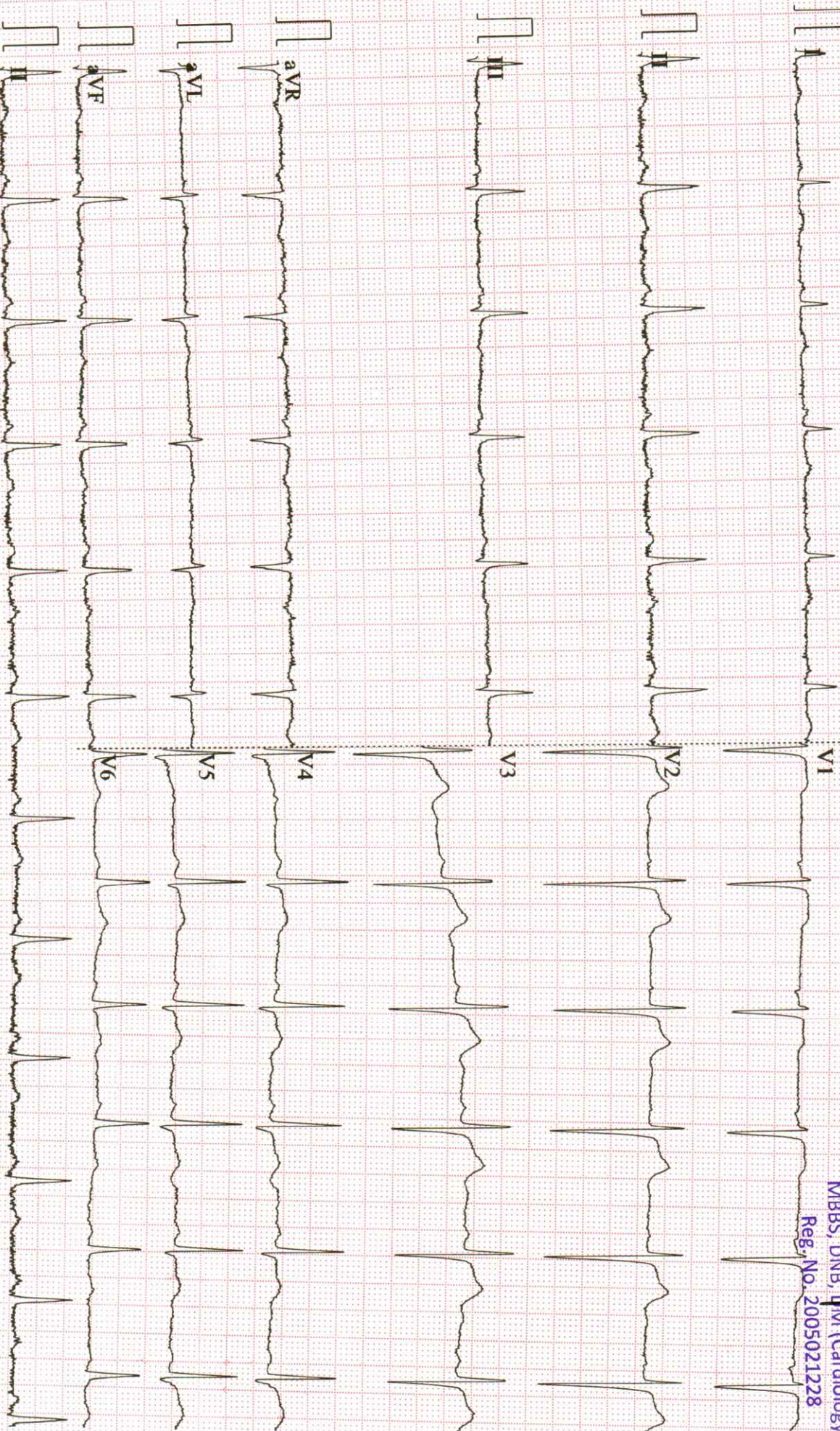
Female
Years

Gautosh Basu
Age - 47 yr

Req. No. : -KCG

Report Confirmed by:

