

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

# INDUSTRIAL HEALTH SERVICES

04/03/2024

Deepak Hukeri 54 yrs 1 Male

No fresh complaints No comosbidities. MIP ON NO SIH.

FIH- Mother & to HTN.

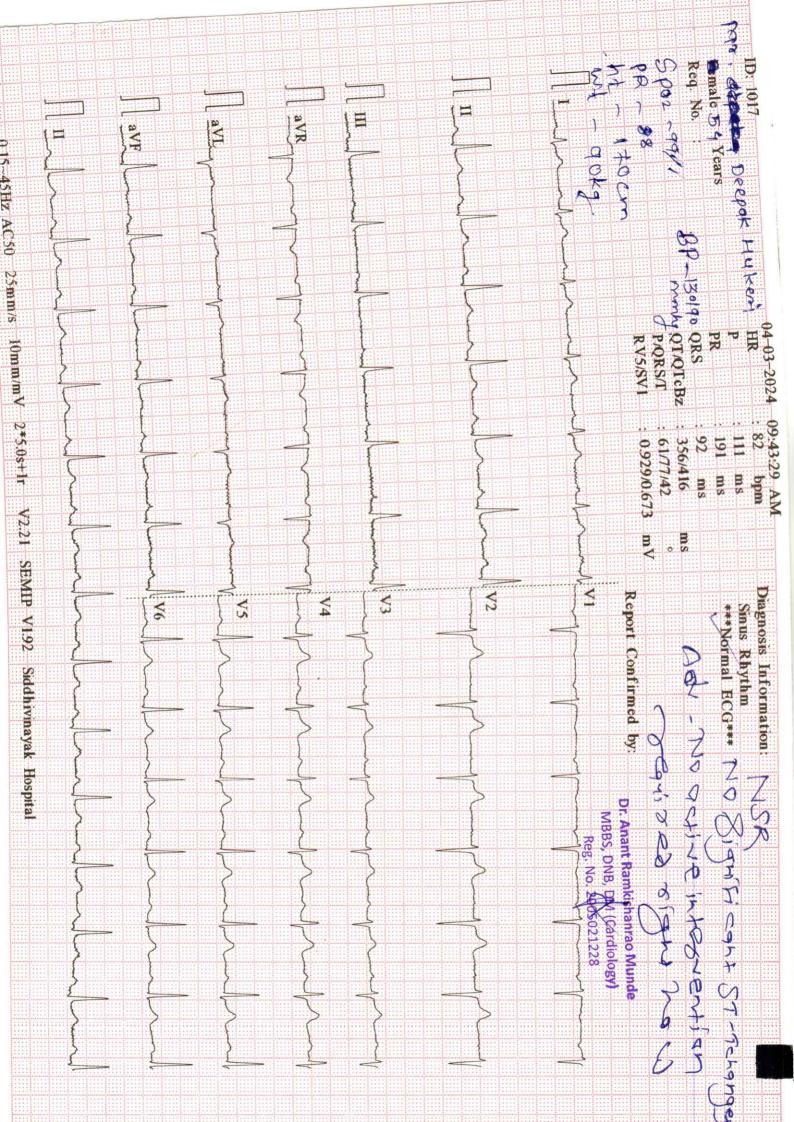
Ht- 170 cm cut - golg BM= 31,1/59/m2 (abese class ]

BP- 130/90 mmtg P- 88 min Sto, - 981.

Pt is fit and can resume We normal duties

K consult with physician for blood change Chalesterod, HBAIC is increased.





# OPTHAL CHECK UP SCREENING

NAME OF EMPLOYEE

DEEPAK HUKERI

AGE

49

DATE -

04.03.2024

Spects: Without Glasses

	RT Eye	Lt Eye
NEAR	N/8	N/8
DISTANT	6/6	6/6
Color Blind Test	NORMAL	

SIDDHIVINAYAK HOSPITALS



# Siddhivinayak Hospital



Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

Name - Mr. Deepak Hukeri	Age - 54 Y/M
Ref by Dr Siddhivinayak Hospital	Date - 04/03/2024

## **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 minimally distended

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

The pancreas appears normal in morphology.

The spleen is normal in size (10.3 cm) and morphology.