Dr. Anant Ramkrishna 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



| | |
|------------------------------------|--------------------|
| Name - Mr. Santosh Baswankar | Age - 47 Y/M |
| Ref by Dr.- Siddhivinayak Hospital | Date - 09 /12/2023 |

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. Santosh Baswankar | Age - 47 Y/M |
| Ref by Dr.- Siddhivinayak Hospital | Date - 09/12/2023 |

USG ABDOMEN & PELVIS

FINDINGS: -

The **liver** dimension is mildly enlarged in size (20.3 cm)It appears normal in morphology with raised echogenicity. No evidence of intrahepatic ductal dilatation.

The **GB**-gallbladder is distended normally. Wall thickness is normal.

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

The **pancreas** appears normal in morphology.

The **spleen** is normal in size (10.9 cm) and morphology.

Both **kidneys** demonstrate normal morphology.

Both kidneys show normal cortical echogenicity.

The right kidney measures 9.8 x 4.1 cm.

The left kidney measures 9.8 x 4.0 cm.

Urinary bladder: -normally distended. Wall thickness - normal.

Prostate is normal in size and morphology Size: 17.4 gms

Seminal vesicles appear normal.

No **free fluid** is seen.

IMPRESSION:-

- Mild Hepatomegaly with fatty infiltration. (Grade I)

DR. AMOL BENDRE
MBBS; DMRE
CONSULTANT RADIOLOGIST





ECHOCARDIOGRAM

| | |
|---------------------|------------------------|
| NAME | MR. SANTOSH BASWANKAR |
| AGE/SEX | 47 YRS/M |
| REFERRED BY | SIDDHIVINAYAK HOSPITAL |
| DATE OF EXAMINATION | 09/12/2023 |

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 <ul style="list-style-type: none"> • Left atrial appendage: 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 | VENACAVAE: <ul style="list-style-type: none"> • 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 | 33 mm | Right atrium | mm |
| Aortic sinus | mm | LVIDd | 40.8 mm | RVd (Base) | mm |
| Sino-tubular junction | mm | LVIDs | 26.1 mm | RVEF | % |
| Ascending aorta | mm | IVSd | 9.8 mm | TAPSE | mm |
| Arch of aorta | mm | LVPWd | 9.8 mm | MPA | mm |
| Desc. thoracic aorta | mm | LVEF | 66 % | RVOT | mm |
| Abdominal aorta | mm | LVOT | mm | IVC | 14.4 mm |



COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

| | |
|---------------------|------------------------|
| NAME | MR. SANTOSH BASWANKAR |
| AGE/SEX | 47 YRS/M |
| REFERRED BY | SIDDHIVINAYAK HOSPITAL |
| DATE OF EXAMINATION | 09/12/2023 |

| | MITRAL | TRICUSPID | AORTIC | PULMONARY |
|---|--------|-------------------------|--------|-----------|
| FLOW VELOCITY (m/s) | | | 1.24 | 0.92 |
| 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 66 %)
- 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

ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

Dr. Anant Ramkishanrao Munde

MBBS, DNB, DM (Cardiology)

Reg. No. 2005021228

| | | | |
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| Lab ID. | : 176846 | Received On | : 9/12/2023 10:27 am |
| Age/Sex | : 47 Years / Male | Reported On | : 10/12/2023 2:00 pm |
| Ref By | : SIDDHIVINAYAK HOSPITAL CGHS /ESIS | Report Status | : FINAL |



***LIPID PROFILE**

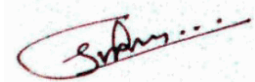
| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|--|--------------|-------|--|
| TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE) | 167.0 | mg/dL | Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl. |
| S.HDL CHOLESTEROL (DIRECT MEASURE - PEG) | 35.3 | mg/dL | Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl. |
| S. TRIGLYCERIDE (ENZYMATIC, END POINT) | 349.9 | 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) | 70 | mg/dL | UPTO 40 |
| S.LDL CHOLESTEROL (CALCULATED VALUE) | 62 | 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) | 1.76 | | UPTO 3.5 |
| CHOL/HDL CHOL RATIO (CALCULATED VALUE) | 4.73 | | <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
SHAISTA Q