Both kidneys demonstrate normal morphology.

Both kidneys show normal cortical echogenicity.

The right kidney measures 8.9 x 4.3 cm.

The left kidney measures 8.7 x 4.6 cm.

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

Prostate is enlarged in size 28.4 gms.

No free fluid is seen.

#### IMPRESSION:-

- Fatty liver (Grade I)
- Prostatomegaly.

DR. AMOL BENDRE MBBS; DMRE CONSULTANT RADIOLOGIST







# Siddhivinayak Hospital



Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

Name - Mr. Deepak Hukeri	Age - 54 Y/M
Ref by Dr Siddhivinayak Hospital	Date - 04/03/2024

# 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.







# Siddhivinayak Hospital



Imaging Department
Sonography | Colour Doppler | 3D / 4D USG

## **ECHOCARDIOGRAM**

NAME	MR. DEEPAK HUKERI
AGE/SEX	YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	04/03/2024

# 2D/M-MODE ECHOCARDIOGRAPHY

VALVES:	CHAMBERS:
MITRAL VALVE:	LEFT ATRIUM: Normal
AML: Normal	<ul> <li>Left atrial appendage: Normal</li> </ul>
PML: Normal     Sub-valvular deformity: Absent  AORTIC VALVE: Normal     No. of cusps: 3  PULMONARY VALVE: Normal  TRICUSPID VALVE: Normal	LEFT VENTRICLE: Normal  RWMA: No Contraction: Normal  RIGHT ATRIUM: Normal  RIGHT VENTRICLE: Normal RWMA: No Contraction: Normal
GREAT VESSELS:	SEPTAE:
AORTA: Normal	IAS: Intact
<ul> <li>PULMONARY ARTERY: Normal</li> </ul>	IVS: Intact
CORONARIES: Proximal coronaries normal	VENACAVAE:  • SVC: Normal
CORONARY SINUS: 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	21 mm	Left atrium	36 mm	Right atrium	mm
Aortic sinus	mm	LVIDd	45.0 mm	RVd (Base)	mm
Sino-tubular junction	mm	LVIDs	28.0 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	10000,00
Abdominal aorta	mm	LVOT	nım	IVC	15.0 mm





### COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

NAME	MR. DEEPAK HUKERI
AGE/SEX	54 YRS/M
REFERRED BY	SIDDHIVINAYAK HOSPITAL
DATE OF EXAMINATION	04/03/2024

	MITRAL	TRICUSPID	AORTIC	PULMONARY
FLOW VELOCITY (m/s)			1.37	0.9
PPG (mmHg)				
MPG (mmHg)				
VALVE AREA (cm²)				
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	1.37			
E/E'	9.5			

### FINAL IMPRESSION: NORMAL STUDY

- No RWMA
- Normal LV systolic function (LVEF 66 %)
- Good RV systolic function
- · Normal diastolic function
- · All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- · No pericardial effusion/ clot/vegetations

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ECHOCARDIOGRAPHER:

Dr. ANANT MINDE

DNB, DM (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST

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





/ Male

: Mr. DEEPAK HUKERI (A) Name

**Collected On** : 4/3/2024 9:37 am

Lab ID. : 185664

. 4/3/2024 9:47 am Received On

Age/Sex : 54 Years Reported On : 4/3/2024 10:43 pm

: SIDDHIVINAYAK HOSPITAL CGHS /ESIS / Ref By

**Report Status** : FINAL

#### \*LIPID PROFILE

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE,ESTERASE,PEROXIDA SE)	218.0	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)	40.8	mg/dL	Major risk factor for heart :<30 mg/dl.  Negative risk factor for heart disease: >=80 mg/dl.
S. TRIGLYCERIDE (ENZYMATIC, END POINT)	103.8	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)	21	mg/dL	UPTO 40
S.LDL CHOLESTEROL (CALCULATED VALUE)	156	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)	3.82		UPTO 3.5
CHOL/HDL CHOL RATIO (CALCULATED VALUE)	5.34		<5.0

Above reference ranges are as per ADULT TREATMENT PANEL III recommendation by NCEP (May

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

**Checked By** 

Priyanka\_Deshmukh

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

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**Collected On** Name : Mr. DEEPAK HUKERI (A)