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



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COMPLETE BLOOD COUNT

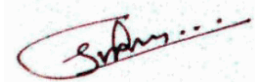
| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|----------------------------------|-------------------------|----------------------|-----------------|
| HEMOGLOBIN | 16.0 | gm/dl | 13 - 18 |
| HEMATOCRIT (PCV) | 48.0 | % | 42 - 52 |
| RBC COUNT | 4.99 | x10 ⁶ /uL | 4.70 - 6.50 |
| MCV | 96 | fl | 80 - 96 |
| MCH | 32.1 | pg | 27 - 33 |
| MCHC | 33 | g/dl | 33 - 36 |
| RDW-CV | 14.6 | % | 11.5 - 14.5 |
| TOTAL LEUCOCYTE COUNT | 5530 | /cumm | 4000 - 11000 |
| <u>DIFFERENTIAL COUNT</u> | | | |
| NEUTROPHILS | 49 | % | 40 - 80 |
| LYMPHOCYTES | 40 | % | 20 - 40 |
| EOSINOPHILS | 03 | % | 0 - 6 |
| MONOCYTES | 08 | % | 2 - 10 |
| BASOPHILS | 00 | % | 0 - 1 |
| PLATELET COUNT | 291000 | /cumm | 150000 - 450000 |
| MPV | 9.7 | fl | 6.5 - 11.5 |
| PDW | 16.2 | % | 9.0 - 17.0 |
| PCT | 0.282 | % | 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.

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

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HEMATOLOGY

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

METHOD - WESTERGREN

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

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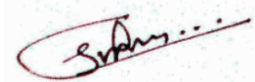
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URINE ROUTINE EXAMINATION

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|---|---------------|-------|-----------------|
| <u>URINE ROUTINE EXAMINATION</u> | | | |
| <u>PHYSICAL EXAMINATION</u> | | | |
| VOLUME | 20ml | | |
| COLOUR | Pale yellow | Text | Pale Yellow |
| APPEARANCE | Slightly Hazy | | CLEAR |
| <u>CHEMICAL EXAMINATION</u> | | | |
| REACTION | Acidic | | Acidic |
| (methyl red and Bromothymol blue indicator) | | | |
| SP. GRAVITY | 1.015 | | 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 | Absent | | Normal |
| (Red azodye) | | | |
| LEUKOCYTES | Absent | Text | Absent |
| (pyrrole amino acid ester diazonium salt) | | | |
| NITRITE | Absent | | Negative |
| (Diazonium compound With tetrahydrobenzo quinolin 3-phenol) | | | |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| RED BLOOD CELLS | Absent | Text | Absent |
| PUS CELLS | 3-5 | / HPF | 0 - 5 |
| EPITHELIAL | 1-2 | / 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 | | |

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 | 103.7 | ng/dl | 84.63 - 201.8 |
| T4 | 7.45 | µg/dl | 5.13 - 14.06 |
| TSH | 0.765 | 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 | | | |

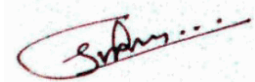
INTERPRETATION :

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.

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

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HAEMATOLOGY

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|---|--------------------------|------|-----------------|
| <u>BLOOD GROUP</u> | | | |
| SPECIMEN | WHOLE BLOOD EDTA & SERUM | | |
| * ABO GROUP | 'A' | | |
| 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**