Lab ID. : 185664

Age/Sex : 54 Years / Male

Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS / : 4/3/2024 9:37 am

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Reported On

: 4/3/2024 10:43 pm

#### **COMPLETE BLOOD COUNT**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
HEMOGLOBIN	12.9	gm/dl	13 - 18
HEMATOCRIT (PCV)	38.7	%	42 - 52
RBC COUNT	5.30	x10^6/uL	4.70 - 6.50
MCV	73	fl	80 - 96
MCH	24.3	pg	27 - 33
MCHC	33	g/dl	33 - 36
RDW-CV	14.0	%	11.5 - 14.5
TOTAL LEUCOCYTE COUNT	6410	/cumm	4000 - 11000
DIFFERENTIAL COUNT			
NEUTROPHILS	68	%	40 - 80
LYMPHOCYTES	25	%	20 - 40
EOSINOPHILS	03	%	0 - 6
MONOCYTES	04	%	2 - 10
BASOPHILS	00	%	0 - 1
PLATELET COUNT	263000	/ cumm	150000 - 450000
MPV	10	fl	6.5 - 11.5
PDW	16	%	9.0 - 17.0
PCT	0.260	%	0.200 - 0.500
RBC MORPHOLOGY	Normocytic Normochro	mic	
WBC MORPHOLOGY	Normal		
PLATELETS ON SMEAR	Adequate		
Marked CDTA Wileda Diagai Tarka	l	C-II C	and Distribute according

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

#### **URINE ROUTINE EXAMINATION**

**TEST NAME** UNIT REFERENCE RANGE **RESULTS** 

# **URINE ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION** 

**VOLUME** 20ml

**COLOUR** Pale Yellow Pale Yellow

**APPEARANCE** Clear Clear

**CHEMICAL EXAMINATION** 

**REACTION** Acidic Acidic

(methyl red and Bromothymol blue indicator)

1.005 - 1.022 SP. GRAVITY 1.010

(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 Absent

(pyrrole amino acid ester diazonium salt)

Negative

(Diazonium compound With tetrahydrobenzo quinolin 3-phenol)

#### **MICROSCOPIC EXAMINATION**

RED BLOOD CELLS Absent / HPF Absent **PUS CELLS** 2-3 / 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.		

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

----- END OF REPORT --

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#### **IMMUNO ASSAY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
TFT (THYROID FUNCTION TEST )				
SPECIMEN	Serum			
Т3	102.6	ng/dl	84.63 - 201.8	
T4	7.23	μg/dl	5.13 - 14.06	
TSH	2.07	μIU/ml	0.270 - 4.20	
DONE ON FULLY AUTOMATED ANALYSER COBAS e411.				
INTERPRETATION	T3 (Triiodo Thyronine)	T4	(Thyroxine)	

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 years	105-269	1-4 months	7.2-14.4
6-10 years	94-241	4-12months	7.8-16.5
11-15 years	82-213	1-5 years	7.3-15.0
15-20 years	80-210	5-10 years	6.4-13.3
		11-15 years	5.6-11.7

#### TSH(Thyroid stimulating hormone)

AGE	RANGES
0-14 Days	1.0-39
2 weeks -5 mo	nths 1.7-9.1
6 months-20 y	ears 0.7-6.4
Pregnancy	
1st Trimester	0.1-2.5
2nd Trimester	0.20-3.0
3rd Trimester	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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/ Male

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: FINAL

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

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: FINAL

**Report Status** 

**HAEMATOLOGY** 

UNIT REFERENCE RANGE TEST NAME **RESULTS** 

**BLOOD GROUP** 

Ref By

**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.

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

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#### \*RENAL FUNCTION TEST TEST NAME UNIT REFERENCE RANGE **RESULTS BLOOD UREA** 19.5 mg/dL 18 - 55 (Urease UV GLDH Kinetic) **BLOOD UREA NITROGEN** 9.11 mg/dL 5 - 20 (Calculated) S. CREATININE 1.03 0.6 - 1.4mg/dL (Enzymatic) S. URIC ACID 6.1 3.5 - 7.2mg/dL (Uricase) S. SODIUM 139.5 137 - 145 mEq/L (ISE Direct Method) S. POTASSIUM 4.2 mEq/L 3.5 - 5.1(ISE Direct Method) S. CHLORIDE 103.5 98 - 110 mEq/L (ISE Direct Method) S. PHOSPHORUS 4.22 mg/dL 2.5 - 4.5(Ammonium Molybdate) 9.8 S. CALCIUM 8.6 - 10.2 mg/dL (Arsenazo III) 6.4 - 8.3 **PROTEIN** 6.4 g/dl (Biuret) S. ALBUMIN 3.69 3.2 - 4.6 g/dl (BGC) **S.GLOBULIN** 2.71 1.9 - 3.5 g/dl (Calculated) A/G RATIO 1.36 0 - 2calculated

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

ANALYZER.

BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200)

**Checked By** 

NOTE

Priyanka Deshmukh

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**Consultant Histocytopathologist** 

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



# **Peripheral smear examination**

**TEST NAME RESULTS** 

SPECIMEN RECEIVED WHOLE BLOOD EDTA **RBC** Normocytic, Normochromic

**WBC** Total leukocyte count is normal on smear.

> **NEUTROPHILS:68%** LYMPHOCYTES:25% **EOSINOPHILS:03%** MONOCYTES: 04% BASOPHILS:00% Adequate on smear No parasites seen,

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

**Checked By** 

**PLATELET** 

**HEMOPARASITE** 

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Ref By



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Age/Sex / Male

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: SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

#### **LIVER FUNCTION TEST**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
TOTAL BILLIRUBIN	0.62	mg/dL	0.1 - 1.2	
(Method-Diazo)				
DIRECT BILLIRUBIN	0.24	mg/dL	0.0 - 0.4	
(Method-Diazo)				
INDIRECT BILLIRUBIN	0.38	mg/dL	0 - 0.8	
Calculated				
SGOT(AST)	15.1	U/L	0 - 37	
(UV without PSP)				
SGPT(ALT)	23.2	U/L	UP to 40	
UV Kinetic Without PLP (P-L-P)				
ALKALINE PHOSPHATASE	66.0	U/L	53 - 128	
(Method-ALP-AMP)				
S. PROTIEN	6.4	g/dl	6.4 - 8.3	
(Method-Biuret)				
S. ALBUMIN	3.69	g/dl	3.5 - 5.2	
(Method-BCG)				
S. GLOBULIN	2.71	g/dl	1.90 - 3.50	
Calculated				
A/G RATIO	1.36		0 - 2	
Calculated				

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

**Checked By** 

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Ref By

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Age/Sex / Male : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

**Report Status** : FINAL

HAEMATOLOGY
-------------

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
ESR			
ESR	15	mm/1hr.	0 - 20

METHOD - WESTERGREN

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

**Checked By** 

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Age/Sex / Male Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS /

**Report Status** : FINAL

#### **BIOCHEMISTRY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE	
<b>BLOOD GLUCOSE FASTING &amp; PP</b>				
BLOOD GLUCOSE FASTING	109.8	mg/dL	70 - 110	
BLOOD GLUCOSE PP	117.2	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.

**GAMMA GT** 20.9 U/L 13 - 109

#### **GLYCOCELATED HEMOGLOBIN (HBA1C)**

HBA1C (GLYCOSALATED 6.5 % Hb A1c HAEMOGLOBIN) > 8 Action suggested < 7 Goal < 6 Non - diabetic level AVERAGE BLOOD GLUCOSE (A. B. NON - DIABETIC: <=5.6 139.9 mg/dL PRE - DIABETIC: 5.7 - 6.4 G. ) DIABETIC: >6.5

**METHOD** Particle Enhanced Immunoturbidimetry

**Checked By** 

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#### **BIOCHEMISTRY**

UNIT REFERENCE RANGE TEST NAME **RESULTS** 

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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#### **REPORT ON IMMUNOLOGY**

TEST NAME	RESULTS	UNIT	REFERENCE RANGE
PSA (PROSTATE SPECIFIC ANTIGEN)(TOTAL)	0.200	ng/ml	0 - 4

#### **INTERPRETATION:**

Ref By

(CLIA)

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

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

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

**Checked By** gupta vishal DR. SMITA RANVEER.

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