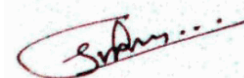
| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|---|------------|-------|-----------------|
| BLOOD UREA (Urease UV GLDH Kinetic) | 19.2 | mg/dL | 19 - 45 |
| BLOOD UREA NITROGEN (Calculated) | 8.97 | mg/dL | 5 - 20 |
| S. CREATININE (Enzymatic) | 1.23 | mg/dL | 0.6 - 1.4 |
| S. URIC ACID (Uricase) | 7.9 | mg/dL | 3.5 - 7.2 |
| S. SODIUM (ISE Direct Method) | 143.3 | mEq/L | 137 - 145 |
| S. POTASSIUM (ISE Direct Method) | 3.51 | mEq/L | 3.5 - 5.1 |
| S. CHLORIDE (ISE Direct Method) | 105.7 | mEq/L | 98 - 110 |
| S. PHOSPHORUS (Ammonium Molybdate) | 3.34 | mg/dL | 2.5 - 4.5 |
| S. CALCIUM (Arsenazo III) | 9.4 | mg/dL | 8.6 - 10.2 |
| PROTEIN (Biuret) | 7.15 | g/dl | 6.4 - 8.3 |
| S. ALBUMIN (BGC) | 4.15 | g/dl | 3.2 - 4.6 |
| S.GLOBULIN (Calculated) | 3.00 | g/dl | 1.9 - 3.5 |
| A/G RATIO calculated | 1.38 | | 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 leucocyte count is normal on smear. |
| | Neutrophils:50 % Lymphocytes:40 % Monocytes:06 % Eosinophils:04 % 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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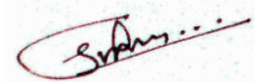
LIVER FUNCTION TEST

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|--|-------------|-------|-----------------|
| TOTAL BILLIRUBIN (Method-Diazo) | 1.33 | mg/dL | 0.0 - 2.0 |
| DIRECT BILLIRUBIN (Method-Diazo) | 0.56 | mg/dL | 0.0 - 0.4 |
| INDIRECT BILLIRUBIN Calculated | 0.77 | mg/dL | 0 - 0.8 |
| SGOT(AST) (UV without PSP) | 61.4 | U/L | 0 - 37 |
| SGPT(ALT) UV Kinetic Without PLP (P-L-P) | 49.1 | U/L | UP to 40 |
| ALKALINE PHOSPHATASE (Method-ALP-AMP) | 51.0 | U/L | 53 - 128 |
| S. PROTIEN (Method-Biuret) | 7.15 | g/dl | 6.4 - 8.3 |
| S. ALBUMIN (Method-BCG) | 4.15 | g/dl | 3.5 - 5.2 |
| S. GLOBULIN Calculated | 3.00 | g/dl | 1.90 - 3.50 |
| A/G RATIO Calculated | 1.38 | | 0 - 2 |

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

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

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Age/Sex : 47 Years / Male **Reported On** : 10/12/2023 2:00 pm
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS **Report Status** : FINAL



BIOCHEMISTRY

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|-----------|---------|------|-----------------|
|-----------|---------|------|-----------------|

BLOOD GLUCOSE FASTING & PP

| | | | |
|-----------------------|--------------|-------|----------|
| BLOOD GLUCOSE FASTING | 106.5 | mg/dL | 70 - 110 |
| BLOOD GLUCOSE PP | 149.4 | 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.

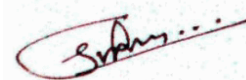
| | | | |
|----------|--------------|-----|----------|
| GAMMA GT | 118.8 | U/L | 13 - 109 |
|----------|--------------|-----|----------|

GLYCOCELATED HEMOGLOBIN (HBA1C)

| | | | |
|-----------------------------------|-------|-------|---|
| HBA1C (GLYCOSALATED HAEMOGLOBIN) | 5.5 | % | Hb A1c > 8 Action suggested < 7 Goal < 6 Non - diabetic level |
| AVERAGE BLOOD GLUCOSE (A. B. G.) | 111.0 | mg/dL | NON - DIABETIC : ≤ 5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : > 6.5 |

METHOD Particle Enhanced Immunoturbidimetry

Checked By
SHAISTA Q



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



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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.

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

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REPORT ON IMMUNOLOGY

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|---|---------|-------|-----------------|
| PSA (PROSTATE SPECIFIC ANTIGEN)(TOTAL) (CLIA) | 0.62 | 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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